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Missouri's Budget Crisis: The Impact on Access to Health Care
Cuts, Consequences and Policy Options to Restore Health

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Introduction

In the past five years Missouri has faced a state budget crisis unparalleled since the Great Depression. Missouri revenue that had historically grown by 5% annually slipped to an unprecedented decline of .6% per year. In fact, in fiscal year 2004 the state actually spent $44 million less in general revenue than it expended in fiscal year 2001. As a result, Missouri Legislative and Gubernatorial leadership have been faced with budget shortfalls of nearly $2.4 billion. As a result, core funding for state programs has been cut by nearly $1.4 billion and an additional $900 million has been withheld through mid-year reductions. While every aspect of Missouri's budget and programming has been impacted, none have been more directly affected than Social Services, Health and Mental Health, whose budget cuts have comprised **48.7%** of total state core cuts in the preceding four years.

This paper describes the extent of the state's budget cuts and their consequences specifically on access to health care for Missourians. Additionally, the paper describes the factors which account for state health care costs and policy options Missouri could take that increase access to health care for all in a fiscally prudent manner.

I. Who's been Hurt – Budget Cuts and Their Impact on Health Care Access

Missouri's fiscal crisis began in state fiscal year 2001, with the convergence of the national recession, loss of federal funds through program reductions, tax cuts and increased mandates, and the impact of state tax cuts passed in the late 1990s. Over the next four years, the state was plagued with budget shortfalls totaling $2.4 billion dollars. The state responded by making a series of core reductions (or ongoing cuts to the core of state programs) and one-time withholdings (or temporary reductions in state department spending authority). While the $900 million in withholds made throughout the crisis has had a definitive impact, the ongoing core reductions of nearly $1.4 billion will have lasting consequences for the state. Those core reductions and their consequences are discussed further in the following sections.

[1] Lise Bernstein, Communications Director for the Missouri Budget Project contributed substantially to the editing of this report. Amy Blouin is the Executive Director of the Missouri Budget Project, Jennifer Hill the Director of Health Policy and Kristin Funk and Elizabeth Lucier are Policy Interns at the Project.

Table 1
"Core Reductions" to Missouri Budget, by Department and Fiscal Year
In Millions of Dollars

Department	FY 2002	FY 2003	FY 2004	FY 2005	Total	Department Cuts as % of Total Core Cuts
Elementary & Secondary Education	$20.1	$62.1	$58.0	$22.6	$162.8	11.7%
Higher Education	9.6	99.7	42.9	1.3	153.5	11.0%
Social Services	88.3	303.6	110.6	55.3	557.8	40.1%
Mental Health	11.2	36.5	27.6	12.5	87.8	6.3%
Health	3.4	12.1	13.6	2.4	31.6	2.3%
Public Safety	5.6	5.2	8.4	0.9	20.2	1.4%
Corrections	12.8	39.1	6.4	20.8	79.0	5.7%
All Other State Departments	56.7	129.0	75.8	35.8	297.2	21.4%
Total	**$207.8**	**$687.3**	**$343.2**	**$151.6**	**$1,389**	100.0%

Source: Missouri Office of Administration.
Note: Some of these cuts may have been restored in later years; the vast majority of the cuts have not been restored, but the exact proportion has not been calculated by the Office of Administration.

As Table 1 indicates, over 48% of the combined core reductions have come from the Departments of Health & Senior Services, Mental Health and Social Services. The combined core reductions in these three Departments totaled $677.1 million. The breadth of these cuts is dramatic and includes severe cuts to Missouri's Medicaid program, the elimination of the Women's Comprehensive Health Care Program, and cuts to mental health care programs. As a result of these and other reductions and eliminations, more than **135,000** Missourians have lost access to state sponsored health care programs in the last five years. Descriptions of the cuts and the breadth of their impacts follow:

Table 2
Summary of the People Impacted by Cuts to State Health Care Programs

Category of Eligibility Reduction	*Number of Missourians Impacted*
Medicaid Eligibility Cuts	55,642 Missourians
Medicaid Spenddown Changes	40,696 Missourians
Women's Health Care Cuts	30,000 Missourians
Mental Health Care Cuts	8, 800 Missourians
Total Health Care Cuts	**135,138 Missourians**

Source: Missouri Departments of Social Services and Mental Health, Budget Divisions.
*Numbers are calculated based on 2004 Federal Poverty Guidelines, and 2002 caseloads. The number of people impacted annually conceivably grows over time as the federal poverty level is adjusted yearly based on inflation, and increases in the uninsured.

