



**BLOG**

# State Health Spending Trends, 2019-2022

---

George Miller, Sam Obbin, Corey Rhyan

## Introduction

[Previous studies](#) on health care spending have shown [wide variation](#) in spending across the United States. In this blog, we update information in these previous studies with estimates of state-level per-capita spending in 2022 and spending growth from 2019 through 2022. We address personal health care spending (spending on health care goods and services) and spending within four of its components: hospital care, dental services, nursing home care, and prescription drugs and other non-durable products.

## Methods and Data

We estimated per-capita health care expenditures for the year 2022 across all 50 states and the District of Columbia utilizing both [National Health Expenditure Accounts \(NHEA\) data](#) and [U.S. Bureau of Economic Analysis \(BEA\) data](#). The NHEA data, provided by the Centers for Medicare & Medicaid Services (CMS), represent the official estimates of both national and state-level health care spending, but are available only through 2020. In contrast, the BEA data offer estimates of health care spending as a component of Gross Domestic Product (GDP), with state-level results available through 2022. Since the onset of the COVID-19 pandemic in 2020, NHEA data have included federal assistance to providers within states. To estimate state-level health care expenditures for 2022 excluding pandemic-related federal assistance, we used the 2019 NHEA data as a baseline and then applied BEA health care spending growth rates from 2020 onward to project 2022 expenditures. The four personal health care components included in our analysis are those for which there was close correspondence between the NHEA data and the BEA data in 2019.

To analyze the variation in health care spending among states, we compared per-capita expenditures for the ten highest-spending and ten lowest-spending states for personal health care and each of the four components. We conducted a similar analysis of spending growth from 2019 through 2022.

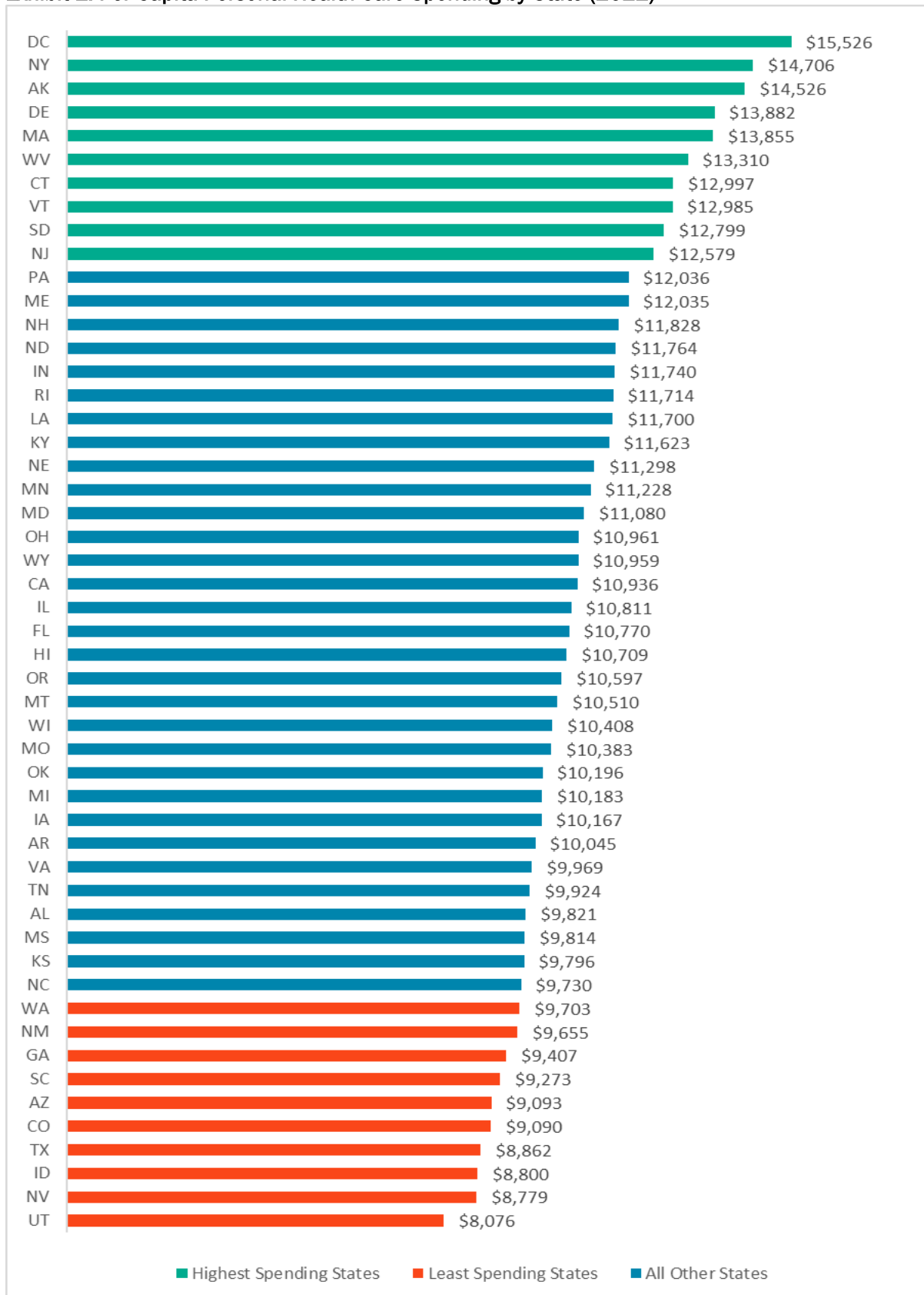
To investigate the potential influence of state wealth, health status, and demographic factors on health care spending, we calculated the correlation coefficients between per-capita health care expenditures and metrics that included [state-level GDP per capita](#), [America's Health Rankings \(AHR\) healthiness rank](#), and [median age](#), respectively. Per-capita spending data were ranked for the purpose of estimating its correlation with healthiness rankings.

