

# Medicaid Expansion Case Study: Differences Between Florida and New York Medicaid Expansion Policy<sup>1</sup>

Mary Zielinski  
Jillian Harvey  
Walter Jones  
Jiebing Wen

Health access is an essential aspect of social equity. Expanding Medicaid under the Affordable Care Act (ACA) has increased healthcare access for more than 21 million people in the United States, and 10 states have chosen not to participate in Medicaid expansion. This study investigates the factors influencing states' decisions on Medicaid expansion under the ACA and its implications for social equity. It uses a comparative case study of New York (expansion) and Florida (non-expansion) to reveal the complex determinants of Medicaid expansion decisions. These determinants are crucial for understanding and promoting social equity in pursuing public purposes. Political affiliations, lobbying, and a state's economic climate significantly shape Medicaid policies. Unfortunately, grassroots advocacy groups encountered significant challenges in Florida, where health associations tended to align closely with their state political parties. Despite the challenges, organizations must advocate for improved healthcare access and Medicaid expansion to address social equity concerns.

President Obama signed the Patient Protection and Affordable Care Act (ACA) on March 23, 2010. It is considered one of the most significant health system changes since the enactment of Medicare and Medicaid in 1965 (Obama 2016). The new law was intended to expand healthcare coverage and improve healthcare delivery. There were multiple components of the ACA, including individual mandates, employer requirements, expansion of the Medicaid program, the addition of health insurance exchanges, cost-sharing premiums, cost containment, and health quality assurance programs (Kaiser Family Foundation [KFF] 2013). Medicaid is a government program that helps low-income individuals and families in the United States cover the costs of medical care and healthcare services. It is important to note that while Medicaid is a public insurance program, it is managed through private health insurance companies such as managed care organizations.

The federal government and the states jointly manage Medicaid programs. The Centers for Medicaid and

Medicare Services (CMS) sets the federal guidelines and regulations for Medicaid, while individual states are responsible for implementing and overseeing their own Medicaid programs within these federally established parameters. States provide Medicaid benefits to eligible groups, including low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI). In 2010, the ACA allowed states to expand Medicaid to cover nearly all low-income Americans under age 65. States could extend eligibility to adults with income at or below 133% of the federal poverty level (FPL).

Under the ACA, the federal government provided financial assistance to support healthcare coverage. From 2014 to 2016, eligible states received full federal funding (100%). The federal funding gradually decreased in subsequent years: 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and beyond. This financial aid was an incentive for states to expand Medicaid and ensure more people have access to healthcare. The ACA

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initially stated that states choosing not to expand eligibility would lose all their Medicaid funding (Jones 2013); later, the Supreme Court found this aspect unconstitutional. The Supreme Court noted that Medicaid expansion was unconstitutionally coercive to states (KFF 2012). This decision ensured that the federal government could not withdraw all Medicaid funding to states that did not expand (Jones 2013).

The ACA faced political debates; many Republican politicians wanted to “repeal and replace” ACA. This political struggle affected whether states decided to expand Medicaid. Some states agreed with the ACA and expanded Medicaid to help more people, while others resisted, often because they disagreed with the ACA’s goals. This political back-and-forth made expanding Medicaid challenging in some states. This politically divisive issue was brought to the forefront by the Trump administration.

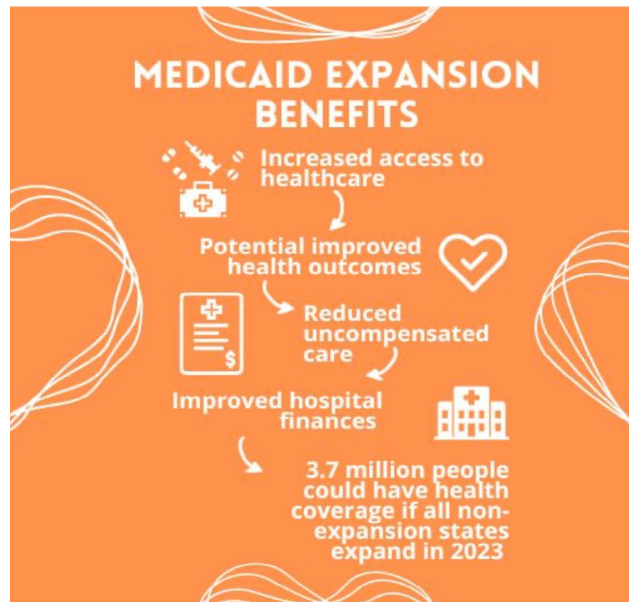
### ACA Changes–Trump Administration

In 2017, President Trump signed an executive order to reduce regulatory and economic burdens associated with the ACA. In 2018, the individual mandate penalty was set to \$0 through the Tax Cuts and Jobs Act, eliminating the requirement for individuals to have health insurance or face a penalty. The administration also made it easier for states to implement work requirements for Medicaid beneficiaries. In 2020, the Trump administration continued its efforts to dismantle the ACA, including supporting a lawsuit, *California v. Texas*, which challenged the law’s constitutionality. It is important to note that while there were efforts to make changes to the ACA during Trump’s presidency, the law remained in place, and many of these changes faced legal challenges. The Supreme Court upheld the ACA’s constitutionality in *California v. Texas* in June 2021, after President Trump had left office (Healthcare Management Degree Guide 2023).

### Benefits of Medicaid Expansion

KFF (2021) completed a literature review of over 200 studies. It highlighted the benefits of Medicaid expansion and noted that Medicaid resulted in improvements in health outcomes and mortality rates. The Center on Budget and Policy Priorities (CBPP) (2020) reported multiple benefits of Medicaid expansion, including increased access to preventative and chronic care and an estimated 55% reduction in uncompensated hospital

