



# Continued Financial Costs of Alabama’s Inaction on Medicaid Expansion

*Expanding Medicaid is critical for people who do not have access to affordable health care and remain uninsured, thus living sicker, dying younger, and being one emergency away from financial ruin. Expanding Medicaid is also the fiscally responsible choice for Alabama’s economy.*

## Alabama loses millions of federal dollars each year it does not expand Medicaid

Over **154,800 low-income adults** could gain Medicaid coverage if Alabama expands its Medicaid program to all adults with income up to 138% of the federal poverty level (\$22,024 per year for an individual in 2026).<sup>1</sup>

A Families USA analysis estimates that **by not expanding Medicaid, Alabama is losing \$181.6 million in 2026** by covering millions in state health care spending that could otherwise be paid for by the federal government under Medicaid expansion. **These losses grow every year.**

2026 Estimated Costs of Delaying Medicaid Expansion		
Pregnant Women on Medicaid	\$37.4 million lost <sup>2</sup>	Because Alabama has not expanded Medicaid, the federal government covers only 72.63% of Medicaid costs for pregnant women and people with disabilities, rather than 90%.
People with Disabilities on Medicaid	\$30.2 million lost <sup>3</sup>	
Mental Health and Substance Use Programs	\$26.1 million lost <sup>4</sup>	Alabama must pay for the full cost of these programs from its general revenue. Under Medicaid expansion, the federal government would cover 90% of the cost for people enrolled in Medicaid who access these services.
Inpatient Care of Incarcerated Populations	\$15.3 million lost <sup>5</sup>	
Uncompensated Care Costs	\$72.6 million lost <sup>6</sup>	Alabama taxpayers must cover the costs of uncompensated care (health care that is provided but not paid for) when people without access to Medicaid expansion cannot afford their care.
<b>Total</b>	<b>\$181.6 million in lost state income and extra expenses in 2026</b>	

## Alabama is missing out on opportunities for economic growth

The influx of health care dollars flowing to a state once it expands Medicaid can lead to significant economic growth, including:<sup>7</sup>

- Higher labor market participation and wages among low-income workers.
- Lower health care costs for small business owners, helping these businesses remain competitive.
- Increased health care sector employment rates and local economic development.
- Reduced poverty and medical debt for working families.

A 2022 analysis projected that the Medicaid expansion would mean **\$2.76 billion of additional economic activity in Alabama in 2026**.<sup>8</sup> While this analysis is based on a higher population enrolled in Medicaid expansion than estimated here, it still shows the powerful stimulus Medicaid expansion would have for the state economy.

*In a time of Medicaid budget pressures, Medicaid expansion is a key investment in the future of Alabama’s health care system.*

## Medicaid expansion in Alabama unlocks significant savings for the state

Given the direct economic benefits of Medicaid expansion, Alabama should not need to raise new tax revenue to cover its portion of Medicaid expansion costs. A Families USA analysis estimates Medicaid expansion will be a net saver for Alabama’s budget:

Medicaid Expansion in Alabama: Comparison of Costs vs. Direct Savings	
Estimated Direct Savings to State for Expanding Medicaid	+ \$181.6 million
Projected State Share of Medicaid Costs	- (\$100.8 million) <sup>9</sup>
Projected State Administrative Costs	- (\$9.1 million) <sup>10</sup>
<b>Estimated Net Direct Savings to Alabama</b>	<b>+ \$71.8 million in 2026</b>

*This is a conservative estimate of potential savings to Alabama. The above net savings to the state do not account for additional revenues from economic activity that would be generated by Medicaid expansion. In addition, administrative costs will diminish over time as the state establishes enrollment systems.*

## Options for Alabama to overcome new Medicaid budget challenges

The 2025 federal budget reconciliation law (H.R. 1) significantly restricts state Medicaid funding across all states. Alabama, like most states, levies taxes on health care providers to help finance the state’s share of Medicaid spending. While H.R. 1 limits states’ ability to generate this revenue and adds additional barriers for states that expand Medicaid, the benefits of Medicaid expansion outweigh these challenges.<sup>11</sup> H.R. 1’s cuts are significant for all states, but Alabama has many options to continue to fund and invest in Medicaid:

- **EXPANDING MEDICAID** in Alabama offers a critical long-term solution for supporting the health care system. Even with H.R. 1’s cuts, Medicaid expansion would bring a net financial gain to the state in 2026.
- **RAISING TOBACCO TAXES** would help offset the costs that Alabama Medicaid already pays to cover the health care expenses attributable to tobacco use. In January 2026, the state implemented new taxes on vaping cartridges,<sup>12</sup> but it could do more. The state has not raised its cigarette tax in 10 years and, at only \$0.68 per pack, it taxes cigarettes far below the national average (\$2.05).<sup>13</sup>
- **GENERATING OTHER TAX REVENUE** could be an important way to support Medicaid. For example, Alabama is the only state that allows taxpayers to deduct an unlimited amount of federal income tax on their state tax returns; removing the state deduction for federal income taxes would generate \$1.26 billion per year.<sup>14</sup> Taxing sugar sweetened beverages is another possible avenue. Other jurisdictions have put in place a tax of between one and two cents per ounce on soda or other sweetened beverages, leading to millions in additional tax revenue.<sup>15</sup>

Alabama falls far behind other states by missing opportunities to maximize potential sources of federal dollars and state tax revenue that can support Medicaid and the state health care system.

**Medicaid work reporting requirements.** Previous efforts toward Medicaid expansion in other states have hinged on the inclusion of a work reporting (“community engagement”) requirement. Now federal law requires this and other eligibility restrictions for Medicaid expansion populations. **The result: This issue is no longer part of the debate, but Medicaid expansion will now reach far fewer than the estimated 280,000 low-income Alabamians who could have gained access to Medicaid expansion absent a work reporting requirement.**<sup>16</sup>

## Endnotes

<sup>1</sup> In 2022, Public Affairs Research Council of Alabama (PARCA) estimated the population of Alabama residents that would be expected to enroll in Medicaid expansion in the state. Families USA applied updated Alabama population figures from the American Community Survey (ACS) to the framework used in the 2022 PARCA report. The ACS projects that there are 555,944 adults in Alabama under 138% of the Federal Poverty Level (FPL). Applying the PARCA report assumptions (for example, projected Medicaid expansion take-up rate for various populations) to this figure, we get an estimated 241,941 adults in Alabama who would enroll in Medicaid expansion. However, the PARCA report did not examine the impact Medicaid work reporting requirements would have on expansion enrollment in Alabama. The Urban Institute estimates that 36% of Medicaid expansion enrollees nationally are expected to lose coverage under work reporting requirements (either because they are unable to report compliance or cannot prove they meet an exemption). Assuming a Medicaid expansion with work reporting requirement in Alabama would function similarly to that of other states in the past, we used the Urban Institute figure to drop the estimated Alabama Medicaid expansion population by 36%, arriving at an estimated 154,842 people who would be expected to enroll in an Alabama Medicaid expansion today. Public Affairs Research Council of Alabama, *The Economic Impact of Expanding Medicaid in Alabama* (2022), <https://parcalabama.org/wp-content/uploads/2022/01/Economic-Analysis-of-Alabama-Medicaid-Expansion.pdf>; U.S. Census Bureau, “Health Insurance Coverage Status and Type by Ratio of Income to Poverty Level in the Past 12 Months by Age,” American Community Survey, 1-Year Estimates Detailed Tables, Table B27016, accessed February 26, 2026, <https://data.census.gov/table/ACSST1Y2024.B27016?q=health+insurance+by+poverty+level+by+state+by+insurance+type&g=040XX00US45>; Michael Karpman, Jennifer M. Haley, and Genevieve M. Kenney, *Expanding Federal Work Requirements for Medicaid Expansion Coverage to Age 64 Would Increase Coverage Losses*, Urban Institute (April 2025), [https://www.urban.org/sites/default/files/2025-04/Expanding\\_Federal\\_Work\\_Requirements\\_for\\_Medicaid\\_Expansion\\_Coverage\\_to\\_Age\\_64\\_Would\\_Increase\\_Coverage\\_Losses%5B61%5D.pdf](https://www.urban.org/sites/default/files/2025-04/Expanding_Federal_Work_Requirements_for_Medicaid_Expansion_Coverage_to_Age_64_Would_Increase_Coverage_Losses%5B61%5D.pdf); A total of 138% of the FPL is \$22,024 per year for an individual in 2026: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, “2026 Poverty Guidelines: 48 Contiguous States (All States Except Alaska and Hawaii),” 2026, <https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>.