## Results

### *Per-Capita Spending, 2022*

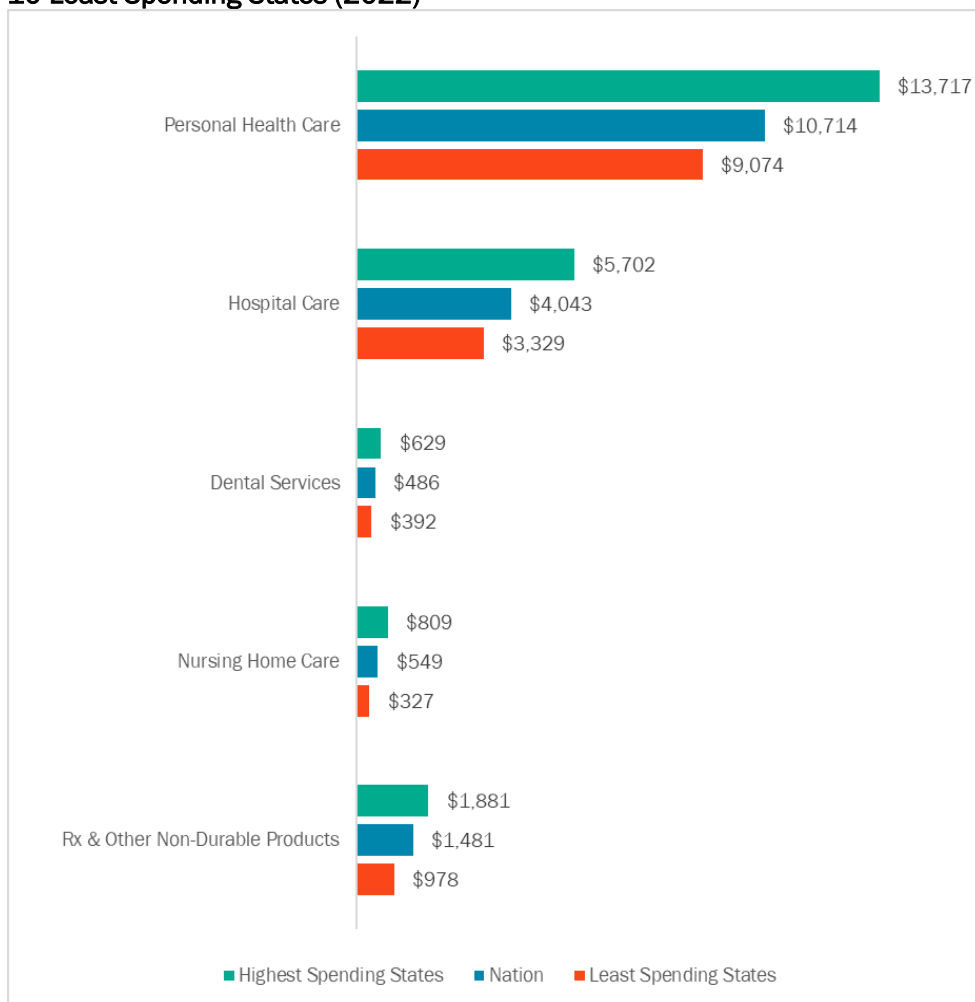
In 2022, per-capita spending on personal health care varied significantly across states (Exhibit 1). Spending was highest in the District of Columbia, at \$15,526. This was more than 90% higher than in Utah, which was the lowest spending state at \$8,076.