Figure 1. Medicaid Expansion Benefits



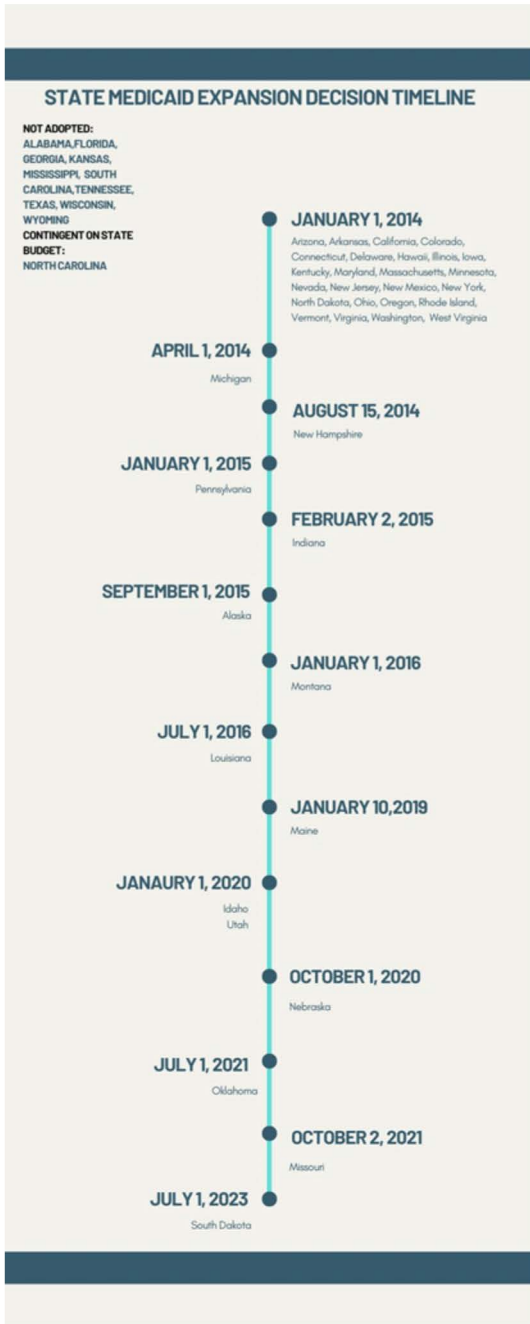
Source: Center on Budget and Policy Priorities (2020).

care. Figure 1 highlights the benefits of Medicaid expansion. Additionally, van der Goes et al. (2019) underscores the role of Medicaid expansion in the broader healthcare landscape. One significant implication of this study is the recognition that Medicaid expansion can serve as a lever for achieving cost-efficiency and improved outcomes in healthcare delivery. By extending Medicaid coverage to a larger portion of the population, more individuals gain access to essential primary and preventive care services. The researchers indirectly emphasize the importance of social equity in healthcare by highlighting how Medicaid expansion can enhance access, reduce disparities, and promote preventative care. All of these are vital elements of a more equitable healthcare system.

### National Impacts of Medicaid Expansion

Since 2014, all but 10 states have decided to expand Medicaid (see timeline in Figure 2). CBPP (2023) noted that if states that had not expanded Medicaid had done so, over 3 million Americans would be receiving coverage, reducing the health coverage gap. The health coverage gap pertains to individuals residing in states that have not embraced Medicaid expansion, where adults find themselves ineligible for both Medicaid coverage and subsidies in the Marketplace. Approximately 20% of Florida’s population falls within this coverage gap (KFF 2023).

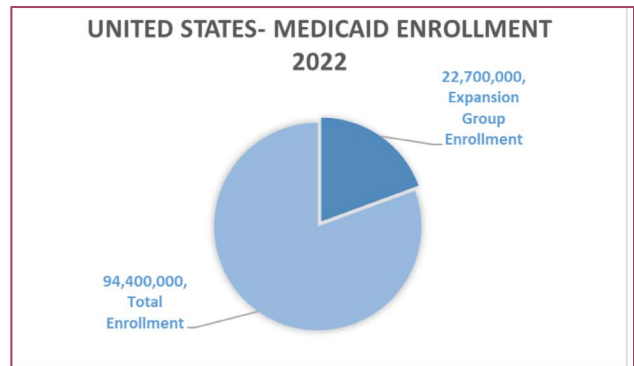
**Figure 2. State Medicaid Expansion Decision Timeline**



Source: KFF (2023).

As shown in Figure 3, in 2022 over 22 million Americans were enrolled in Medicaid as a result of the expansion. Figure 3 also shows the overall number of enrollees. Figure 4 shows that the number of Medicaid enrollees increased by almost 37% since 2013, going from 59.9 million enrollees to 94.4 million in 2022. Obama (2016) highlighted that the uninsured

**Figure 3. Medicaid Enrollment**



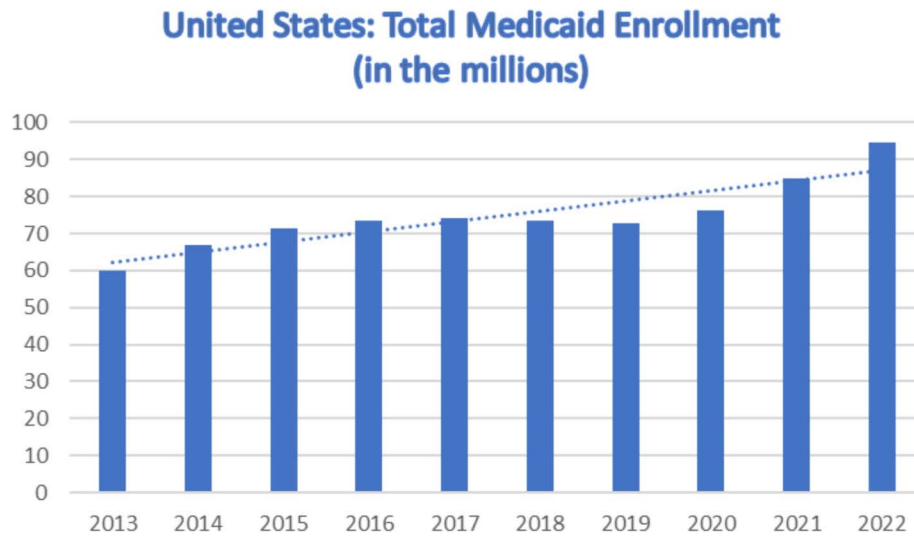
Source: Statista (2023).

rate declined by 43% from 2010 to 2016. The Department of Health and Human Services (2022) (HHS) also noted that over 133 million people with preexisting conditions were protected from losing coverage. Other potential benefits of the ACA include an improvement in self-reported health, an increase in individuals who can afford care, access to medication, and the establishment of a primary care doctor (Obama 2016). These facts demonstrate the national impact of Medicaid expansion on improving health coverage and access to care.