<sup>2</sup> Alabama Medicaid provides coverage to pregnant women with income at or below 146% FPL, with coverage continuing 12 months postpartum. In 2022 (the most recent reported data from the Alabama Medicaid Agency), 38,460 pregnant women were enrolled in Alabama Medicaid. With a full Medicaid expansion, most pregnant women and new mothers currently enrolled in Alabama Medicaid would transfer into the Medicaid expansion, but pregnant women with incomes above 138% FPL would remain in their current Medicaid status. Using ACS data of the portion of Alabama residents below 146% FPL, we estimate approximately 5% of pregnant women fall between 138% FPL and 146% FPL and would not shift into the Medicaid expansion. This leaves an estimated 36,537 pregnant women who would transfer to the Medicaid expansion group should Alabama expand. We note that pregnant women will qualify for an exemption to new federal Medicaid work reporting requirements, so we expect that all 36,537 will be eligible for the Medicaid expansion. Next, we multiply this figure by Alabama’s per capita Medicaid expenditure (\$5,893) to estimate how much the state would spend on services for these enrollees per year *with* Medicaid expansion (\$21.5 million in state expenditures with a 90% federal match) and *without* (\$58.9 million in state expenditures with a 72.63% federal match). According to this analysis, Alabama will spend an additional \$37.4 million on health care services for pregnant women in 2026 if it does not expand Medicaid. We note this is a nearly identical figure to what the 2022 PARCA report estimated in 2026 savings to the state for providing pregnant women Medicaid expansion coverage (\$37.7 million). Alabama Medicaid Agency, *Fiscal Year 2022: Annual Report*, accessed March 1, 2026, [https://medicaid.alabama.gov/documents/2.0\\_Newsroom/2.3\\_Publications/2.3.5\\_Annual\\_Report\\_FY22/2.3.5\\_FY\\_22\\_Annual\\_Report\\_Bookmarked\\_9-30-24.pdf](https://medicaid.alabama.gov/documents/2.0_Newsroom/2.3_Publications/2.3.5_Annual_Report_FY22/2.3.5_FY_22_Annual_Report_Bookmarked_9-30-24.pdf); Alabama Medicaid Agency, “Medicaid Eligibility,” March 13, 2025, [https://medicaid.alabama.gov/documents/3.0\\_Apply/3.2\\_Qualifying\\_Medicaid/3.2.1\\_Medicaid\\_for\\_Children\\_POCRs/3.2.1\\_Form\\_208\\_Medicaid\\_Eligibility\\_Handout\\_3-13-25.pdf](https://medicaid.alabama.gov/documents/3.0_Apply/3.2_Qualifying_Medicaid/3.2.1_Medicaid_for_Children_POCRs/3.2.1_Form_208_Medicaid_Eligibility_Handout_3-13-25.pdf); U.S. Census Bureau, “Health Insurance Coverage Status and Type by Ratio of Income to Poverty Level in the Past 12 Months by Age,” Table B27016; “Medicaid and CHIP 2025 Scorecard: Medicaid Per Capita Expenditures,” Centers for Medicare and Medicaid Services, 2025, <https://www.medicaid.gov/state-overviews/scorecard/measure/Medicaid-Per-CapitaExpenditures?measure=EX.5&dataset=2025&measureView=state&stratifications=%5B”Total”%5D&dataView=pointInTime&chart=map&timePeriods=%5B”2022”%5D>; Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*.

