



Affordable Care Act Funding:

An Analysis of Grant Programs under Health Care Reform – FY2010-FY2014

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The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010, and funds were appropriated to expand access to care, implement broad private insurance reforms, and enhance the public health infrastructure. In order to administer these new grant programs, the ACA created a number of new funding sources in the following categories:¹

- Community-based prevention: Includes a series of programs to increase investment in the public health infrastructure. The primary source of funding for these programs is from the Prevention and Public Health Fund (PPHF).²
- Health Centers and National Health Service Corps: Includes funding for federally qualified health centers (FQHCs), the National Health Service Corps (NHSC), and school-based health centers.
- Health workforce: Includes a series of programs to enhance the capacity of the primary care workforce.
- Long-term care: Includes grant programs to support coordinated long-term care services.
- Market reform: Includes a series of grants that helped states reform their private insurance markets and prepare for the 2014 coverage expansion.
- Maternal and child health: Includes multiple grant programs targeted to serve at-risk families and prevent teenage pregnancy.
- Medicaid & CHIP: Includes grant programs focused on the health of enrollees in Medicaid and the Children's Health Insurance Program (CHIP).
- Medicare: Includes a series of programs funded by the ACA to boost the effectiveness and efficiency of the Medicare program.

This issue brief updates an earlier CHRT brief and examines how grants funded by the ACA have been distributed to states and local organizations since the law's passage, with a focus on funds awarded during fiscal year (FY) 2014. This brief also includes a detailed analysis of ACA funding in Michigan.³

¹ C.S. Redhead. October 10, 2014. *Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (ACA)* (Washington, D.C.: Congressional Research Service).

² The community-based prevention grant programs included in this report do not capture all PPHF funding uses. PPHF funds have also been integrated into existing programs that do not mention PPHF.

³ The earlier CHRT brief examined ACA awards from March 23, 2010, through September 30, 2013 (FY 2010–2013) and provided background information on ACA funding. See: J. Fangmeier, P. Eller, and M. Udow-Phillips. December 2013. *Affordable Care Act Funding: An Analysis of Grant Programs under Health Care Reform* (Ann Arbor, MI: CHRT). <http://www.chrt.org/publications/price-of-care/affordable-care-act-funding>

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ACA Funding From March 2010 through September 2014 (FY2010–FY2014)

In total, the ACA includes more than \$100 billion in mandatory spending from fiscal years 2010 through 2019, including \$40 billion to fund the Children's Health Insurance Program (CHIP) for two years (FY 2014–FY2015).^{4,5} By the end of FY2014, the U.S. Department of Health and Human Services (HHS) had awarded nearly \$21.4 billion in grants to agencies and organizations across all states and the District of Columbia. During this period, HHS administered 94 grant programs that were actively funded by the ACA. For a list of funding sources for select ACA programs by fiscal year, see Appendix 1.

As expected, states with large populations, like California and New York, received the most awarded funding, with approximately \$2.8 billion and \$1.5 billion, respectively. **FIGURE 1** However, states that established a state-based health insurance marketplace received funding to support their efforts, elevating their total

funding relative to states that selected a federally facilitated marketplace. For example, Colorado and Oregon (ranked 22nd and 27th in population, respectively) established state-based marketplaces and ranked in the top ten for total funding, boosted by market reform grants totaling \$187 million and \$316 million. In contrast, Pennsylvania and Georgia, which have federally facilitated marketplaces, have larger populations (ranked 6th and 8th, respectively) but finished outside the top ten in funding. Pennsylvania received \$9.7 million in market reform funding, while Georgia received \$3.8 million.

From a per capita perspective, the District of Columbia received the most funding, averaging \$505.96 per person over this four-and-a-half-year period. The District is home to a number of national health care organizations and established a state-based insurance marketplace (see Appendix 2 for full details of state-level funding).



⁴ C.S. Redhead. October 10, 2014. *Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (ACA)* (Washington, D.C.: Congressional Research Service).