Medicaid Cuts
An estimated 37,320 working parents lost Medicaid coverage when the state eliminated eligibility for those with incomes between 75 and 100 percent of the poverty line.[2] Parents in families of three with

[2] All information on the number of people cut from these programs was provided by the Missouri Department of Social Services and is based on the total number of people who received services in state fiscal year 2002. The number losing coverage in any given month is slightly lower. However, the number of people impacted over time

incomes between $979 and $1,305 per month lost access to health care. Since most jobs at this wage level do not provide affordable health coverage, it is likely that most of those parents are now uninsured. Approximately 70% of the adults cut from Medicaid in this program reduction were working mothers, while 30% were working fathers, all living in poverty.

Roughly 18,322 Missourians lost health care coverage when additional Medicaid programs for working parents were also cut. The Parent's Fair Share Program and Medicaid Program for Non-Custodial Parents were completely eliminated. These programs had previously served non-custodial parents, mostly fathers, who were current or working to get current in their child support obligations, who were engaged with their children and who were also working or in a training program to improve their financial independence.

Spenddown Cuts

In addition, alterations occurred in the Medicaid Spenddown Program that primarily impact seniors and people with disabilities. The program previously allowed seniors and people with disabilities to access Medicaid by accruing a level of medical bills that would reduce their income to below the federal poverty level.[3] Now seniors must actually pay for the services, not just accrue charges. When they pay out-of-pocket to meet the poverty level many will be unable to pay for food or utilities. This prevents access to health care for a population likely to have the most compromised health and most in need financially. Missouri seniors and people with disabilities heavily depend on Medicaid to help offset the costs of prescription drugs and nursing home care. These change impacts 40,969 Missourians

Women's Comprehensive Health Care

Another major health care reduction was the elimination of the Women's Comprehensive HealthCare/State Family Planning Program. Administered through the Department of Health & Senior Services, the program previously allocated $3.6 million dollars to local health care clinics to provide 30,000 low-income and uninsured women with vital health care services. These services included annual pap smears; breast and cervical cancer screenings; physical examinations including screenings for anemia, high blood sugar, cholesterol and sexually transmitted diseases; HIV risk assessments and prevention; and counseling on an array of women's physical healthcare needs.

According to a recent survey of former state family planning providers, undertaken by the Missouri Family Health Council, 10 Missouri clinics in rural and urban areas of the state have closed as a result of the loss of Women's Comprehensive Health Care funding.[4] According to the same survey, 25 other clinics have reduced clinic hours. Nearly all have reduced the number of patients served, implemented or increased fee schedules, or closed satellite offices. The result is that low income women in Missouri have less access to preventive care and screenings, which will likely result in higher rates of preventable disease and more severe cases of breast and cervical cancer for Missouri women.

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grows as federal poverty guidelines change and more individuals and families cycle in the economic changes that would have qualified them for Medicaid Programs under previous guidelines.

[3] In 2002 when the change occurred the eligibility level was 80% of the federal poverty level. It has since been increased to 90% of the federal poverty level, and is scheduled to be increased to 95% of the federal poverty level, or $737 per month for one individual in fiscal year 2005.

[4] Survey findings released by the Missouri Family Health Council on June 1, 2004 at a press event in Jefferson City, MO. More information can be obtained at www.mfhc.org.

Table 3: Areas of Clinic Closings

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Bollinger County Health Department
Clinton County Health Department
Gasconade/Osage County Health Department
Jackson County Health Department
Nodaway County Health Department
Pulaski County Health Department
Saline County Health Department
St. Charles County Health Department
Texas County Health Department
Washington County Health Department

Mental Health Care Cuts

A multiple year series of budgetary and personnel cuts are decreasing direct services to those with mental illness. Thousands of Missourians have lost services. Attempts to restore some of the $87.8 billion in core cuts were partially successful, but the Department of Mental Health sustained $58.2 million in net reductions between Fiscal Years 2001-2005. In addition almost 600 jobs have been eliminated. Consolidations, administrative efficiencies and other cost-saving measures were used to make some cuts, but services were also reduced. Fewer people with mental health needs are now served at state-operated facilities and private community facilities that operate with state funding.