<sup>3</sup> People who access Medicaid via a disability pathway with household incomes below 138% FPL are eligible for coverage under Medicaid expansion reminiscent to the process for those who qualify for pregnancy (see endnote 2). Many Medicaid-enrolled persons in Alabama living with a disability are below 100% FPL, but the state covers some higher income disabled persons up to 300% of the Supplemental Security Income (SSI) federal benefit rate, equivalent to roughly 222% FPL. To estimate the number of disabled persons who would be eligible to enroll in the Medicaid expansion, we borrow assumptions from the 2022 PARCA report, which estimates that 2.2% of all Alabama Medicaid enrollees have a disability and an income level at or below 138% FPL and would move into the Medicaid expansion. Using this assumption, we estimate that 29,523 people with disabilities would transfer to the Medicaid expansion group in Alabama. We note that people who access Medicaid via a disability pathway will qualify for an exemption to new federal Medicaid work reporting requirements, so we expect that all 29,523 will be eligible for the Medicaid expansion. We multiplied this number by Alabama's current per capita Medicaid expenditure (\$5,893) to estimate how much the state would spend on services for these enrollees per year *with* Medicaid expansion (\$17.4 million in state expenditures with a 90% federal match) and *without* (\$47.6 million in state expenditures with a 72.63% federal match). According to this analysis, Alabama will spend an additional \$30.2 million on health care services for people with disabilities in 2026 if it does not expand Medicaid. Alabama Medicaid Agency, "Medicaid Income Limits for 2025," March 7, 2025, [https://medicaid.alabama.gov/documents/3.0\\_Apply/3.2\\_Qualifying\\_Medicaid/3.2\\_Medicaid\\_Income\\_Limits\\_2025\\_3-7-25.pdf](https://medicaid.alabama.gov/documents/3.0_Apply/3.2_Qualifying_Medicaid/3.2_Medicaid_Income_Limits_2025_3-7-25.pdf); Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*.

<sup>4</sup> The Alabama Department of Mental Health, Division of Mental Health and Substance Use Services provides community-based services for consumers diagnosed with serious mental illness and/or substance use disorder (SUD). Some of these mental health/SUD services go toward the care and treatment of people who are uninsured and who would otherwise qualify for the Medicaid expansion group (and the 90% federal funding for these same services). To estimate the portion of Department of Mental Health spending that goes toward people who could enroll in Medicaid expansion, we attributed the same portion of savings from reduced spending on mental health/SUD services as estimated in the 2022 PARCA report (approximately \$168.85 in savings in 2026 per would-be Medicaid expansion enrollee) and multiplied that by our estimate of expansion enrollees in 2026 (154,842) to estimate that Alabama will spend an additional \$26.1 million in 2026 on mental health and SUD services for uninsured residents below 138% FPL if it does not expand Medicaid. Alabama Department of Mental Health, "Division of Mental Health and Substance Use Services," accessed March 1, 2026, <https://mh.alabama.gov/division-of-mental-health-substance-abuse-services/>; Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*.

<sup>5</sup> Medicaid expansion allows states to realize savings to their correctional budget when the Medicaid expansion (and the 90% federal match) cover inpatient hospital services for inmates (inmates themselves are not eligible for Medicaid, with the exception of inpatient medical care for inmates at off-site medical facilities for 24 hours or more). To estimate the portion of Department of Corrections spending that goes toward inpatient medical care services that could be covered by Medicaid under the expansion, we attributed the same portion of savings from reduced spending on inmate hospital care as estimated in the 2022 PARCA report (approximately \$98.72 in savings in 2026 per would-be Medicaid expansion enrollee) and multiplied that by our estimate of expansion enrollees in 2026 (154,842) to estimate that Alabama will pay an additional \$15.3 million in 2026 for inmate-related health care services that could be paid for by the federal government. Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*; Caleb Ellis, "Health Beyond Lockup: Alabama Inmates, Re-entry, and Medicaid Expansion," *Brown Undergraduate Journal of Public Health*, no. 2 (May 2, 2023), [https://sites.brown.edu/publichealthjournal/2023/05/02/health-beyond-lockup-alabama-inmates-re-entry-and-medicaid-expansion#:~:text=Medicaid%20can%20help%20inmates%20access%20health%20services..prisoners%20\\*%20Suspends%20Medicaid%20coverage%20for%20prisoners](https://sites.brown.edu/publichealthjournal/2023/05/02/health-beyond-lockup-alabama-inmates-re-entry-and-medicaid-expansion#:~:text=Medicaid%20can%20help%20inmates%20access%20health%20services..prisoners%20*%20Suspends%20Medicaid%20coverage%20for%20prisoners); The Pew Charitable Trusts, *How Medicaid Enrollment of Inmates Facilitates Health Coverage After Release* (December 2015), [https://www.pew.org/-/media/assets/2015/12/statesfiscalhealth\\_medicaidcoverageinmatesbrief-\(1\).pdf](https://www.pew.org/-/media/assets/2015/12/statesfiscalhealth_medicaidcoverageinmatesbrief-(1).pdf).