**Exhibit 1. Per-Capita Personal Health Care Spending by State (2022)**

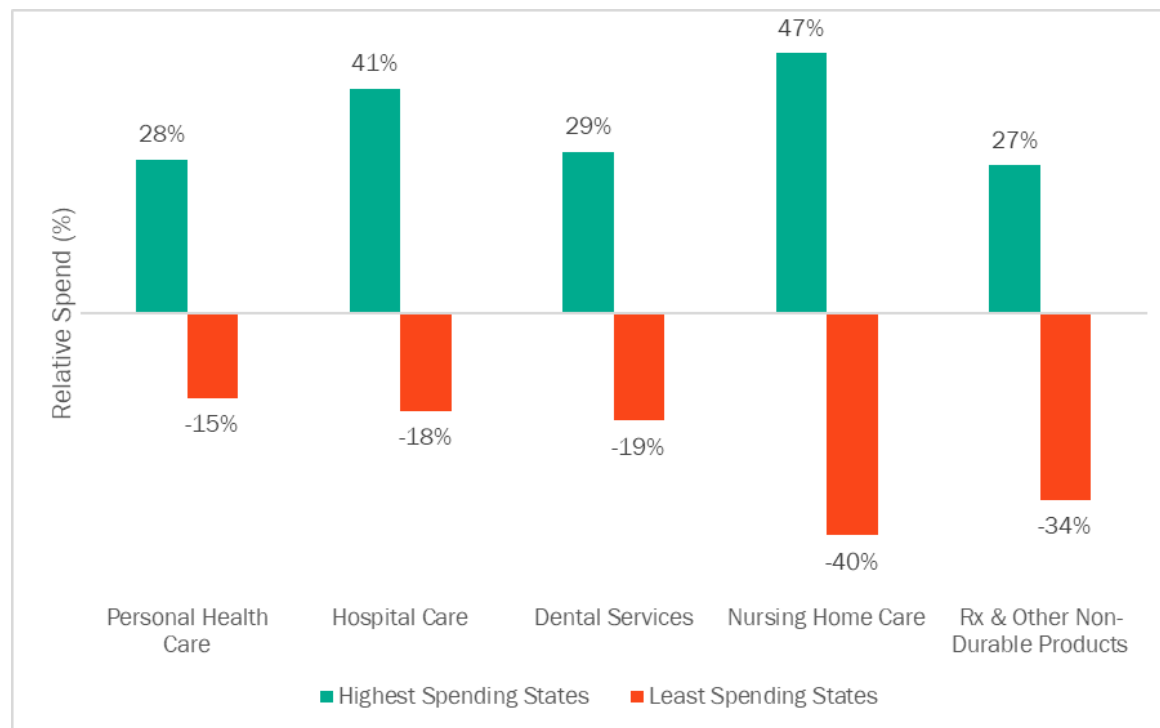


Per-capita spending for personal health care and four of its components (hospital care, dental services, nursing home care, and prescription drugs and other non-durable products) is summarized in Exhibit 2. For personal health care overall, nationwide per-capita spending was \$10,714, while the ten highest spending states averaged \$13,717, 50% higher than the \$9,074 average spending by the ten lowest spending states. Similar differences are seen for each of the four component spending categories, though the specific states with the greatest and least spending differed among the categories. (The appendix lists the spending by state for each category and indicates which states are in the highest ten and lowest ten groups.) National spending for the four component categories was \$4,043 for hospital spending, \$486 for dental services, \$549 for nursing home care, and \$1,481 for prescription drugs and other nondurables. Hospital care was by far the largest contributor to personal health care spending, at 38% nationally and ranging from 32% in Nevada and New Jersey to 56% in South Dakota.

**Exhibit 2. Comparison with National Health Care Spending of Average Spending for 10 Highest and 10 Least Spending States (2022)**



For each category, Exhibit 3 shows how the average per-capita spending of the ten highest and ten lowest spending states differ as a percentage of national spending in 2022. For personal health care overall, the ten highest spending states averaged 28% above the national level, while the ten lowest spending states averaged 15% less. The percentage differences are highest for nursing home care, where the ten highest spending states averaged 47% above the national rate, while the ten lowest spending states averaged 40% below the national value.

**Exhibit 3. Differences from National Health Care Spending in Average Spending for 10 Highest and 10 Lowest Spending States (2022)**

#### *Correlates of Per-Capita Spending*

Five of the ten states with the highest health care expenditure were also among the nation's top ten wealthiest states, as measured by a state's per-capita GDP. (We have excluded the District of Columbia from this comparison because, as a city with many commuters, its very high per-capita GDP is generated largely by individuals who do not live in the district.) This suggests that the wealth of a state is a predictor of a state's health care spending, and we found a weak to moderate positive correlation between health care spending and wealth ( $R = 0.39$ ), again excluding the District of Columbia. This supports findings from [previous literature](#) that states with higher incomes spend or are likely to spend more on health care.