Specific cuts have included:

- A $4.7 million reduction in support for alcohol and drug treatment and prevention programs. This has resulted in the loss of substance abuse treatment funding for approximately 4,000 individuals.
- An $11 million reduction in funding to provide services for people with mental retardation and developmental disabilities. Such services include respite care, day habilitation, and therapy. As of July 2004, the department had a list of more than 4,000 individuals waiting for residential and non-residential services. They must instead rely on care by their families — or go without needed specialized care.
- The state's "family stipend" program — which helped some 800 families to care for their children with serious disabilities at home rather than institutionalizing them — was reduced in fiscal year 2003 *and completely eliminated in fiscal year 2004. The average annual stipend under this program was $766 in 2002.*

The breadth of healthcare cuts have impacted every county in Missouri. "Appendix A" details the total cuts by program area by county.

II. *The Human Impact of Cuts*

There is a direct relationship between the state's decision to reduce healthcare eligibility or eliminate coverage and the growth of the number of low-income families who are uninsured in Missouri. Several national studies concur and indicate the very real consequences of cutting Medicaid eligibility. Most recently, Leighton Ku of the national Center on Budget & Policy Priorities analyzed the U.S. Census Bureau's Current Population Surveys. The analysis found that:

- The number of uninsured low-income parents in Missouri grew dramatically between 2000 and 2003, from 18.8% of that population to 29.6% - a 10.8% increase.
- The increase in uninsured low income parents was directly attributable to the loss of Medicaid eligibility, which fell by 7.9%.

- The increase of uninsured in Missouri was much more significant than the national average due to the decline in eligibility for Medicaid. [5]

As Ku's analysis indicates, the Medicaid program is intended to fill the gap when access to employer-sponsored health insurance falters, such as in times of economic downturn. Nationwide, Medicaid was successful between 2000 and 2003 in ensuring that low-income parents remained covered by health care in times of economic crisis. However, Missouri was largely **unsuccessful** in this endeavor as a direct result of the significant reductions in state Medicaid eligibility.

Further, according to the Kaiser Family Foundation, employer sponsored health insurance also dropped by 4.5% during this time, which added 177,027 adults to the uninsured in the state. Due to the simultaneous eligibility reductions in Medicaid and the loss of employer-sponsored coverage, the overall rate of the working uninsured in Missouri has increased dramatically in recent years. According to Kaiser, more than 518,000 working, non-elderly Missourians were uninsured in 2003.[6]

Losing access to insurance, either employer-sponsored or Medicaid has very real and significant human consequences for the tens of thousands of Missourians mentioned above. Two examples fog the impact:

- "Paula's income is not enough to pay for her children's health insurance and still cover shelter, food and car insurance. Paula wants people to know she works hard every day. She wants her children to go to college and she would like to pursue further education so she can get a better job."
- "This program is not 'optional' for Ilene. If Medicaid service were to be cut, she would end up in a nursing home. She is certain she would lose her independence and in one year-- there is no doubt in her mind and heart—that she would be dead."

Excerpts from "Who is Medicaid? Stories of Struggle…Faces of Hope"[7].

Medicaid is a lifeline for the people of Missouri who depend on it including Paula, Ilene and Sabrina. Their stories are common and are supported by data nationwide. Being uninsured has multiple health consequences for the individuals like those mentioned above, as well as for their families and society overall.