<sup>6</sup> The Alabama Hospital Association estimates that uncompensated care (care provided but not paid for) costs hospitals in the state \$650 million every year. According to KFF, 36% of hospitals in Alabama are state- or locally-owned, so we would expect that \$234 million in uncompensated care costs fall to the Alabama government. State and local governments also contribute to covering uncompensated care through various hospital funding programs, so this amount could be higher. To estimate the impact Medicaid expansion would have on uncompensated care, Families USA assumed the same portion of savings from reduced uncompensated care costs as estimated in the 2022 PARCA

report (approximately \$468.81 in savings in 2026 per would-be Medicaid expansion enrollee) and multiplied that by our estimate of expansion enrollees in 2026 (154,842). In total, we estimate that in 2026, Alabama will spend an additional \$72.6 million covering uncompensated care costs for currently uninsured individuals who otherwise would be Medicaid expansion eligible. Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*; Gillian Brooks, “Alabama Hospitals Brace for Impact as Affordable Care Act Tax Credits Set to Expire,” WBRC News, December 7, 2025, <https://www.wbrc.com/2025/12/07/alabama-hospitals-brace-impact-affordable-care-act-tax-credits-set-expire/>.

<sup>7</sup> Celli Horstman, Sara Federman, Carson Richards, and Akeiisa Coleman, “How Does Medicaid Benefit States?,” The Commonwealth Fund, May 5, 2025, <https://www.commonwealthfund.org/publications/explainer/2025/may/how-does-medicaid-benefit-states>; Leighton Ku and Erin Brantley, “The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan,” The Commonwealth Fund, May 20, 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/may/economic-employment-effects-medicaid-expansion-underarp#:~:text=Key%20Findings%20and%20Conclusions:%20Expanding,would%20exceed%20state%20matching%20costs>.

<sup>8</sup> Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*.

<sup>9</sup> Families USA estimates costs to Alabama using KFF data of average national spending per enrollee in the Medicaid expansion (\$6,507) first multiplied by the estimated number of individuals who are projected to enroll (154,842) and then multiplied by the state share of Medicaid expansion costs (10%). We note that these costs per person are similar to 2026 estimates from the PARCA report. Rhiannon Euhus and Jessica Mathers, “A Look at Variation in Medicaid Spending Per Enrollee by Group and Across States,” KFF, October 6, 2025, <https://www.kff.org/medicaid/a-look-at-variation-in-medicaid-spending-per-enrollee-by-group-and-across-states/>; Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*.

<sup>10</sup> Families USA used administrative cost projections from the U.S. Government Accountability Office (GAO) to form this projection. In a 2019 review of five state Medicaid work reporting requirement programs, GAO estimated the total average administrative cost to be \$267 per enrollee, of which the federal government paid (or would have paid), on average, 78% of the costs. Applying these figures to Alabama’s projected expansion enrollment in 2026 (154,842), we estimate Alabama’s portion of administrative costs would be approximately \$9.1 million. While GAO’s projections are based on 2019 costs (and these costs are likely to be higher in 2026), these estimates are still within the ballpark for states, especially as the new federal reconciliation bill (H.R. 1) provides additional funding to states to upgrade eligibility/enrollment systems to adopt Medicaid work reporting requirements. In addition, Alabama will have the benefit of following the lead of the other 41 states adopting Medicaid work reporting requirements and may benefit from lessons learned to gain administrative efficiencies, bringing costs down. U.S. Government Accountability Office, *Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements, Report to Congressional Requesters*, October 2019, <https://www.gao.gov/assets/gao-20-149.pdf>.