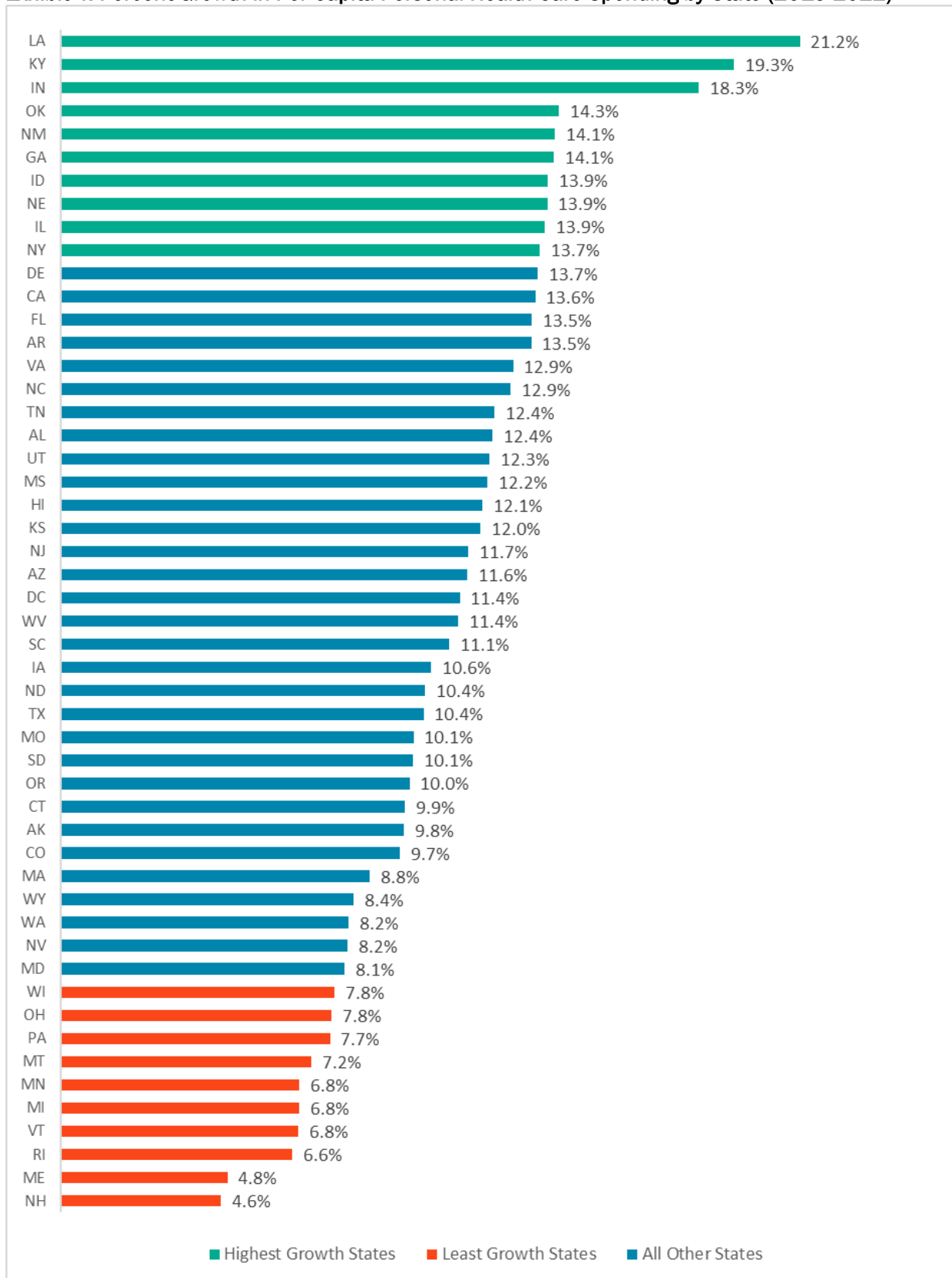
There is a weak but positive correlation between a state's health care spending rank and its healthiness rank ( $R = .28$ ). Furthermore, three of the ten states with the highest health care spending were among those with the healthiest residents. This suggests that states that spend more on health care tend to have healthier residents, though the evidence is not strong.

There is also a weak correlation between a state's median age and its health care spending ( $R = 0.26$ ), and four of the top ten states with the highest median ages were also among the ten states with the highest health care expenditure. Also, four of the ten states with the lowest median ages were among the ten states with the least health care expenditure.

#### *Per-Capita Spending Growth, 2019-2022*

Exhibit 4 shows the per-capita growth in personal health care spending by state from 2019 through 2022. During this period, spending in three states (Louisiana, Kentucky, and Indiana) grew by more than 15%, with Louisiana showing the greatest growth, at 21.2%. Among the slowest growing states, Maine and New Hampshire grew by less than 5%, with New Hampshire having the slowest growth, at 4.6%.