**State Process for Medicaid Expansion Decision**

Antonisse and Rudowitz (2019) noted three general categories for state approaches to Medicaid expansion: adoption through the standard legislative process, adoption through the standard legislative process with a Section 1115 waiver to modify expansion and adoption through executive action or a ballot initiative. States that expanded Medicaid accomplished the change through one of these approaches. Jones (2013) noted that while ballot initiatives succeeded in several states, such as Maine, Idaho, and Utah, there are challenges because governors can impose delays or legal barriers. Advocacy groups in states that opted not to expand Medicaid looked to various methods to achieve an affirmative Medicaid expansion decision. Flagg (2016) explains that each state’s culture and history impacted its policy decisions. Other factors include state demographics, regional differences in the labor market, economic and budgetary concerns, political party affiliation, and politicians’ personal beliefs. Overall, state health policy decisions are complex and depend on many factors within the state.

**Figure 4. Trends in Medicaid Enrollment from 2013 to 2022**



Source: Statista (2023).

### Critical Issue Overview

Expanding Medicaid is critical in reducing the number of uninsured individuals nationwide. According to a report by KFF (2022), in 2021, more than 27 million people still did not have insurance coverage. This study adopts a two-state comparison, focusing on New York and Florida. Despite their demographic similarities, these states diverge significantly regarding their Medicaid expansion policies. The objective is to understand the factors influencing state-level decisions and to gain valuable perspectives from healthcare executives regarding their views on Medicaid expansion. New York has embraced expansion, whereas Florida remains among the 10 states that have refrained from participating. This research is important for understanding the interconnections between healthcare policy choices, disparities in access, and administrative decision-making. The persistently high number of uninsured individuals in the United States highlights the ongoing health equity concern, where underserved populations often have limited access to healthcare services.

### Models of State Health Policy Adoption

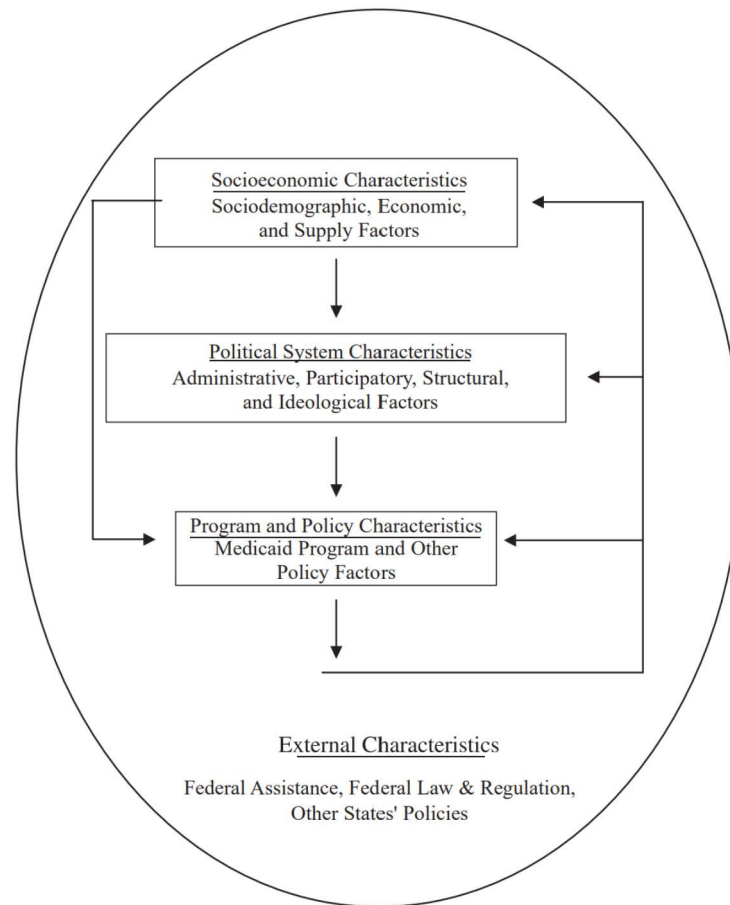
As shown in Figure 5, Miller’s (2005) model of state policy adoption offers insights into the interplay between socioeconomic conditions and political systems as they influence policy adoption within states. This model

provides a framework for understanding the nature of policy development and how various factors contribute to shaping the final policy outcomes. The model highlights the reciprocal relationship between political systems and policy outcomes. It acknowledges that the development of a state’s political system, including the alignment of political parties, the influence of interest groups, and the dynamics of the legislative process, can impact policies. Political decisions and processes can either support or hinder the implementation of policies designed to address socioeconomic challenges and, in this case, access to healthcare. This holistic perspective is essential for policymakers and public health administrators seeking to understand the dynamics of policy development and its impact on the well-being of state populations (Miller 2005).

### Stakeholders

The World Health Organization (WHO) explains that the health policy decision-making process is interdisciplinary, involving multiple disciplines including health, social sciences, economics, and policy. Both national and state stakeholders impact state health policy and play a crucial role in state health decision-making. Consequently, researchers should consider stakeholders and their impact on Medicaid expansion decisions.

The WHO defines health system governance and stakeholders as:

**Figure 5. Miller's Model of State Policy Adoption**

Source: Miller (2005). Used with permission.

- The state: government organizations and agencies at central and subnational levels;
- Health service providers: different public, private, and not-for-profit clinical, para-medical, and non-clinical health services providers; unions and other professional associations; networks of care or services;
- The citizen: population representatives, patients' associations, citizens associations protecting the poor who become service users when they interact with health service providers (World Health Organization 2023, 2).

## Hospitals

The American Hospital Association (AHA) recently released a statement about the importance of continuing to expand Medicaid. AHA supported efforts to expand Medicaid in non-expansion states by supporting enhanced federal matching regardless of when they expand. AHA endorsed this federal match to entice states that still need to expand. Additionally, AHA advocated

for permanent federal subsidies (AHA 2023). The organization also pointed out multiple benefits to patients after implementing Medicaid expansion and the impact of uncompensated care of health systems (AHA 2023). In the early years of the ACA, while states decided on Medicaid expansion, hospital associations rallied to have their members represented at state capitals. This initial energy to push expansion impacted the number of states that adopted the expansion.