<sup>11</sup> Under H.R. 1 requirements, expanding Medicaid in Alabama would mean that the state would have to reduce its 6% hospital provider tax and 5.3% emergency medical transport provider tax to 3.5% by fiscal year 2032. Other provider taxes in the state remain fully intact, even under Medicaid expansion. There would be no change in provider taxes for Alabama or any state in 2026 and 2027. As reported by the Alabama Department of Revenue, in FY2024, the state’s hospital tax contributed \$288,113,714 to the Alabama Health Care Trust Fund. We note that this amount does not grow at a steady rate year over year, instead fluctuating between 12% and 16% of Medicaid funding each year, with an average annual tax amount of approximately \$284 million between 2018 and 2024. Using this annual average as a starting point, Families USA estimates the state Medicaid program would lose \$23.67 million in state revenue in 2028 (the difference between a 6% and 5.5% hospital tax, as would be required under H.R. 1); there is no change for the emergency medical transport provider tax in 2028 because that tax is already less than 5.5%. Come 2032, both taxes would go to 3.5%. Accordingly, Alabama would lose \$118.33 million in hospital tax revenue in 2032. Neither the Alabama Department of Revenue nor Alabama Medicaid has reported figures on the state revenue received from the emergency medical transport provider tax, so we have not included calculations for that tax here (but we note that this source of tax revenue would reduce should the state expand Medicaid). Losing these tax dollars would put added pressure on the state’s Medicaid system, but the state has options for raising this money elsewhere. Alabama Department of Revenue, “Hospital Assessment Fee,” accessed March 1, 2026, <https://www.revenue.alabama.gov/tax-types/hospital-assessment/>; Alabama Department of Revenue, “Emergency Medical Transport Providers Fee,” accessed March 1, 2026, <https://www.revenue.alabama.gov/tax-types/emergency-medical-transport-providers-fee/>; Alabama Department of Revenue, *2025 Annual Report*, December 12, 2025, <https://www.revenue.alabama.gov/wp-content/>

[uploads/2025/12/2025-ALDOR-Annual-Report.pdf](#); Alabama Medicaid Agency, *Fiscal Year 2022: Annual Report*.

<sup>12</sup> Alabama Legislature, HB 357, Regular Session, enrolled May 27 2025, <https://alison.legislature.state.al.us/files/pdf/SearchableInstruments/2025RS/HB357-enr.pdf>.

<sup>13</sup> Campaign for Tobacco-Free Kids, “State Cigarette Excise Tax Rates and Rankings,” December 24, 2025, <https://assets.tobaccofreekids.org/factsheets/0097.pdf>; Campaign for Tobacco-Free Kids, “U.S. State and Local Issues: U.S. State Tobacco Taxes,” last updated June 27, 2025, <https://www.tobaccofreekids.org/what-we-do/us/state-tobacco-taxes>.

<sup>14</sup> “Which States Allow Deductions for Federal Income Taxes Paid?” Institute on Taxation and Economic Policy, January 3, 2024, <https://itep.org/federal-income-tax-deduction-state-income-tax/#:~:text=Map%20%E2%80%A2%20ITEP%20Staff,of%20state%20income%20tax%20systems>; Debbie Smith, “2026 Legislative Day – Close the health coverage gap: Enact policies to save lives in Alabama,” Alabama Arise, February 23, 2026, <https://alarise.org/resources/2026-legislative-day-close-the-health-coverage-gap-enact-policies-to-save-lives-in-alabama/>.

<sup>15</sup> “How do state and local soda taxes work?” Tax Policy Center, Urban Institute and Brookings Institute, January 2024, <https://taxpolicycenter.org/briefing-book/how-do-state-and-local-soda-taxes-work#:~:text=How%20much%20revenue%20do%20local,cents%20per%20ounce%20in%20Boulder>.

<sup>16</sup> Public Affairs Research Council of Alabama, *Economic Impact of Expanding Medicaid in Alabama*.



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