

## NHE Fact Sheet

### Historical NHE, 2018:

- NHE grew 4.6% to \$3.6 trillion in 2018, or \$11,172 per person, and accounted for 17.7% of Gross Domestic Product (GDP).
- Medicare spending grew 6.4% to \$750.2 billion in 2018, or 21 percent of total NHE.
- Medicaid spending grew 3.0% to \$597.4 billion in 2018, or 16 percent of total NHE.
- Private health insurance spending grew 5.8% to \$1,243.0 billion in 2018, or 34 percent of total NHE.
- Out of pocket spending grew 2.8% to \$375.6 billion in 2018, or 10 percent of total NHE.
- Hospital expenditures grew 4.5% to \$1,191.8 billion in 2018, slower than the 4.7% growth in 2017.
- Physician and clinical services expenditures grew 4.1% to \$725.6 billion in 2018, a slower growth than the 4.7% in 2017.
- Prescription drug spending increased 2.5% to \$335.0 billion in 2018, faster than the 1.4% growth in 2017.
- The largest shares of total health spending were sponsored by the federal government (28.3 percent) and the households (28.4 percent). The private business share of health spending accounted for 19.9 percent of total health care spending, state and local governments accounted for 16.5 percent, and other private revenues accounted for 6.9 percent.

For further detail see NHE Tables in downloads below.

### Projected NHE, 2019-2028:

- National health spending is projected to grow at an average annual rate of 5.4 percent for 2019-28 and to reach \$6.2 trillion by 2028.
- Because national health expenditures are projected to grow 1.1 percentage points faster than gross domestic product per year on average over 2019–28, the health share of the economy is projected to rise from 17.7 percent in 2018 to 19.7 percent in 2028.
- Price growth for medical goods and services (as measured by the personal health care deflator) is projected to accelerate, averaging 2.4 percent per year for 2019–28, partly reflecting faster expected growth in health sector wages.
- Among major payers, Medicare is expected to experience the

fastest spending growth (7.6 percent per year over 2019-28), largely as a result of having the highest projected enrollment growth.

- The insured share of the population is expected to fall from 90.6 percent in 2018 to 89.4 percent by 2028.

For further detail see NHE projections 2019-2028 in downloads below.

### **NHE by Age Group and Gender, Selected Years 2002, 2004, 2006, 2008, 2010, 2012, and 2014:**

- Per person personal health care spending for the 65 and older population was \$19,098 in 2014, over 5 times higher than spending per child (\$3,749) and almost 3 times the spending per working-age person (\$7,153).
- In 2014, children accounted for approximately 24 percent of the population and about 11 percent of all PHC spending.
- The working-age group comprised the majority of spending and population in 2014, almost 54 percent and over 61 percent respectively.
- The elderly were the smallest population group, nearly 15 percent of the population, and accounted for approximately 34 percent of all spending in 2014.
- Per person spending for females (\$8,811) was 21 percent more than males (\$7,272) in 2014.
- In 2014, per person spending for male children (0-18) was 9 percent more than females. However, for the working age and elderly groups, per person spending for females was 26 and 7 percent more than for males.

For further detail see health expenditures by age in downloads below.

### **NHE by State of Residence, 1991-2014:**

- In 2014, per capita personal health care spending ranged from \$5,982 in Utah to \$11,064 in Alaska. Per capita spending in Alaska was 38 percent higher than the national average (\$8,045) while spending in Utah was about 26 percent lower; they have been the lowest and highest, respectively, since 2012.
- Health care spending by region continued to exhibit considerable variation. In 2014, the New England and Mideast regions had the highest levels of total per capita personal health care spending (\$10,119 and \$9,370, respectively), or 26 and 16 percent higher than the national average. In contrast, the Rocky Mountain and Southwest regions had the lowest levels of total personal health care spending per capita (\$6,814 and \$6,978, respectively) with average spending roughly 15 percent lower than the national average.
- For 2010-14, average growth in per capita personal health care

spending was highest in Alaska at 4.8 percent per year and lowest in Arizona at 1.9 percent per year (compared with average growth of 3.1 percent nationally).

- The spread between the highest and the lowest per capita personal health spending across the states has remained relatively stable over 2009-14. Accordingly, the highest per capita spending levels were 80 to 90 percent higher per year than the lowest per capita spending levels during the period.
- Medicare expenditures per beneficiary were highest in New Jersey (\$12,614) and lowest in Montana (\$8,238) in 2014.
- Medicaid expenditures per enrollee were highest in North Dakota (\$12,413) and lowest in Illinois (\$4,959) in 2014.

For further detail, see health expenditures by state of residence in downloads below.

### **NHE by State of Provider, 1980-2014:**

- Between 2009 and 2014, U.S. personal health care spending grew, on average, 3.9 percent per year, with spending in North Dakota growing the fastest (6.7 percent) and spending in Rhode Island growing the slowest (2.5 percent).
- In 2014, California's personal health care spending was highest in the nation (\$295.0 billion), representing 11.5 percent of total U.S. personal health care spending. Comparing historical state rankings through 2014, California consistently had the highest level of total personal health care spending, together with the highest total population in the nation. Other large states, New York, Texas, Florida, and Pennsylvania, also were among the states with the highest total personal health care spending.
- Wyoming's personal health care spending was lowest in the nation (as has been the case historically), representing just 0.2 percent of total U.S. personal health care spending in 2014. Vermont, Alaska, North Dakota, and South Dakota were also among the states with the lowest personal health care spending in both 2014 and historically. All these states have smaller populations.
- Gross Domestic Product (GDP) by state measures the value of goods and services produced in each state. Health spending as a share of a state's GDP shows the importance of the health care sector in a state's economy. As a share of GDP, Maine ranked the highest (22.3 percent) and Wyoming ranked the lowest (9.3 percent) in 2014.

For further detail, see health expenditures by state of provider in downloads below.

### **Downloads**

[Health expenditures by state of residence: summary tables, 1991-2014 \(ZIP\)](#)

[Health expenditures by state of provider: summary tables, 1980-2014 \(ZIP\)](#)

[NHE Tables \(ZIP\)](#)

[Age and Gender Tables \(ZIP\)](#)

[NHE Projections 2019-2028 - Tables \(ZIP\)](#)

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