In 2013, hospitals acknowledged that Medicaid expansion is essential for organizations' overall financial sustainability (Ollove 2013). Despite support from hospital associations, there was a lack of hospital support in some states; Flagg (2016) questioned why the Wisconsin Hospital Association was not pushing for Medicaid expansion in the state. Flagg interviewed the research director for the Wisconsin Council for Children and Families, asking why hospitals were not more vocal about Medicaid expansion and was told:



They did advocate for full expansion but were conflicted because Medicaid reimbursement rates were lower than rates would be under the Exchange. Ultimately, they cut a deal with the Governor for extra funds. They signed our coalition letter, but they never really fought. They took care of themselves. (Flagg 2016, 15)

This is an example of how state health associations may differ from the overall national stand and initiatives.

Nationally, AHA has continued to support Medicaid expansion to ensure patients have health insurance coverage and to support health systems that care for uninsured patients who walk through their doors. Despite national AHA support for expansion, individual state associations advocate based on hospital interests within their respective states. State hospital associations do not always align with the national association, and this leaves state association members and associations to advocate for their best interests within their state. It is important to understand these associations' influential role in shaping healthcare policy at both the national and state levels.

### Grassroots Organizations

Grassroots organizations are comprised of population representatives, patients' associations, and associations focused on safeguarding the interests of less privileged individuals. These groups are represented at the national, state, and community levels. Callaghan and Jacob (2016) found that public advocacy groups can have a positive impact on shaping the trajectory of Medicaid expansion policies by mobilizing public support, communicating the benefits of expansion, and engaging in strategic advocacy efforts. These advocates manage to sway policymakers and generate momentum for Medicaid expansion, even in the face of entrenched opposition.

Additionally, Dawes (2020) highlights that grassroots organizations should facilitate change by demonstrating to stakeholders the direct impacts of policy on community health. Dawes proposes that successful advocacy involves evaluating the strengths and weaknesses of individuals or organizations as they plan for political engagement. Following this assessment, grassroots organizations should identify solutions and resources to address the health equity requirements of the population. In New York and Florida, grassroots organizations worked diligently to support Medicaid expansion by aligning themselves with various stakeholders and advocating for policy change.

### *New York State Medicaid Expansion*

New York State accepted the ACA's provision to expand Medicaid in 2014. Since the expansion, the state's Medicaid enrollment has increased to almost 7 million people, a 21% increase. Additionally, New York implemented the ACA's Basic Health Program, covering New Yorkers with income up to 200% of the poverty level (Norris 2022). In 2020, Governor Andrew Cuomo noted the state was close to being 100% health insurance covered and highlighted that 6 million people were on Medicaid, one out of every three residents. During the same interview, Cuomo also noted that the rising coverage costs for that many individuals were a concern to its viability. "The cost of Medicaid is rising much higher than anyone projected. They started rising dramatically," said Cuomo. New York's Medicaid spending amounted to \$74 billion in 2018 (Noh and Park 2022). The state started to look at options to reduce the costs of the Medicaid program, including reduced payments to health providers and looking to local governments to pay more (Chang 2020).

### *New York Medicaid Coverage*

In 2019, 25.7% of New Yorkers were covered by Medicaid, with only 5.3% uninsured, accounting for approximately 1 million people (KFF 2022). In 2022, following the pandemic, enrollment increased to almost 37% of the state's population (Hammond 2022). As of 2021, New York's total uninsured population is approximately 5.9%, with New York ranking sixteenth of all 50 states with the lowest uninsured percentages. New York prioritized Medicaid expansion in 2014 and focused much of the state budget on healthcare spending. While the former Democratic governor voiced concerns related to sustainability, he also voiced excitement about the number of New Yorkers covered under Medicaid or other health insurance. The former governor sought ways to reduce spending while ensuring residents remained covered and accessed health services. The newly appointed governor shifted spending priorities to allocate more of the state budget to Medicaid and healthcare, hoping the increased spending would pay off long term.

### *New York Stakeholders: Families USA*

Families USA is a national, non-partisan voice for healthcare consumers and the founder of a Medicaid Coalition with over 600 member organizations, including the American Academy of Family Physicians, Ascension, Blue Cross Blue Shield of Michigan, Trin-

ity Health, Tucson Medical Center, and UAW Retiree Medical Benefits Trust. The member organizations represent several groups, including seniors, women, children, families, health providers, hospitals, and community health centers (Families USA 2019). They focus on achieving high-quality, affordable healthcare and improved health. In 2013, Families USA: A Voice for Health Care Consumers published a paper supporting Medicaid expansion in New York. The organization suggested potential positive economic impacts, including job growth. They noted that by 2016, the new federal dollars would support approximately 61,000 new jobs across the state (Families USA 2013).

Additionally, they anticipated reduced state spending for uninsured patient care. They noted that currently the states pay close to 30% of uncompensated patient care and could reduce spending by \$426 million from 2013 to 2022. Families USA also called attention to other potential benefits, such as healthier state residents, more robust healthcare systems, reduced consumer spending, and the potential to increase the state's revenue. Families USA created similar reports for each state to support Medicaid expansion.

#### ***Greater New York Hospital Association***

The Greater New York Hospital Association (GNYHA) is a trade association representing more than 160 hospitals and health systems in New York, New Jersey, Connecticut, and Rhode Island. GNYHA has a searchable list of all member hospitals, health systems, and continuing care organizations available to the public (Greater New York Hospital Association 2022b). GNYHA has supported the state's efforts to ensure more individuals have health insurance, like their national counterpart, AHA. While they continued to support expansion, they also advocated for an increase in Medicaid rates for providers. The organization notes that over the past decade, hospitals received a 2% increase in Medicaid rates, negated by a 1.5% across-the-board cut. They also note that Medicaid payments covered 74% of hospital costs (GNYHA 2022a). GNYHA supported Medicaid expansion to reduce the impact of uncompensated care. After New York's Medicaid expansion was solidified, the association shifted its focus to Medicaid reimbursement rates. The Association can now use its voice to improve members' financial viability while being under-compensated for Medicaid care. The state hospital advocacy group reiterates similar arguments from national hospital advocacy groups.

#### ***Healthcare Association of New York State***

The Healthcare Association of New York State (HANYS) is the New York Statewide Association for hospitals and continuing care, representing 500 not-for-profit and public hospitals, nursing homes, and other healthcare organizations. HANYS members also serve as Healthcare Trustees of New York State's board of governors, state committees, workgroups, and task forces (Healthcare Association of New York State 2022). HANYS, like GNYHA, had been a proponent of Medicaid expansion and shifted its focus to improving Medicaid payments to hospitals and nursing homes. In a 2022 statement, they voiced approval of the state's efforts to expand eligibility and increase covered services; however, they note that Medicaid reimbursement provides 61 cents for every dollar of care provided in hospitals (Healthcare Association of New York State 2022).