Some of those very real human and societal consequences include increases in preventable deaths, the spread of contagious disease, lack of productivity in the workforce due to illness, and employment based and private health insurance costs increases. According to the Institute of Medicine, being uninsured has become the 6th leading cause of preventable death of people aged 25-64, resulting in 18,000 deaths per year.[8]

Additionally, cuts to mental health care specifically through reductions in Medicaid and Community Mental Health Care programs have significant and documented consequences. Individuals who lose access to treatment for mental illness are more likely to become homeless, utilize emergency rooms for treatment or have increased stays in correctional facilities. A study of the impact of reductions in mental

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[5] *Memo on the Erosion of Health Insurance Coverage for Low-Income Parents in Missouri, 2000 to 2003,* from Leighton Ku, PHD, MPH, Senior Fellow, the Center on Budget & Policy Priorities, December 7, 2004

[6] Kaiser State Health Facts, "Distribution of nonelderly uninsured by Employment Status. 2003" available at www.statehealthfacts.org

[7] Published October, 2004 by Missouri HealthVoice, an education and outreach program of the Missouri Budget Project. Available at www.mobudget.org

[8] *The Costs and Consequences of Being Uninsured;* Karen Davis, PHD, the Commonwealth Fund; *m* Medical Care Research and review 60, 2 (June 2003)

health services in one Connecticut Corporation showed that a 30% reduction in service resulted in a 37% increase in costs incurred for medical care and increased sick days. Further, according to the American Journal of Psychiatry, antidepressant treatment can reduce overall health care costs by 70%, and comprehensive community mental health care can reduce public expenditures on hospital care by 40%.[9]

Clearly, access to Medicaid and other state health care programs for individuals in Missouri has significant results for the entire state, and the health of society as a whole.

III. *The Economic Impact*

The increased costs for employers resulting from uninsured workers, increased sick days and lack of productivity, as discussed above are not the only economic consequence of cutting Medicaid. There are more extensive ramifications of Medicaid cuts that impact the overarching health care industry in the state, and the overall Gross State Product.

Public funds make up 46% of spending in Missouri's health care industry, and total private and public health care expenditures in Missouri create 16% of Missouri's Gross State Product. [10] Medicaid is particularly pivotal in the Missouri's economic production because it is a joint federal and state funded program. For each dollar Missouri expends, it is able to generate nearly $2 in federal and provider contributions.

The health care industry and ancillary industries benefit directly from these expenditures. Medicaid payments contribute to the overall income of health care providers including doctors, pharmacists, hospitals, nursing homes, mental health clinics and others. The Federally Qualified Health Clinics in Missouri report that state and federal Medicaid funding encompasses nearly 50% of their overall income sources. Providers throughout the state rely on these funds to provide services. The health care industry in Missouri is compromised when Medicaid is cut. Several national studies demonstrate the impact of Medicaid on the economic activity in local communities and states. Most recently, a Missouri Specific study cites that with every $1 million expended in Medicaid, the State is able to generate an additional $3-5 million in business activity, creating between 42-71 jobs.[11] Cutting several hundred million from Medicaid (as Missouri has in the last 4 years) will compromise thousands of Missouri jobs.

Missouri is also not an extraordinary Medicaid spender compared to other states. In fact, Missouri ranks **38th** nationally when one considers the amount of state general revenue funds spent on Medicaid as a share of personal income.[12] In terms of state general fund Medicaid expenditures per state resident, Missouri ranked 34th in the nation in 2003.[13] By all accounts, Missouri is a less-than average spender.

Further, recent growth patterns demonstrate that Medicaid is better capable at keeping inflationary costs down as compared to other health care programs. The Kaiser Commission on Medicaid and the Uninsured reports that Medicaid spending growth per enrollee averaged 6.9% between 2000 and 2003, whereas private health care insurance spending grew by 9%, and growth in employer sponsored insurance costs

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[9] Mental Health data taken from *Can't Make the Grade: The Consequences of Cutting Mental Health Funding*, national Mental Health Association, www.mnha.org

[10] *Health Care Expenditures & Insurance in Missouri,* Kenneth E. Thorpe, PHD, Missouri Foundation for Health , October 2003.

[11] Missouri Foundation for Health *Show Me Series Report 5: Economic and Health Benefits of Missouri Medicaid available at* *www.mffh.org*

[12] Center on Budget & Policy Priorities Analyses of NASBO data on SFY 2003 state general fund Medicaid expenditures and state personal income data from the Bureau of Economic Analysis.