⁵ The ACA reauthorized CHIP through 2019, but only provided funding through FY2015. Congress will need to act in order to extend the program's budget, which expires on September 30, 2015.

ACA Funding From March 2010 through September 2014 (FY2010–FY2014) *(continued)*

Prior to 2014, the amount of funding awarded under the ACA had increased every fiscal year since the law was signed in 2010. In 2014, however, funding dropped by 7.8 percent. The decrease from FY2013 (\$6.8 billion) to FY2014 (\$6.3 billion) is largely related to the end or upcoming expiration of some short-term programs, particularly in the area of market reform, following the launch of health insurance marketplaces in January 2014. Funding in this priority area dropped from \$2.2 billion (31.9 percent of ACA grant funding) in FY2013 to \$679.1 million (10.8 percent) in FY2014.

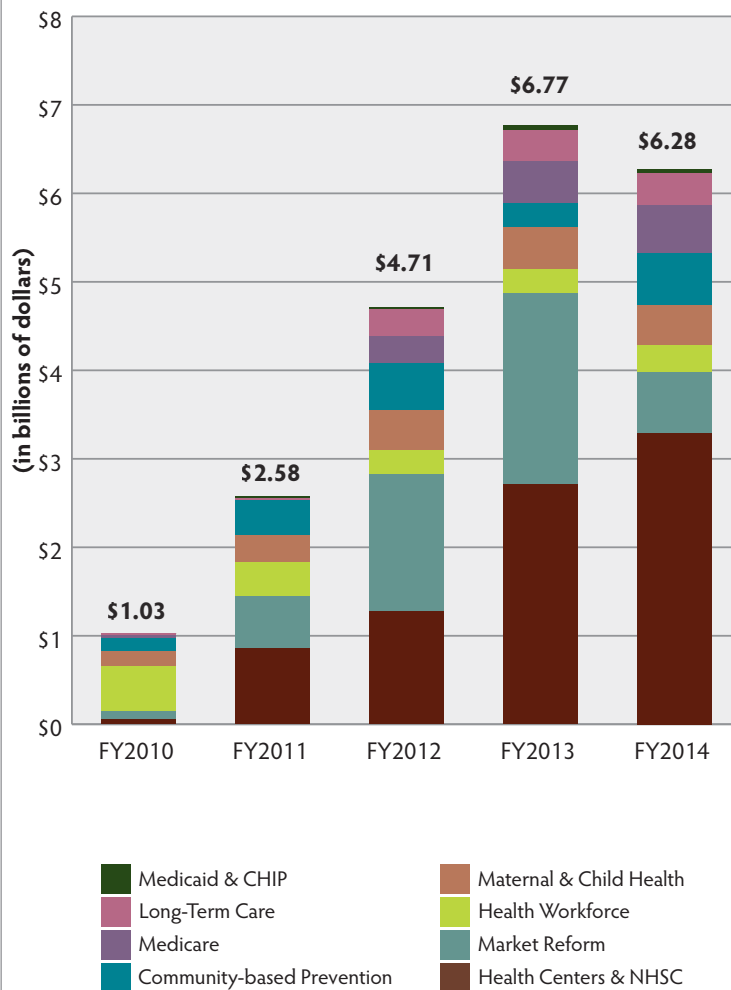
FIGURE 2

Funding in other priority areas has also shifted. In the short FY2010 funding period (March to September 2010), HHS awarded nearly half (48.9 percent) of ACA funding to health workforce development programs, mostly from the Prevention and Public Health Fund, in anticipation of increased primary care demand in 2014.

FIGURE 2

However, workforce spending decreased each subsequent year, hitting a low of \$269 million (4.0 percent) in FY2013, only to increase slightly to \$305.6 million (4.9 percent) in FY2014. Meanwhile, health center programs have been the most funded ACA programs, with \$8.2 billion from FY2010 through FY2014. Other prominent categories of funding over this four-and-a-half-year period include community-based prevention programs and maternal and child health programs, each with approximately \$1.9 billion in total funding.