HANYS supported New York's recent efforts to expand coverage and raise the FPL income limit from 200% to 250% (Healthcare Association of New York State 2022). HANYS, like other health provider associations, continued to support efforts toward additional expansion, giving accolades for the state's efforts toward expansion early on and now shifting its advocacy toward Medicaid reimbursement rates.

#### ***New York Health Care Spending***

In 2018, New York's per capita spending on Medicaid was the highest in the United States and double the national average (Hammond 2022). Additionally, healthcare spending per capita increased from \$9,805 in 2014 to \$14,007 in 2020, an approximately 30% increase per capita (KFF 2022). The average annual growth in healthcare expenditures per capita is 5.2%. In the fiscal year 2022, New York's state share of Medicaid spending was \$48.1 billion, with an anticipated increase to \$51.8 billion in 2023 (Hammond 2022). With the increasing need to slow Medicaid spending, Governor Cuomo reinstated a Medicaid Redesign Team to identify innovative solutions to reduce state Medicaid costs.

New York State's newly revised Medicaid Redesign Team II (MRT II) was established in 2020. Governor Cuomo succeeded with a Medicaid Redesign Team in previous years and was hopeful that reestablishing that model could aid in spending reductions. MRT II aimed to increase efficiencies, reduce costs, and expand access for the state's Medicaid population. MRT II consisted of eight healthcare organization CEOs. Governor Cuomo

faced criticism for picking members considered friendly to his administration. There was also criticism for lacking consumer advocates, physicians, and other sector representatives. Dervishi (2020) outlines how many of the most recent members of the MRT II have developed relationships with the administration and now have influence over state Medicaid funds and changes.

When the new governor stepped in, many suggested solutions to reduce Medicaid spending were ignored. Kathy Hochul became the governor of New York State in August 2021 following Andrew Cuomo's resignation. Governor Hochul opted to expand Medicaid spending in the new state budget. New York's Medicaid budget increased reimbursement rates to providers, one-time bonuses for health-care workers, and an increased hourly rate for home health aides (Hammond 2022). The 2022–2023 State Financial Report projected that state Medicaid spending would have an average annual growth rate representing an average annual growth of 9.3% from 2022–2027. The growth in spending is due to multiple factors, including increased healthcare service utilization, higher reimbursement for providers to cover minimum wage increases, anticipated expiration of \$2.1 billion in current year enhanced federal funding; higher enrollment in managed long-term care, and payments to financially distressed hospitals (Dinapoli 2022). Medicaid spending would increase by \$363 million in the fiscal year 2022–2023 due to wages for home care workers, increasing to more than \$1.4 billion by the fiscal year 2026–2027 (Dinapoli 2022).

Interestingly, while former governor Andrew Cuomo raised the alarm about Medicaid spending and voiced concerns over sustainability, the newly appointed New York governor took the opposite approach and opted to spend more of the state's budget on Medicaid. While many non-expansion states will point out increased spending in expansion states, it is essential to note that in New York, increased spending was due to multiple factors, including increased wages and provider reimbursements. New York's Medicaid increased spending since expansion was due to multiple state decisions; Medicaid expansion was only one aspect of this overall increase in spending.

### **Florida's Medicaid Expansion Decision**

Since the implementation of the ACA, Florida has opted not to expand Medicaid. Initially, there was a lot of debate and discussion on the topic. However, after many states opted to expand, the debate has been

relatively silent with fewer stakeholders vocalizing the push to expand Medicaid. While there have been court cases related to expansion, those efforts have been unsuccessful. While a few stakeholders are working toward Medicaid change within the state, others have remained silent.

KFF (2022) noted increased Medicaid spending in Medicaid expansion states and the federal government; for example, New York's expansion group state spending was approximately \$2.3 billion higher after expansion. Since 2015, the Florida Legislature has consistently opposed Medicaid expansion. One primary concern for Florida was the potential increased spending related to Medicaid expansion (Sexton 2022). Republican Senator Wilton Simpson said, "If you ask me, do I want to give people Medicaid or do I want to give them a job, so they do not need Medicaid? I want to give them a job, so they don't need Medicaid" (Sexton 2021, para 4).

### ***Florida Medicaid Coverage***

In 2019, 17.4% of Floridians were covered by Medicaid, totaling 2.7 million individuals. The percentage of uninsured individuals in the state is relatively high compared to the other 49 states. Florida Policy Institute (2022) points out that before COVID-19, Florida had a high rate of uninsured residents, leaving 800,000 individuals uncovered, and Norris (2023) notes that if Florida were to expand Medicaid, Medicaid would cover over 1.3 million Floridians.

### ***Florida Stakeholders***

Florida's Medicaid expansion advocacy group, Florida Decides Healthcare, proposed a constitutional amendment that would have required the state to expand Medicaid if approved by Florida voters. Florida Decides Healthcare collected over 80,000 signatures and submitted the proposed constitutional amendment in 2019. After obtaining the signatures, Florida Decides Healthcare opted to continue to obtain more signatures to ensure it met the minimum signature requirement of 10% of registered voters in 25% of the congressional districts. While continuing to seek voter signatures, the Florida Senate and governor changed the law to 25% of voters in 50% of districts, this required advocates of Medicaid expansion to collect over 220,000 signatures before the proposal would be considered. Since this requirement, the effort to obtain signatures for Medicaid expansion has stalled (Sexton 2022). Understanding the opposers and champions of Medicaid expansion in the



state is revealing. There continues to be opposition to Medicaid Expansion in Florida and in political rhetoric in legislative and gubernatorial races, while the healthcare industry has been relatively silent in the debate.

### ***Florida Decides Healthcare, Inc.***

As a political action committee, Florida Decides Healthcare, Inc. has been a proponent of Medicaid expansion, including taking the initiative to obtain signatures of support and work to bring Medicaid expansion to the courts, hoping to achieve expansion without legislative support. The organization explained the goal to put healthcare directly on the ballot (Florida Decides Healthcare 2022). Planned Parenthood of South, East and North Florida is the top recipient of funds from Florida Decides Healthcare. The organization's top donor is a union—Service Employees International Union (SEIU) (Florida Department State Division of Elections 2022). Additional contributors include the Florida Policy Institute Inc., the Barbara A. Stiefel Foundation, the Fairness Project, and the Florida Democratic Party. The organization is still actively gaining support for state Medicaid expansion, including seeking additional signatures and donations.