[13] Analysis of Census Bureau data on state and local expenditures and Bureau of Economic Analysis data on personal income.

grew by 12.6%.[14] In fact, the annual state cost per Medicaid enrollee further demonstrates the affordability of this program: the annual cost to the state for adult coverage is just $1,056 per year and for children is just $336 per year.[15] **By all accounts Medicaid is a wise economic investment for Missouri.**

IV. Policy Options to Restore Missouri's Health: Let's be the Show Me State

At the time this analysis was written, the Missouri Legislature and Governor were considering further reductions in the state's health care program, eliminating Medicaid for 89,000 Missourians, cutting $247 million in state general revenue funds from Medicaid and forfeiting $349 million in federal funds as a result. Policy makers cite Missouri's dwindling general revenue fund as justification for cuts to programs. However, this justification fails to acknowledge the cause of the reduction of Missouri's budget and fails to create solutions that increase access to health care while continuing to be fiscally prudent.

An analysis by the Missouri Budget Project released in January of 2004, shows that the most significant cause of Missouri's fiscal crisis was a severe reduction in Missouri's tax base from the 1990s. The analysis shows that during the economic prosperity of the 1990s, Missouri made a series of tax reductions including 14 state tax cuts and 21 new tax credits that reduced the base of tax collections by nearly $1 billion annually.[16] The result is that by 2002, Missouri ranked 46th in the nation for state and local tax revenue as a percent of income. The dilemma with such as low ranking is that the state has nothing to show for it. Missouri has not enticed more jobs than our neighboring states; does not have better state services; and health care, education and other basic state products are desperately underfunded.

Additionally, cuts to public health care including those already made and further proposed cuts are proven to fail both in terms of the societal costs and economic consequences. Missouri's policy makers should consider the following options as alternatives to the proposed cuts and as real solutions to Missouri's crisis - restoring fiscal health and access to basic state services.

A. Increasing Access to Employer Sponsored Health Care Coverage

Tax Incentives

In March 2005, Governor Blunt released an overview of his economic development plan. Within the plan, the Governor vows to create tax credits for employers who offer at minimum the median wage for their county, and who offer health care packages, providing at least 50% of the cost of the package. The Governor's plan is a good beginning, but should be enhanced to require employer-sponsored health plans in which the employer covers at minimum 80% of the health care cost. This allows low-income workers access to health plans at a reasonable expense. Missouri's neighboring State of Iowa requires this level of investment when considering corporations to receive state sponsored tax incentives. Missouri should require the same responsibility.

In addition, many states require corporations to provide health care benefits in order to qualify for any tax incentive offered to the corporation. Missouri should expand the requirement to all areas of tax incentive. A report released recently by the Missouri Foundation for Health on polling data of Missourians shows that 78% of Missourians favor providing tax breaks **only** to corporations that provide health care coverage for their employees.[17]

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[14] Kaiser Family Foundation at www.kff.org
[15] Department of Social Services Annual tables.
[16] *Missouri's Fiscal Crisis Remains Severe: Revenue Options are available as compared to continued spending cuts,* Missouri Budget Project, January 2004 available at www.mobudget.org
[17] *Missourians Attitudes on Health Care: A Bi-Partisan Analysis of Survey Findings,* Missouri Foundation for Health March 2005. Available at www.mffh.org

Health Care Pools - State Employee Health Care Plan
In order to increase the number of small businesses in Missouri that can respond to incentives from the state to provide health care for their employees, Missouri should open the State Employee Health Care Plan. Funding health care plans can be cost prohibitive for Missouri's small employers. To provide access at a more affordable rate, Missouri should allow small business, self-employed individuals and nonprofits to purchase health care through the state employee health plan. According to the Missouri Foundation for Health report cited above, 81% of Missourians favor such a plan.

B. Reducing Medicaid Costs
Missouri has implemented many of the options that increase efficiency and reduce unnecessary costs in the state's Medicaid program. The following are options Missouri has yet to implement, or could enhance, that would result in Medicaid cost savings without compromising access to healthcare.