FIGURE 2
FY2010-FY2014 ACA Grant Funding, by Funding Category
(in billions of dollars)



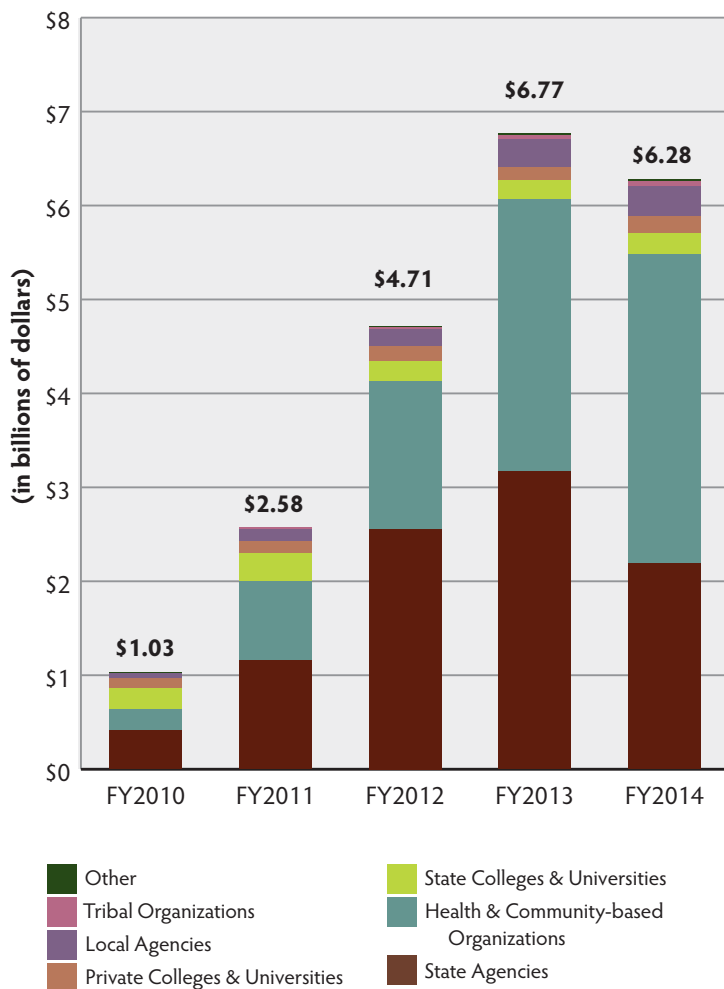
Funding Category	FY2014		Grand Total (FY2010-FY2014) ⁶	
	Funding	%	Funding	%
Health Centers and NHSC	\$3,292,062,087	52.4%	\$8,187,970,298	38.3%
Market Reform	\$679,083,011	10.8%	\$5,080,869,489	23.8%
Community-based Prevention	\$582,852,569	9.3%	\$1,929,304,026	9.0%
Maternal and Child Health	\$462,569,950	7.4%	\$1,860,930,860	8.7%
Health Workforce	\$305,554,741	4.9%	\$1,732,181,411	8.1%
Medicare	\$544,381,250	8.7%	\$1,369,105,394	6.4%
Long-Term Care	\$359,946,645	5.7%	\$1,059,462,649	5.0%
Medicaid & CHIP	\$52,010,747	0.8%	\$147,011,999	0.7%
Total	\$6,279,488,000	100.0%	\$21,366,836,126	100.0%

⁶ For detailed information on the funding categories for fiscal years 2010 through 2013, please see: J. Fangmeier, P. Eller, and M. Udow-Phillips. December 2013. *Affordable Care Act Funding: An Analysis of Grant Programs under Health Care Reform* (Ann Arbor, MI: CHRT). <http://www.chrt.org/publications/price-of-care/affordable-care-act-funding/>.