### ***Florida Hospital Association***

Florida Hospital Association (FHA) members include more than 200 hospitals and healthcare systems in Florida. The organization is in Tallahassee and is governed by a Board of Trustees and officers elected by member institutions (Florida Hospital Association 2020). Galewitz (2020) noted that FHA did not include Medicaid expansion as a legislative priority. Florida Hospital Association's CEO, Mary Mayhew, previously led Florida's Medicaid agency and criticized the ACA's Medicaid expansion initiative. While Mayhew noted that it might benefit hospitals to expand Medicaid services, she also pointed out there is uncertainty if the state could afford the change.

Mayhew and hospital CEOs have not ruled out Medicaid expansion as a discussion in the future. However, the current legislative lobbying focus is to reduce healthcare costs by developing value-based programs that improve the quality of care. Value-based programs aim to enhance the quality of care by incentivizing providers based on patient outcomes and the overall effectiveness of medical treatments; examples include Bundled Payment Programs, Patient-Centered Medical Homes (PCMHs), and Accountable Care Organiza-

tions (ACOs). Florida's Hospital Association also advocates reducing healthcare costs by decreasing avoidable emergency room visits and hospital readmissions. The association also explained that it was advocating for new funding opportunities at the federal level to improve Florida's Medicaid program (Florida Hospital Association 2020).

### ***Florida Medical Association***

Florida Medical Association (FMA) is a professional association that represents over 20,000 physicians on policy issues (Florida Medical Association 2021). In 2014, FMA members voted to support Medicaid expansion to improve access to patient care and increase Medicaid reimbursement rates to doctors (Kennedy 2014). Since 2014, the FMA has made a few additional statements about its stance on Medicaid expansion.

### ***Florida Health Justice Project***

Florida Health Justice Project is an advocacy group that made Medicaid expansion a top priority and is continuing to lobby for Medicaid expansion. Their mission is to improve access to quality and affordable healthcare. The organization advocates expanding healthcare access and focusing on health equity for Floridians (Florida Health Justice Project 2022). Florida Health Justice Project is also a donor to Florida Decides Healthcare, Inc.'s political action committee, which seeks to put Medicaid expansion on the ballot.

### ***Families USA: A Voice for Healthcare Consumers***

Families USA is a national organization striving to increase individual health insurance coverage throughout the United States. Families USA created a Medicaid expansion economic report for Florida in addition to the state of New York. Like their report from New York, they reported that by 2016, the federal increase in support for Medicaid would create 71,300 new jobs across all sectors of Florida's economy. The report uses the same language as the New York report, with differences in some economic facts and figures.

### ***Florida Healthcare Spending***

Florida's average annual state healthcare spending per capita is the second lowest in the country at 4.3%, and in 2021, the state spent \$28.1 billion on Medicaid (KFF 2022). The 2022–2023 Florida state budget included increased Medicaid reimbursement rates for nursing homes and increased healthcare worker wages to \$15 an hour but also included a reduction of over

300 million dollars in programs to Florida's safety net hospitals (Florida Policy Institute 2022). This underscores Florida's fiscal efforts to balance state spending and healthcare needs.

## Methods

### *Research Design*

A two-state case study was used to understand factors that influence state Medicaid expansion decisions (Shi 2008). Stonecash (1996) explained that single-state and multistate case studies could be used to provide a logical model for analyzing state health policy. Additionally, Stonecash noted that single and multistate case studies have the potential to use specific data, including the context of decisions and the interactions between interests to better understand relevant information that would be difficult to manage if all 50 states were analyzed. Stonecash also encourages the selection of states that vary in some ways because this allows for further evaluation of the impacts of relationships that cannot be provided with a single-state study.

### *Sample Selection*

Given the importance of Medicaid expansion in the states, a multistate case study method was beneficial to examine the differences between New York and Florida's decisions on Medicaid expansion policy. New York and Florida were identified as comparison states based on similarities in state demographics and the stark difference in Medicaid expansion policy. New York chose to expand Medicaid, and Florida is one of 10 states that have not participated in Medicaid expansion to date.

### *Instrumentation*

Naz, Gulab, and Aslam (2022) noted that semi-structured interviews are a helpful tool for understanding industry experts' experiences and for identifying central themes from this knowledge. Semi-structured interviews make it possible to explore the opinions and perceptions of health executives in comparison states. During a semi-structured interview, the researcher opens the interview with a statement followed by some questions and adds additional probing questions as appropriate. The interview guide consisted of two questions about Medicaid expansion in each state, with additional probing questions to facilitate in-depth discussions. The interview questions can be found in Appendix A.

### *Data Collection*

Data was collected from various sources, including interest group spending, state government party affiliations, state demographics, regional economic differences, state health system spending, and semi-structured interviews with key stakeholders. Data collection also included a review of each state's governmental majority party affiliation for the governor, state senate, and state house to identify the political majority or party affiliation of each. An overview of federal campaign spending from national healthcare interest groups was reviewed to understand national spending compared to individual state interest group spending.

Additionally, we conducted semi-structured interviews with seven hospital executives in New York and Florida. Hospital executives are essential in advocating for health policy change through hospital associations and their influence within the community. Our initial outreach aimed to involve twelve health executives, with an equal distribution of six from each state, to explore the perspectives of key hospital executives regarding Medicaid expansion. Seven of the health executives who were contacted agreed to participate in our interviews. Among those interviewed, four represented 5.2% of the state's hospital beds in New York. Three individuals represented 12.1% of the state's hospital beds in Florida. The interviews were conducted via Zoom or phone, typically lasting between 15 to 30 minutes on average. Efforts were made to engage with non-profit and for-profit health system executives, although only non-profit health executives ultimately consented to interviews. It is important to note that interviews were not recorded to maintain confidentiality and to ensure all interviewees remained anonymous.

### *Data Analysis*

The data analysis involved reviewing and categorizing the collected data and interviews. After completing demographic, political party, state economics, lobbyist funding, and health system executive interviews, key themes and influences within each state were identified. Themes and influences were compared to identify commonalities and distinctions between the two states. This analytical approach gave a comprehensive understanding of the factors influencing Medicaid expansion decisions in New York and Florida.