Federal False Claims Act
The Missouri Legislature is considering potential ways to save money in Missouri's Medicaid program by investigating fraudulent activities. However, the legislature fails to discuss the largest areas of fraud in health care programs. Missouri should look to successful options that are working in several states, including implementing a state False Claims Act, based on the successful Federal False Claims Act. The act would give the state more authority to investigate provider fraud and provide incentives to "whistleblowers" that help identify fraud cases. According to the US General Accounting Office, the federal Act has been successful in saving more than $730 million in the US Medicare system by successfully prosecuting fraud. If Missouri is serious about identifying and ending fraud in Missouri's Medicaid program, it should look to enact similar legislation

Comprehensive Disease Management – Decreases Utilization Costs
The state should consider coordinating care for patients with chronic illness in order to decrease utilization costs of services. With coordinated management techniques, and data sharing between providers, patient care could become more streamlined, more effective for determining patient treatment needs, and more cost-effective for the state. State data indicates that in states that have applied case management and coordinated care for patients, who volunteer for the program, the state has averaged a $650 per year per patient or 5% savings.

Provide Care in the Least Restrictive Setting – Maximize In-Home Services
In 2004, Missouri's Medicaid program expended approximately $300 million on in-home services for people with significant illness, the elderly and persons with disabilities. The state spent more than twice this amount on nursing home care. For those who need round-the-clock care, nursing homes provide a vital service. However for Missourians who could be cared for at home, the state could reduce costs by maximizing utilization of in-home care services. Instead, the Missouri legislature is considering options that would make access to in-home care more restrictive, resulting in increased nursing home care. The legislature should be enacting measures which provide care in the least restrictive, and least expensive, environment.

C. Restoring Fiscal Health
Missouri should consider the various options available to restore its fiscal health. Several choices, detailed below, are strongly supported by Missourians.

Eliminating the HMO Premium Tax Exemption $63.4 million: Missouri law currently assesses on most insurance companies a "premium tax" of 2% on gross premium receipts. Expanding the law to include HMOs and other health services corporations would generate an estimated $63.4 million in new revenue.

Closing Corporate Tax Loopholes $119.1 million: Significant to the decline of general revenue has been a decline of corporate income tax paid to Missouri. Corporate taxes previously brought in about $500 million in general revenue at their peak, but have declined to $200 million in recent years.[18] Several states have chosen to close some of the gaps in legislative statute that allow corporations to avoid paying state income tax. One of the common gaps is referred to as the "Geoffrey Loophole". This "loophole" allows a corporation with national franchises to transfer profits to other states, thereby avoiding Missouri tax. At the same time, Missouri-bred corporations are required to make income tax payments. Adjusting this loophole along with combined reporting measures could raise about $60 million annually.

Additionally, Missouri allows corporations who pay their employee withholding and sales tax collections on time to receive a "timely filing discount". The discount for employer withholding is not applied in any other state in the nation and the combination of subsidies reduces state revenue collections from corporations by $59.1 million annually. Missouri could regain those funds by applying to corporations the same tax rules that individuals have to abide by. Companies should not profit from paying their taxes on time.

A statewide survey completed by the Missouri Foundation for Health shows that more than 60% of Missourians support closing these loopholes. Additionally, many states have chosen to do so already, without a loss of corporations or corporate investment in their state.

Increasing the Cigarette Tax by 40 cents per pack, Estimated $225 million: Proposed for several years, an increase in the cigarette tax could generate $225 million and bring Missouri in line with what other states, including Missouri's border-states, assess for cigarette tax. Taxes on other tobacco products could generate even more. Missouri's cigarette tax of 17cts per pack has not been increased since 1993 and now ranks as 48th lowest in the nation. Missouri's tobacco tax lags far behind even major tobacco growing states such as Virginia and Kentucky. The national average cigarette tax is about 87cts per pack. Thus, Missouri's 17cent cigarette tax is now *less than 20%* of the national *average.*

Decoupling from the Federal Estate Tax and Accelerated Depreciation $167 million: Many states have chosen to decouple from the federal tax code on both the estate tax changes and the accelerated depreciation. Decoupling would allow the state to retain the accelerated depreciation and estate taxes it had in the pre-2001 federal tax code. Decoupling has the additional benefit of bringing relatively immediate fiscal relief in the fiscal year of passage. Missouri previously chose to decouple on the accelerated depreciation change for one year in 2002. This option has an additional advantage in that taxpayers who benefit from the federal tax cuts still maintain those tax reductions.