ACA Funding From March 2010 through September 2014 (FY2010–FY2014) *(continued)*

In terms of organizations receiving ACA funding awards during this period, state agencies were the leading recipients, receiving \$9.5 billion (44.4 percent) of total funding from FY2010 to FY2014. **FIGURE 3** These funds were used to support a variety of activities, including health insurance marketplace implementation (\$4.5 billion), Early Childhood Home Visitation programs (\$1.2 billion), and long-term care demonstrations (\$982.4 million). Health and community-based organizations received the second largest share of awards, with \$8.8 billion (41.3 percent) of total funding. In FY2014, recipients in this category were actually awarded the largest share of funding at \$3.3 billion (52.4 percent), receiving more than state agencies during the fiscal year. This category includes many community health centers that were awarded funding to support service expansion and facility improvements, allowing them to serve a larger number of patients. Colleges and universities were prominent recipients in FY2010, with 31.7 percent of awards, but their share fell to 6.4 percent in FY2014, as funding priorities shifted away from workforce training.

FIGURE 3
FY2010-FY2014 ACA Grant Funding, by Recipient Type
(in billions of dollars)



Recipient Type	FY2014		Grand Total (FY2010-FY2014) ⁷	
	Funding	%	Funding	%
State Agencies	\$2,190,767,576	34.9%	\$9,488,612,577	44.4%
Health & Community-based Organizations	\$3,288,991,079	52.4%	\$8,825,097,524	41.3%
State Colleges & Universities	\$231,268,440	3.7%	\$1,167,039,243	5.5%
Local Agencies	\$325,793,731	5.2%	\$992,130,668	4.6%
Private Colleges & Universities	\$170,564,847	2.7%	\$697,947,891	3.3%
Tribal Organizations	\$48,321,938	0.8%	\$135,855,546	0.6%
Other	\$22,780,389	0.4%	\$60,152,677	0.3%
Total	\$6,278,488,000	100%	\$21,366,836,126	100.00%

⁷ For detailed information on the recipient categories for FY 2010–2013, please see: J. Fangmeier, P. Eller, and M. Udow-Phillips. December 2013. *Affordable Care Act Funding: An Analysis of Grant Programs under Health Care Reform* (Ann Arbor, MI: CHRT). <http://www.chrt.org/publications/price-of-care/affordable-care-act-funding/>.

The ACA in Michigan

In Michigan, several organizations have been active in applying for and receiving grant funding to implement insurance reforms, improve health care access, and invest in public health infrastructure.

Since the ACA became law in March 2010 through the most recent fiscal year ending in September 2014, Michigan has been awarded a total of \$489.4 million in funding. The largest category of funding was for health centers (\$210.9 million), with funding for maternal and child health programs a distant second (\$53.9 million).

The State of Michigan, including the Department of Community Health (MDCH), received the most funding over this period (\$177.2 million); more than eight times the amount received by Cherry Health (formerly Cherry Street Health Services), the second highest recipient. **FIGURE 4**

FIGURE 4
Top 10 Michigan Institutions Receiving ACA Grant Funding (FY2010-FY2014)

Recipient	Funding Total
State of Michigan	\$177,209,782
Cherry Health	\$19,997,561
University of Michigan	\$16,957,808
Michigan Public Health Institute	\$14,241,484
Family Health Center, Inc.	\$12,890,632
Wayne State University	\$12,283,225
Altarum Institute	\$11,697,495
InterCare Community Health Network	\$11,626,242
Family Health Center of Battle Creek	\$9,915,695
Detroit Community Health Connection	\$9,909,889



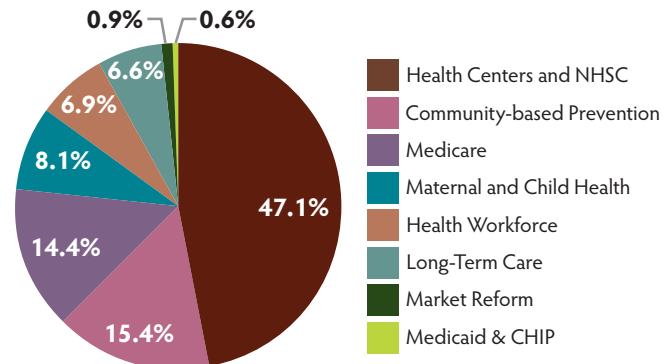
ACA Funding in Michigan, Fiscal Year 2014

In FY2014, Michigan received \$183.9 million in funding awards, a 26 percent increase from FY2013. Michigan's funding total for FY2014 increased from FY2013 relative to other states, from 13th to 9th place (see Appendix 2). However, per-person funding remained constant from FY2013 to FY2014 at 34th place, nationally.