**Exhibit 4. Percent Growth in Per-Capita Personal Health Care Spending by State (2019-2022)**



Per-capita spending growth from 2019 through 2022 for personal health care and four of its components is summarized in Exhibit 5. Growth in personal health care spending nationally was 10.8%, while component growth was 11.2% for hospital care, 11.4% for dental care, 3.4% for nursing home care, and 16.0% for nondurable products. For personal health care overall, average per-capita growth in the ten highest growth states was 15.7%, and 6.7% for the ten lowest growth states. Among the four components, growth was highest for prescription drugs and other nondurable products, both nationally and for the ten highest growth states (22.5%) and the ten lowest growth states (7.1%). Growth rates were slowest for nursing home care, at 10.5% for the ten states with the highest growth in nursing home care and *negative* 2.2% for the ten lowest growth states. Note that the specific states with the greatest and least spending growth differ among the categories. (The appendix lists spending growth by state for each category and indicates which states are in the highest ten and lowest ten groups.)

**Exhibit 5. Comparison with National Health Care Spending Growth of Average Growth for 10 Highest and 10 Lowest Growth States (2019-2022)**

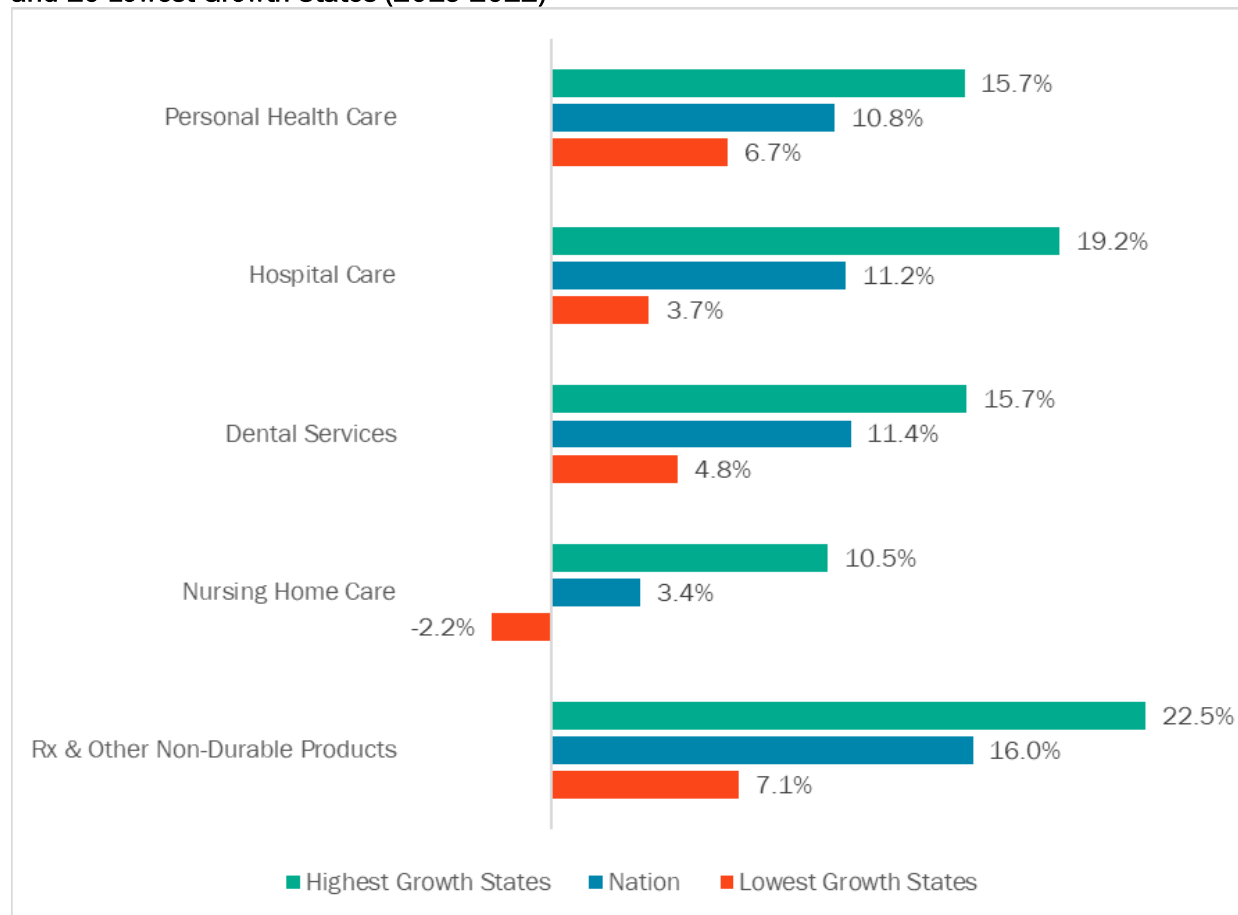
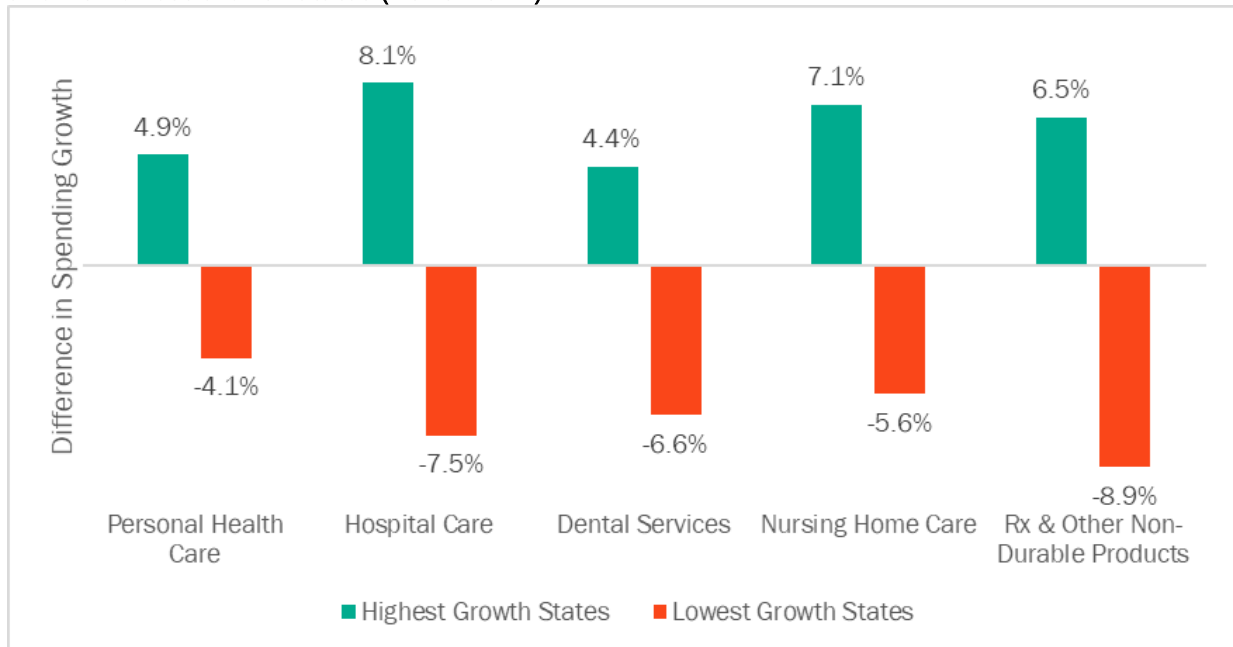


