

2025 MEDICAID IN MONTANA

Montana Medicaid is the state's health benefits program that provides insurance to eligible children and adults with low income. In 2015, the Montana State Legislature expanded Medicaid to cover adults ages 18-64 with incomes up to 133% of the federal poverty level through the bipartisan HELP Act. By implementing Medicaid expansion, the state **expanded health care access, improved health outcomes, and controlled health care costs.**

While Montana's current Medicaid program has provided health insurance to the expansion population for nearly a decade, this coverage will end unless reauthorized during the 2025 Legislative Session.

Who is Covered by Medicaid through the HELP Act?

36%

covered through the HELP Act

Of the 268,000 Montanans enrolled in Medicaid in 2024, about 95,000 (or 36%) were covered through the HELP Act.

10.7%

uninsured rate

After Medicaid expanded, Montana's uninsured rate for adults nearly halved, falling from 19.3% in 2014 to 10.7% by 2021.

72%

working or attending school

72% of adult Medicaid enrollees are either in the labor force or attending school. Another 23% are disabled or have caregiving responsibilities.

Medicaid supports employers and employees who work in low-wage or seasonal industries by offering an option for stable health coverage. For example, 32% of food preparation workers and 25% of childcare workers are enrolled.

Improving Access to Care & Health Outcomes



Medicaid expansion improves access to preventive services, resulting in early diagnoses and treatment. For example, in 2023, more than 14,000 adult Medicaid enrollees were screened for colon cancer, resulting in approximately 1,400 potentially averted cases.



Medicaid expansion coverage contributes to fewer visits to the ER. Between their first and third years of enrollment, the number of Medicaid expansion enrollees needing emergency care decreased by 10.6%.



Health care costs also shift from emergency and inpatient care to outpatient services and pharmacy, suggesting improved health outcomes. Between their first and third years of enrollment, emergency and inpatient costs for Medicaid expansion enrollees decreased by 18%.

Enhanced Health System Capacity

Medicaid expansion provided a new source of reimbursement for rural health care providers, allowing them to offer additional specialty services to all Montanans, not just those enrolled in Medicaid. In a survey of 27 Montana critical access hospitals,

93% added new services

93% reported adding and/or expanding new specialty services since 2016.

87% increased behavioral health services

87% of hospitals reported adding or expanding behavioral health.

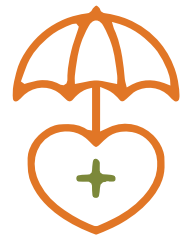


We don't have a lot of margins. If Medicaid expansion sunsets, we would have to take a hard look and see what would be sustainable. I almost guarantee we would be looking at our obstetrics service line and cutting that."

– CRITICAL ACCESS HOSPITAL ADMINISTRATOR

Coverage for American Indian People

By providing a new source of reimbursement, Medicaid expansion helps the Indian Health Service stretch its limited budget, improving access to non-emergency health services at no cost to Montana.



124% increase in referrals for specialty services

Between 2015 and 2023, referrals for specialty services unavailable at Indian Health Service or tribal health facilities increased by 124%, making screenings, surgeries, and treatment for cancer and other serious illnesses available to many American Indian people.

State Budget Savings & New Federal Revenues

\$26M
in state budget savings

The HELP Act brought additional federal dollars to Montana, allowing savings of state funds that would have otherwise been spent on Medicaid. Implementing Medicaid expansion generated approximately \$26 million in state budget savings in 2024.

13%
of the general fund spending

Despite adding coverage for more than 90,000 Montanans, state expenditures on Medicaid have remained constant at roughly 13% of Montana's general fund spending each year since before the HELP Act was implemented in 2016.



For more information on these findings, visit mthf.org/resource/2025-medicaid-in-montana