Similar to national trends, health center programs were the largest focus of funding in Michigan in FY2014, with \$86.7 million (47.1 percent) of funding. **FIGURE 5** However, funding for market reform programs (0.9 percent) was significantly below the national rate (10.8 percent) of funding for these programs. Much of this disparity can be attributed to the state's choice to forgo funding to implement its own state-based health insurance marketplace and instead utilize the federally facilitated marketplace. Programs related to community-based prevention were the second largest area of funding, with \$28.4 million (15.4 percent), increasing significantly from \$4.2 million (2.8 percent) in FY2013. The State of Michigan received the majority of community-based prevention funding, with ten grants totaling \$25.7 million.

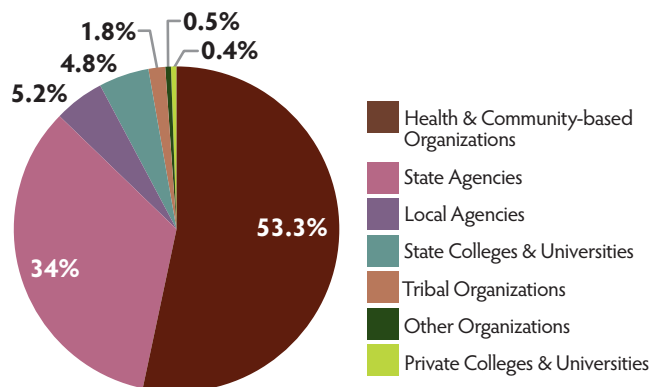
Health and community-based organizations were the leading type of recipients in FY2014, receiving \$98.1 million (53.3 percent) of funding. **FIGURE 6** Thirty-four community health center organizations received \$80.8 million in funding, primarily to support new and expanded services for their patients. Leading recipients include Cherry Health (\$7 million), InterCare Community Health Network (\$6.2 million), and Detroit Community Health Connection (\$4.4 million).

FIGURE 5
Michigan FY2014 Grant Funding, by Funding Category



Funding Category	Total Funding
Health Centers and NHSC	\$86,677,659
Community-based Prevention	\$28,355,677
Medicare	\$26,481,400
Maternal and Child Health	\$14,939,127
Health Workforce	\$12,735,831
Long-Term Care	\$12,136,263
Market Reform	\$1,621,863
Medicaid & CHIP	\$987,156
Total	\$183,934,976

FIGURE 6
Michigan FY2014 Grant Funding, by Recipient Category



Recipient Type	Total Funding
Health & Community-based Organizations	\$98,106,028
State Agencies	\$62,451,137
Local Agencies	\$9,515,772
State Colleges & Universities	\$8,871,598
Tribal Organizations	\$3,233,625
Other Organizations	\$999,500
Private Colleges & Universities	\$757,316
Total	\$183,934,976

ACA Funding in Michigan, Fiscal Year 2014 *(continued)*

Michigan award highlights in FY2014 include:

■ Health Centers

- *New and Expanded Services:* Funding to support new and expanded services at health centers grew considerably in FY2014. In Michigan, 34 community health centers were awarded funding for a total of \$79 million.
- *Capital Development:* In contrast, funding to support capital development declined from \$3.4 million in FY2013 to \$1.4 million in FY2014. Six health centers in Michigan received awards under this program.