Exhibit 6 shows how much the 10 states with the fastest growth and 10 states with the slowest growth in spending differ from national spending growth between 2019 and 2022. For personal health care overall, the ten states with the greatest per-capita growth averaged 4.9% above the national growth rate, while the ten states with lowest growth averaged 4.1% below the national rate. The percentage differences are greatest for hospital care, where the ten fastest-growing states averaged 8.1% above the national rate, while the ten slowest-growing states averaged 7.5% below the national rate.

**Exhibit 6. Differences from National Health Care Spending Growth of Average Growth for 10 Highest and 10 Lowest Growth States (2019-2022)**

## Discussion

Using data from CMS and BEA, we have estimated state-level per-capita spending and spending growth on personal health care and some of its components for the years 2019 through 2022, excluding pandemic-related federal subsidies. We have identified large differences in spending across states and somewhat smaller differences in spending growth. These differences can be caused by various state-specific characteristics, including differences in prices, care access and utilization, insurance rates and coverage, age, wealth, and population health. A preliminary investigation of some of these factors suggests that spending is weakly correlated with age, wealth, and population health. Further research is needed to develop a better understanding of the impact of state-specific characteristics (including their interactions) on spending levels and growth.



## Appendix: Detailed Results

Exhibit A1 lists per-capita health care spending by state in 2022 for personal health care and four of its components— hospital care, dental services, nursing home care, and prescription drugs and other non-durable products. Exhibit A2 lists state-level percentage growth in per-capita health care spending for these five spending categories from 2019 through 2022. In each exhibit, the top ten spending or growth states are highlighted in **red**, while the ten lowest spending or growth states are highlighted in **green**.