Missouri has options to protect and enhance public health care programs. Legislators, policy makers and others should use those options to increase fiscal security and access to health care.

[18] January 16-22, 2004 Times Newspapers Online: *Legislature Looks to Overhaul State Tax System*, www.timesnewspapers.com/stories/20040116/taxsystem.html

Appendix A: People Impacted by Missouri Health Care Cuts by County

County	*Medicaid Cuts for Working Adults*[19]	*Comprehensive Women's Health Care cuts*[20]	*Medicaid Spenddown cuts*
Adair	245	107	246
Andrew	153	135	98
Atchison	65	198	85
Audrain	315	187	219
Barry	470	256	416
Barton	201	60	168
Bates	222	176	180
Benton	227	70	388
Bollinger	169	103	152
Boone	1132	611	971
Buchanan	974	1996	988
Butler	777	172	759
Caldwell	130	71	64
Callaway	425	53	352
Camden	452	148	306
Cape Girardeau	644	513	486
Carroll	179	98	105
Carter	137	55	109
Cass	600	197	401
Cedar	216	123	264
Chariton	84	122	80
Christian	642	536	369
Clark	105	118	93
Clay	1037	314	668
Clinton	172	218	85
Cole	424	313	403
Cooper	189	40	130
Crawford	364	100	237
Dade	99	17	94
Dallas	223	264	162
Daviess	129	84	81
De Kalb	91	76	105
Dent	315	36	268
Douglas	248	124	209
Dunklin	730	187	751
Franklin	804	423	465
Gasconade	149	63	123
Gentry	69	69	120

[19] Does not include the 324 people cut in the 2004 Legislative Session. Does include the Adult reduction to 77% of the federal poverty level, Parent's Fair Share, Extended Transitional Medicaid, Non-Custodial Parent's Medicaid and Women's Health Care services in the Department of Social Services.

[20] Numbers in this column are for the Women's Comprehensive Health Care/Family Planning Program only.

Greene	2611	963	1885
Grundy	147	133	109
Harrison	134	108	153
Henry	302	118	323
Hickory	184	121	133
Holt	54	41	64
Howard	131	121	83
Howell	687	531	509
Iron	243	64	206
Jackson	5511	1154	3937
Jasper	1403	531	1394
Jefferson	1686	965	723
Johnson	396	133	241
Knox	67	25	51
Laclede	562	303	302
Lafayette	321	177	260
Lawrence	465	324	418
Lewis	103	355	69
Lincoln	386	208	288
Linn	195	151	153
Livingston	194	127	134
McDonald	397	80	338
Macon	168	223	183
Madison	202	83	189
Maries	82	23	104
Marion	375	449	364
Mercer	47	35	33
Miller	460	122	312
Mississippi	369	354	297
Moniteau	118	191	86
Monroe	102	129	80
Montgomery	157	75	119
Morgan	252	207	221
New Madrid	447	369	315
Newton	665	227	557
Nodaway	131	368	135
Oregon	217	114	205
Osage	109	21	62
Ozark	182	81	146
Pemiscot	504	133	346
Perry	178	118	166
Pettis	435	202	390
Phelps	543	183	404
Pike	195	147	176
Platte	267	709	213
Polk	465	447	351
Pulaski	394	139	217
Putnam	72	60	82
Ralls	104	119	70
Randolph	327	305	296

Ray	199	83	146
Reynolds	146	36	163
Ripley	360	104	371
St. Charles	1244	724	731
St. Clair	120	57	163
St. Francois	858	552	788
St. Genevieve	138	97	164
St. Louis County	5159	2204	2388
Saline	215	409	274
Schuyler	66	10	32
Scotland	49	10	62
Scott	700	820	626
Shannon	297	108	149
Shelby	100	189	55
Stoddard	545	289	589
Stone	467	152	252
Sullivan	83	70	90
Taney	639	523	373
Texas	376	169	383
Vernon	305	206	228
Warren	230	131	174
Washington	470	282	415
Wayne	319	100	339
Webster	461	275	210
Worth	38	18	36
Wright	390	204	360
St. Louis City	4310	1398	2043
Total	55,642	30,000	40,696