■ Community-based Prevention

- *Cancer Prevention and Control Programs:* The State of Michigan received \$8.7 million to develop comprehensive breast and cervical cancer early detection programs.
- *Public Health Immunization Infrastructure and Performance:* The State of Michigan was awarded \$2.5 million to improve the efficiency and effectiveness of immunization practices in the state.
- *Racial and Ethnic Approaches to Community Health:* The Inter-Tribal Council of Michigan, Kent Community Hospital, and Oakland University received a total of \$2.4 million in FY2014 for the support and implementation of projects to prevent chronic diseases and reduce racial and ethnic health disparities.

■ Maternal and Child Health

- *Early Childhood Home Visitation:* Funding for the Michigan Department of Community Health's nurse visitation program decreased slightly from \$10.5 million in FY2013 to \$9.4 million in FY2014. Since passage of the ACA, the MDCH has received a total of \$33.4 million for the program.

■ Long-Term Care

- *Money Follows the Person (MFP):* The Michigan Department of Community Health was awarded \$12.1 million to transition Medicaid beneficiaries from nursing homes to community-based care. The MDCH was previously awarded \$10.1 million in FY2013 and \$1.3 million FY2012 for this program.

■ Medicare and Medicaid

- *State Innovation Model:* Altarum Institute, Henry Ford Health System, and Michigan Public Health Institute were awarded their third year of funding to support new delivery models, while the University of Michigan and Vanguard Health System of Michigan received their first awards. In FY2014, these five organizations received \$19.1 million in total.
- *Medicaid Adult Quality:* The Michigan Department of Community Health was awarded almost \$1 million for the support and application of health care quality measures for adults in the Medicaid program.

ACA Funding in Michigan, Fiscal Year 2014 *(continued)*

Top 10 recipients of ACA grants in FY2014 were:

1. State of Michigan - \$62,451,137 (21 awards)
 - a. Market Reform—\$1,621,863
 - b. Maternal and Child Health—\$13,979,569
 - c. Long-Term Care—\$12,136,263
 - d. Community-based Prevention—\$25,658,697
 - e. Medicare—\$7,411,981
 - f. Medicaid —\$987,156
 - g. Health Centers—\$163,491
 - h. Health Workforce—\$492,117⁸
2. Cherry Health—\$7,021,083 (*Health Centers, 1 award*)
3. Altarum Institute—\$6,460,647 (*Medicare, 1 award*)
4. InterCare Community Health Network—\$6,244,040 (*Health Centers, 2 awards*)
5. Michigan Public Health Institute—\$6,190,947 (*Medicare, 1 award*)
6. Health Delivery, Inc. —\$5,245,121 (*Health Centers, 2 awards*)
7. Detroit Wayne County Health Authority—\$4,950,000 (*Health Workforce, 1 award*)
8. Detroit Community Health Connection—\$4,449,160 (*Health Centers, 1 award*)⁹
9. Family Health Center of Battle Creek —\$3,633,444 (*Health Centers, 1 award*)
10. Hamilton Community Health Network, Inc. —\$3,478,717 (2 awards)
 - a. Health Centers—\$3,403,717
 - b. Health Workforce - \$75,000

⁸ The State of Michigan was awarded a Personal and Home Care Aide State Training Program grant for \$630,476 in FY2012. A small portion of that grant was returned in FY2014, reducing the state's grant total for the year by \$543.

⁹ Detroit Community Health Connection (DCHC) received a \$62,000 grant for school-based health center capital expenditures in FY2011. In FY2014, \$4,233 of the grant was returned, reducing DCHC's grant total for the year.