**Exhibit A1. Per-Capita Health Care Spending by State (2022)**

State	Personal Health Care	Hospital Care	Dental Services	Nursing Home Care	Rx & Other Non-Durable Products
Alabama	\$ 9,821	\$ 3,513	\$ 379	\$ 474	\$ 1,751
Alaska	\$ 14,526	\$ 5,388	\$ 680	\$ 192	\$ 916
Arizona	\$ 9,093	\$ 3,431	\$ 502	\$ 327	\$ 1,345
Arkansas	\$ 10,045	\$ 4,108	\$ 402	\$ 496	\$ 1,452
California	\$ 10,936	\$ 4,034	\$ 527	\$ 459	\$ 1,312
Colorado	\$ 9,090	\$ 3,284	\$ 606	\$ 443	\$ 1,068
Connecticut	\$ 12,997	\$ 4,406	\$ 566	\$ 904	\$ 1,961
Delaware	\$ 13,882	\$ 5,927	\$ 548	\$ 761	\$ 1,904
District of Columbia	\$ 15,526	\$ 6,366	\$ 492	\$ 694	\$ 2,075
Florida	\$ 10,770	\$ 3,558	\$ 496	\$ 495	\$ 1,793
Georgia	\$ 9,407	\$ 3,453	\$ 437	\$ 354	\$ 1,435
Hawaii	\$ 10,709	\$ 3,708	\$ 449	\$ 472	\$ 1,821
Idaho	\$ 8,800	\$ 3,827	\$ 542	\$ 350	\$ 927
Illinois	\$ 10,811	\$ 4,192	\$ 499	\$ 704	\$ 1,389
Indiana	\$ 11,740	\$ 4,754	\$ 448	\$ 697	\$ 1,511
Iowa	\$ 10,167	\$ 4,365	\$ 451	\$ 834	\$ 1,096
Kansas	\$ 9,796	\$ 4,091	\$ 487	\$ 631	\$ 1,081
Kentucky	\$ 11,623	\$ 4,886	\$ 364	\$ 551	\$ 1,535
Louisiana	\$ 11,700	\$ 4,824	\$ 408	\$ 559	\$ 1,644
Maine	\$ 12,035	\$ 4,649	\$ 504	\$ 614	\$ 1,583
Maryland	\$ 11,080	\$ 3,874	\$ 480	\$ 635	\$ 1,444
Massachusetts	\$ 13,855	\$ 5,108	\$ 671	\$ 761	\$ 1,639
Michigan	\$ 10,183	\$ 3,979	\$ 484	\$ 521	\$ 1,423
Minnesota	\$ 11,228	\$ 4,221	\$ 579	\$ 722	\$ 1,078
Mississippi	\$ 9,814	\$ 3,946	\$ 377	\$ 557	\$ 1,563
Missouri	\$ 10,383	\$ 4,169	\$ 423	\$ 674	\$ 1,632
Montana	\$ 10,510	\$ 4,622	\$ 568	\$ 483	\$ 903
Nebraska	\$ 11,298	\$ 4,603	\$ 465	\$ 636	\$ 1,359
Nevada	\$ 8,779	\$ 2,844	\$ 507	\$ 283	\$ 1,431
New Hampshire	\$ 11,828	\$ 4,641	\$ 695	\$ 700	\$ 1,441
New Jersey	\$ 12,579	\$ 4,083	\$ 546	\$ 700	\$ 1,920
New Mexico	\$ 9,655	\$ 4,352	\$ 423	\$ 328	\$ 1,026
New York	\$ 14,706	\$ 5,426	\$ 495	\$ 798	\$ 1,892
North Carolina	\$ 9,730	\$ 3,797	\$ 491	\$ 482	\$ 1,629
North Dakota	\$ 11,764	\$ 4,916	\$ 588	\$ 798	\$ 1,280
Ohio	\$ 10,961	\$ 4,383	\$ 403	\$ 702	\$ 1,310
Oklahoma	\$ 10,196	\$ 4,478	\$ 446	\$ 455	\$ 1,374
Oregon	\$ 10,597	\$ 3,995	\$ 588	\$ 502	\$ 982
Pennsylvania	\$ 12,036	\$ 4,226	\$ 437	\$ 827	\$ 1,703
Rhode Island	\$ 11,714	\$ 4,108	\$ 400	\$ 892	\$ 1,808
South Carolina	\$ 9,273	\$ 3,609	\$ 467	\$ 446	\$ 1,545
South Dakota	\$ 12,799	\$ 7,126	\$ 624	\$ 673	\$ 1,168
Tennessee	\$ 9,924	\$ 3,508	\$ 414	\$ 464	\$ 1,588
Texas	\$ 8,862	\$ 3,238	\$ 383	\$ 355	\$ 1,557
Utah	\$ 8,076	\$ 2,874	\$ 539	\$ 223	\$ 1,275
Vermont	\$ 12,985	\$ 5,452	\$ 605	\$ 654	\$ 1,032
Virginia	\$ 9,969	\$ 3,716	\$ 523	\$ 516	\$ 1,291
Washington	\$ 9,703	\$ 3,592	\$ 655	\$ 415	\$ 948
West Virginia	\$ 13,310	\$ 5,975	\$ 386	\$ 791	\$ 1,885
Wisconsin	\$ 10,408	\$ 4,117	\$ 532	\$ 507	\$ 1,122
Wyoming	\$ 10,959	\$ 5,331	\$ 569	\$ 474	\$ 902
<b>United States</b>	<b>\$ 10,714</b>	<b>\$ 4,043</b>	<b>\$ 486</b>	<b>\$ 549</b>	<b>\$ 1,481</b>