## Findings

After reviewing various state factors, several appeared to be critical in their impact on New York and Florida's Medicaid expansion health policy. These include governor party affiliation, state senate and state house of representatives majority affiliation, hospital/ health interest group spending toward a specific political party, and state health expenditures. State Medicaid policies are heavily influenced by party affiliations of political officers and hospital/ healthcare interest groups. For the latter, who represent the same industry, seeing such a divide in interest group spending and stance is interesting. By looking at a state's majority party for governor and legislature, and reviewing state interest group spending, it is easier to identify vital factors that influence state Medicaid expansion policy change. While grassroots interest groups are vocal and work to get dollars and petitions to influence change, their efforts had little influence on state Medicaid policy decisions. Florida has had a Republican governor since 1999, and New York has had a Democratic governor since 2007 (National Governors Association 2022). This demonstrates the power of long-standing political ties in each state. Both states have a government trifecta, where one political party holds the governorship and majority in both state legislative chambers (Ballotpedia 2022). Table 1 displays the comparison.

### *Hospital/Healthcare Spending and Influence*

Interestingly, in Florida, the state hospital and medical associations primarily spent lobbying and campaign

contributions on the Republican party and its candidates. For example, FHA spent over \$400,000 on Republican groups or individuals versus \$35,000 on Democrat groups (Transparency USA 2022). In New York, by contrast, GNYHA, which is a prominent political donor in New York, the Northeast, and nationally, spent \$7.5 million on Democratic PACs at the federal and state level, far exceeding most other healthcare groups. GNYHA spent 100% on Democratic candidates or groups (Open Secrets 2022). This highlights a contrast in the political affiliations of healthcare associations in different states. It also raises questions about the factors driving such divergent spending patterns and shows the relationship between healthcare policy, political contributions, and party affiliation.

Evers-Hillstrom (2021) points out that during the 2018 governor's race, GNYHA spent \$1.3 million on the Democratic committee to support Governor Cuomo. In contrast, AHA federal lobbying and campaign donations were divided relatively evenly between the two parties (51.7% Republican PAC spending vs. 48.3% Democratic PAC spending) (Open Secrets 2022). Additionally, in New York, hospitals and nursing homes lobbying activities in 2022 revealed that 59% were toward Democrats and 41% toward Republicans. Nationally, health and hospital lobbying activities are closer to being evenly divided. However, it is evident that in Florida and New York, their state hospital and healthcare associations have a partisan focus that influences state health policy.

Through our semi-structured interviews, Florida

**Table 1. Political Affiliation by State**

	<b>Florida</b>	<b>New York</b>
Governor Party Affiliation	Republican	Democrat
State Senate Majority	Republican	Democrat
Number of Seats Total	40	63
Number of Seats Majority	28	43
% majority	70%	68%
State House Majority	Republican	Democrat
Number of Seats Total	120	150
Number of Seats Majority	76	107
% majority	63%	71%
Hospital/ healthcare interest group spending—majority party	Republican	Democrat

Source: Ballotpedia (2022).

health executives were asked why health systems are not advocating for Medicaid expansion. New York health executives were asked what the impact would be if they had not had Medicaid expansion. Three hospital executives in New York explained they did not have an opinion on state Medicaid expansion or did not know enough about it. New York health executive interviews revealed that health system leaders were satisfied with Medicaid expansion or had not given it much thought. They were now advocating for increased Medicaid rates. A senior executive at an integrated health system in upstate New York explained that the focus now is increased Medicaid rates: “The lack of rate increase in fourteen years and the absence of a rebasing process puts more strain on nursing homes, which means more strain on the hospitals.” This executive highlighted that the hospital associations are now pushing for an increase in Medicaid rates.

One Florida executive’s statement sums up the primary perception of health system leaders there. He said, “The Medicaid expansion decision is in the rearview mirror, that time passed, and the health system moved on here.” A hospital Chief Executive Officer (CEO) in central Florida explained that he recalled health systems favoring Medicaid expansion when it was first introduced. However, since the initial discussions and with the reduction in federal matching, it has yet to be a topic of discussion or advocacy. Another hospital CEO explained that many health system executives in Florida would like to see Medicaid expansion but know that the politicians are opposed to expansion. Health executives focus advocacy efforts on other issues, such as increased rates. The interviewee said, “We know that Medicaid expansion will not pass in Florida, so we focus our efforts and advocacy on getting better rates.”

Overall, healthcare associations in prospective states seem aligned with the political party majority opinion on Medicaid expansion. Healthcare associations in Florida have stayed silent or focused on Medicaid rates, and based on our interviews, executives in Florida knew Medicaid expansion would not happen in their state, so they changed focus to increased rates. In contrast, New York associations initially supported expanding Medicaid, which they achieved and are now focused on increased rates as well.

### ***State Economics and Demographics***

New York and Florida have relatively similar demographics except for the number of individuals 65 or older. Florida has more seniors at 21.3% compared to New York’s

17.5%. Revenue in both states is primarily from taxes, with New Yorkers paying higher taxes than residents of Florida. Duggan and Hou (2022) noted that New York’s state and local governments spend \$19,288 per capita and have a revenue of \$19,759 per capita compared to Florida’s government, which spends \$9,267 per capita with \$9,996 of revenue per capita in 2019. The population shifts in New York and Florida have impacted both states, with New York losing over 350,000 residents in 2021 and Florida gaining over 200,000. Even with population loss, the per capita income growth rate in New York has remained relatively the same as in Florida and the United States. Poverty rates continue to be similar between the two states, with a 12.7% poverty rate in New York and 12.4% in Florida.

Florida’s top industries contributing to the gross domestic product (GDP) are real estate, rental, tourism and leasing, healthcare and social assistance, and scientific and technical services, contributing 38.7% of the state’s GDP. New York’s top industries are finance and insurance, information, real estate, and rental and leasing, and these contributed the most to New York’s GDP, comprising 48.5% of the state GDP (IBIS World 2023, para 6).

While New York spends more per resident, the revenue per resident is more than double that of Florida. Interestingly, more residents leave the state due to the tax burden. The population shift has been more dramatic in recent years, making it difficult to determine how that shift will impact the state’s economy.