Appendix 1: Funding of Select ACA Programs, by Year (millions of dollars)¹⁰

Funding Category (Program)	ACA Section	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	10-year total	
Market Reform													
Review health insurance premiums	§1003	\$250										\$250	
Consumer insurance assistance	§1002	\$30										\$30	
Exchange planning and establishment	§1311	HHS secretary may determine amounts to be appropriated as necessary from FY2010 until January 1, 2015.										TBD	
Health Centers & NHSC													
School-based health centers	§4101(a)	\$50	\$50	\$50	\$50							\$200	
Community health center capital	§10503(c)	\$1.5 billion total for FY2011 through FY2015										\$1,500	
Community health center services	§10503(b)(1)		\$1,000	\$1,200	\$1,500	\$2,200	\$3,600					\$9,500	
Community-based Prevention													
Prevention and Public Health Fund	§4002	\$500	\$750	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,250	\$1,250	\$9,750	
Maternal & Child Health													
Early childhood home visitation	§2951	\$100	\$250	\$350	\$400	\$400	\$400a					\$1,500	
Personal responsibility education	§2953	\$75	\$75	\$75	\$75	\$75	\$75b					\$375	
Health Workforce													
Health workforce demonstration	§5507(a)	\$85	\$85	\$85	\$85	\$85	\$85c					\$425	
Medicaid & CHIP													
Prevention and wellness incentives	§4108		\$100 million total for CY2011 through CY2015.										\$100
Childhood obesity demonstration	§4306	\$25 million total for FY2010 through FY2014.											\$25
Medicare													
Center for Medicare and Medicaid Innovation	§3021(a)	\$5	\$10 billion total for FY2011 through FY2019, and \$10 billion for each future decade.									\$10,005	
Independence at home demonstration	§3024	\$5	\$5	\$5	\$5	\$5	\$5					\$30	
Long-term Care													
Money Follows the Person demonstration	§2403		\$450	\$450	\$450	\$450	\$450	\$450				\$2,700	
State aging and disability resource centers	§2405	\$10	\$10	\$10	\$10	\$10						\$50	

¹⁰ Appropriation levels do not reflect spending reductions due to sequestration from the Budget Control Act of 2011. Program appropriation figures from the Congressional Research Service. C.S. Redhead. October 10, 2014. *Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (ACA)* (Washington, D.C.: Congressional Research Service).

a. The Protecting Access to Medicare Act (PAMA) of 2014 (P.L. 113-93) appropriated \$400 million for FY2015.

b. PAMA (P.L. 113-93) appropriated \$75 million for FY2015, extending the program for an additional year.

c. PAMA (P.L. 113-93) provided an additional year of funding, extending funding through FY2015.

Appendix 2: ACA Grant Funding, by State (FY2010-FY2014)