**Exhibit A2. Per-Capita Health Care Spending Growth by State (2019-2022)**

State	Personal Health Care	Hospital Care	Dental Services	Nursing Home Care	Rx & Other Non-Durable Products
Alabama	12.4%	12.6%	9.8%	4.3%	6.7%
Alaska	9.8%	8.3%	5.4%	11.5%	6.7%
Arizona	11.6%	15.1%	18.6%	10.4%	27.3%
Arkansas	13.5%	18.6%	6.6%	-2.0%	12.2%
California	13.6%	11.0%	12.1%	10.9%	22.3%
Colorado	9.7%	5.7%	13.5%	3.9%	25.2%
Connecticut	9.9%	12.5%	4.4%	-0.7%	12.4%
Delaware	13.7%	16.6%	11.5%	8.1%	10.8%
District of Columbia	11.4%	15.4%	8.6%	13.7%	9.9%
Florida	13.5%	14.4%	20.5%	0.1%	23.2%
Georgia	14.1%	15.6%	12.2%	4.1%	17.6%
Hawaii	12.1%	7.1%	9.3%	1.2%	5.7%
Idaho	13.9%	13.2%	13.3%	6.9%	20.7%
Illinois	13.9%	12.5%	15.7%	12.2%	17.5%
Indiana	18.3%	22.5%	9.7%	2.8%	17.2%
Iowa	10.6%	13.3%	7.8%	6.8%	9.2%
Kansas	12.0%	10.8%	7.6%	5.5%	18.0%
Kentucky	19.3%	22.3%	8.8%	2.7%	9.2%
Louisiana	21.2%	28.0%	12.5%	8.4%	9.0%
Maine	4.8%	2.1%	10.1%	10.3%	14.1%
Maryland	8.1%	8.3%	4.6%	-5.1%	16.8%
Massachusetts	8.8%	7.0%	13.2%	4.1%	16.0%
Michigan	6.8%	5.7%	8.2%	-1.9%	11.1%
Minnesota	6.8%	6.4%	13.3%	6.0%	16.4%
Mississippi	12.2%	14.9%	15.1%	1.6%	15.3%
Missouri	10.1%	10.2%	13.2%	9.0%	18.4%
Montana	7.2%	3.4%	12.4%	5.5%	19.5%
Nebraska	13.9%	14.1%	16.1%	3.8%	10.8%
Nevada	8.2%	2.4%	12.7%	8.3%	19.2%
New Hampshire	4.6%	2.3%	6.5%	3.4%	14.5%
New Jersey	11.7%	8.7%	7.6%	1.6%	18.4%
New Mexico	14.1%	17.7%	4.2%	4.0%	18.1%
New York	13.7%	10.5%	13.9%	0.3%	3.6%
North Carolina	12.9%	16.5%	10.9%	2.4%	15.2%
North Dakota	10.4%	11.2%	11.4%	0.9%	12.6%
Ohio	7.8%	5.6%	2.0%	2.0%	18.1%
Oklahoma	14.3%	19.2%	11.0%	4.5%	10.6%
Oregon	10.0%	8.9%	5.6%	10.2%	18.0%
Pennsylvania	7.7%	6.3%	11.8%	-4.9%	14.4%
Rhode Island	6.6%	2.5%	4.5%	-3.3%	6.7%
South Carolina	11.1%	12.8%	12.4%	0.5%	14.4%
South Dakota	10.1%	9.8%	13.6%	7.0%	17.7%
Tennessee	12.4%	13.6%	16.0%	4.7%	16.2%
Texas	10.4%	11.4%	8.6%	6.6%	19.2%
Utah	12.3%	6.8%	14.5%	4.8%	23.4%
Vermont	6.8%	1.4%	9.1%	-2.2%	4.5%
Virginia	12.9%	14.0%	10.1%	5.3%	15.2%
Washington	8.2%	7.9%	8.5%	2.0%	22.1%
West Virginia	11.4%	12.7%	4.2%	5.3%	13.7%
Wisconsin	7.8%	6.3%	11.8%	-2.8%	10.6%
Wyoming	8.4%	9.1%	10.2%	1.5%	22.3%
<b>United States</b>	<b>10.8%</b>	<b>11.2%</b>	<b>11.4%</b>	<b>3.4%</b>	<b>16.0%</b>