State Medicaid spending per capita is much higher in New York, which is more than double Medicaid spending in Florida. In addition, the total spending per capita and healthcare per capita are higher in New York than in Florida. The difference in spending reinforces concerns that Medicaid expansion, while having a federal match, still significantly increases Medicaid spending. Florida politicians continue to point to the risk of increased expenses in Medicaid expansion states and the increased spending in New York, in addition to former Governor Cuomo’s statements that healthcare spending in the state was not sustainable.

### **Discussion**

New York and Florida have many demographic similarities but have antithetical state health policies. Several influences have impacted policies in these states. The party



affiliation difference has had a significant influence on state health policy. Outside of party affiliation, it seems New York health systems and associations were able to dedicate financial resources to encourage state Medicaid expansion. The number of lobbying dollars from GNYHA at a state level has nationally surpassed what some may have expected, while FHA was silent on Medicaid expansion. Expanding Medicaid in Florida has been difficult without the backing of Florida health systems, without lobbying dollars, and with opposition from the state's majority party.

Additionally, based on the semi-structured interviews of hospital executives in each state, health executives aligned with state political stances on Medicaid expansion. The close alignment among politicians, provider associations, lobbyists, and health leaders created a formidable barrier for grassroots movements seeking to effect change in Florida. These health executives moved on from the notion of Medicaid expansion. This finding is similar to Flagg's 2016 findings that hospital associations prioritize their needs for increased reimbursement instead of fighting for Medicaid expansion. This seems to be the same scenario in Florida, where the hospital association opted to stay relatively silent on Medicaid expansion and instead fought for increased reimbursement rates.

State economics and the potential cost of Medicaid expansion likely influenced both states. While there is a 90% federal match for Medicaid expansion in states, the additional 10% of Medicaid costs is a perceived barrier for states like Florida. New York spends more per resident on healthcare, and the per capita revenue of the state is also more considerable. So, while the cost of Medicaid and other healthcare spending is high in New York, the state has additional funds that help support that program.

These findings coincide with Flagg's (2016) study, which found that states differ in ideology and ideology influences state policy decisions. Public administration plays a vital role in supporting grassroots advocacy groups in their efforts to achieve Medicaid expansion. Through collaborative and transparent governance, public administration can provide a conducive environment for grassroots movements to gain traction, ultimately contributing to expanding Medicaid and advancing equitable healthcare access.

### Limitations

This case study offers insights but cannot provide direct causes and effects of each state's Medicaid expansion de-

isions. While comparing states can be beneficial and offer insights, there are limitations to the conclusions drawn because systems are complex and have multiple interdependencies (Senge 1994). Additionally, by only comparing two states, the findings are less likely to translate to other states' Medicaid expansion policies. Another limitation is the limited number of health executives interviewed, limiting the generalizability of these perspectives in the broader community.

### Future Research

Additional research is needed into the impacts of national lobbying for the ACA and how national lobbying impacted states' health policy. It is also important to have future research that focuses on the constituent experience, especially for low-income individuals and families. Some key areas essential for future research include:

- **Limited Access to Healthcare:** As highlighted by healthcare executives in this research, there is a compelling need to increase reimbursement rates within the Medicaid system. Future research endeavors should investigate how enhanced Medicaid reimbursement rates could effectively expand healthcare access for individuals covered by Medicaid.
- **Public Administration and Grassroots Advocacy:** Further research into the strategies and effectiveness of grassroots advocacy groups in shaping Medicaid expansion decisions and influencing policymakers would be helpful to improve the impact of advocacy groups related to increasing healthcare access. Research in this area can shed light on the role of grassroots efforts to impact political ideologies and persuade policymakers to address underserved populations' needs better.

Future research on state Medicaid expansion decisions should provide a comprehensive understanding of the impacts on the population while exploring potential policy solutions to address the challenges individuals and states face in these circumstances.

### Conclusion

While Florida and New York's Medicaid expansion decisions appear to be heavily influenced by each state's dominant political party, it is notable that these decisions defy linear explanations. They demonstrate an interplay of factors, echoing Miller's model (2005), where

state political parties, Medicaid spending, lobbying efforts, and overall state economics all contribute to state Medicaid expansion policy decisions. Additionally, the study reveals that each state's health associations and critical stakeholders aligned with their state's majority political party regarding Medicaid expansion. As the Florida example shows, grassroots advocates of Medicaid expansion should consider that the longer a state waits to expand, the more difficult it may be to get it passed.

While grassroots groups in Florida have not successfully influenced Medicaid expansion policy, Callaghan and Jacob's (2016) research should encourage advocacy groups to continue educating the public on the benefits of Medicaid expansion to facilitate change. The public may be the best avenue to influence change in states that have opted not to expand. Public awareness and support can catalyze change, particularly in states that resisted expansion. Despite the challenges, the continued advocacy for Medicaid expansion remains essential for promoting equitable access to healthcare.

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## Appendix A

### 1. New York Executives

- A. What do you think the impact would have been on hospitals if New York had not expanded Medicaid?
- B. Do you think the state can sustain Medicaid expansion in future years?

### 2. Florida Executives

- A. Do hospitals and health executives in Florida support Medicaid expansion?
- B. Why do you think hospitals have not pushed for Medicaid expansion in Florida?



**Mary Zielinski** (mz81110@gmail.com) recently graduated from the Medical University of South Carolina, attaining a doctorate in Health Administration. She holds a master's of science in Health Administration from Utica College and is interested in qualitative research in healthcare operations and health policy.

**Jillian Harvey** (harveyji@musc.edu) is a professor in Healthcare Leadership and Management at the Medical University of South Carolina and director of the Doctor of Health Administration Division. Her research experience includes program evaluation, healthcare quality improvement, and mixed methods research approaches.

**Walter Jones** (jonesw@musc.edu) is Professor Emeritus at the Medical University of South Carolina, specializing in health policy's impact on service delivery and outcomes. With a background in political science and economics, he contributes extensively through publications, conferences, and grant reviews for prestigious institutions like NIH/NIAID, CPRIT, and CDMRP.

**Jiebing Wen** (jiw4010@med.cornell.edu) is a research associate in the Department of Population Health Sciences at Weill Cornell Medical College, Cornell University. Her work focuses on applying quasi-experimental econometrics techniques to answer research questions regarding the intended and unintended impact of health policies, as well as the politics of policy adoption.