State	FY2014 Total	FY2014 Total Ranking	FY2014 Per Capita	FY2014 Per Capita Ranking	FY2010-FY2014 Total	FY2010-FY2014 Total Ranking	FY2010-FY2014 Per Capita	FY2010-FY2014 Per Capita Ranking
Alabama	\$104,383,912	23	\$21.59	27	\$277,625,484	29	\$57.44	35
Alaska	\$64,730,315	37	\$88.05	3	\$166,337,750	44	\$226.27	5
Arizona	\$80,472,891	32	\$12.14	48	\$304,752,942	26	\$45.99	43
Arkansas	\$91,463,576	30	\$30.91	16	\$298,703,971	27	\$100.93	20
California	\$727,957,094	1	\$18.99	32	\$2,837,205,360	1	\$74.02	28
Colorado	\$126,094,075	16	\$23.93	25	\$532,202,617	10	\$101.02	19
Connecticut	\$105,434,379	21	\$29.32	18	\$450,425,854	15	\$125.25	10
Delaware	\$39,165,135	46	\$42.31	9	\$105,279,724	48	\$113.72	14
District of Columbia	\$115,451,181	18	\$178.59	1	\$327,076,617	25	\$505.96	1
Florida	\$216,033,265	5	\$11.05	50	\$569,146,936	9	\$29.11	51
Georgia	\$129,933,654	15	\$13.00	44	\$398,707,949	18	\$39.90	47
Hawaii	\$42,536,721	45	\$30.30	17	\$353,441,712	22	\$251.73	4
Idaho	\$94,653,319	29	\$58.71	5	\$201,516,348	40	\$125.00	11
Illinois	\$200,435,260	6	\$15.56	42	\$746,653,924	5	\$57.96	34
Indiana	\$84,164,714	31	\$12.81	45	\$264,509,116	33	\$40.25	46
Iowa	\$76,547,336	34	\$24.77	24	\$246,158,169	35	\$79.65	26
Kansas	\$75,523,014	35	\$26.10	23	\$206,334,398	38	\$71.30	29
Kentucky	\$76,757,839	33	\$17.46	37	\$500,062,221	11	\$113.77	13
Louisiana	\$106,708,020	20	\$23.07	26	\$286,603,378	28	\$61.96	32
Maine	\$61,585,587	39	\$46.36	7	\$181,813,379	42	\$136.88	9
Maryland	\$104,557,356	22	\$17.64	36	\$496,171,937	12	\$83.69	23
Massachusetts	\$188,488,332	7	\$28.16	20	\$743,785,672	6	\$111.13	15
Michigan	\$183,934,976	9	\$18.59	34	\$489,354,113	14	\$49.45	41
Minnesota	\$149,938,331	12	\$27.66	21	\$436,885,002	16	\$80.60	24
Mississippi	\$99,565,525	26	\$33.29	13	\$239,002,963	36	\$79.90	25
Missouri	\$125,726,377	17	\$20.80	29	\$334,893,647	24	\$55.41	38
Montana	\$56,434,411	41	\$55.59	6	\$178,725,259	43	\$176.06	7
Nebraska	\$34,796,578	47	\$18.62	33	\$119,414,925	47	\$63.91	31
Nevada	\$45,085,755	44	\$16.16	39	\$196,557,720	41	\$70.45	30
New Hampshire	\$48,302,906	42	\$36.50	11	\$151,520,599	45	\$114.49	12
New Jersey	\$102,977,767	24	\$11.57	49	\$344,396,572	23	\$38.70	48
New Mexico	\$158,134,042	10	\$75.83	4	\$391,217,558	19	\$187.61	6
New York	\$414,089,744	2	\$21.07	28	\$1,514,557,720	2	\$77.07	27
North Carolina	\$134,434,427	13	\$13.65	43	\$434,121,276	17	\$44.08	44
North Dakota	\$23,087,701	50	\$31.92	14	\$66,196,957	50	\$91.51	22
Ohio	\$187,732,526	8	\$16.22	38	\$620,034,705	8	\$53.59	39
Oklahoma	\$71,452,637	36	\$18.56	35	\$225,286,985	37	\$58.51	33
Oregon	\$111,038,641	19	\$28.25	19	\$642,068,082	7	\$163.37	8
Pennsylvania	\$155,907,786	11	\$12.21	46	\$490,293,787	13	\$38.38	49
Rhode Island	\$98,516,089	27	\$93.69	2	\$266,845,886	30	\$253.77	3
South Carolina	\$98,416,912	28	\$20.61	30	\$264,714,491	32	\$55.44	37
South Dakota	\$26,197,113	49	\$31.01	15	\$86,063,467	49	\$101.87	18
Tennessee	\$102,045,825	25	\$15.71	41	\$369,638,081	20	\$56.90	36
Texas	\$322,885,486	3	\$12.21	47	\$955,427,562	3	\$36.12	50
Utah	\$56,480,956	40	\$19.47	31	\$147,573,717	46	\$50.87	40
Vermont	\$28,372,700	48	\$45.28	8	\$263,647,464	34	\$420.74	2
Virginia	\$131,374,529	14	\$15.90	40	\$361,759,688	21	\$43.79	45
Washington	\$271,727,098	4	\$38.98	10	\$758,270,925	4	\$108.77	17
West Virginia	\$63,396,128	38	\$34.19	12	\$202,749,778	39	\$109.34	16
Wisconsin	\$47,992,771	43	\$8.36	51	\$266,478,490	31	\$46.40	42
Wyoming	\$15,365,288	51	\$26.37	22	\$54,623,249	51	\$93.75	21
Total	\$6,278,488,000		\$19.86		\$21,366,836,126		\$67.59	



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