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Medicaid Expansion Case Study: Differences Between Florida and New York Medicaid Expansion Policy

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MEDICAID EXPANSION CASE STUDY: DIFFERENCES BETWEEN FLORIDA AND NEW YORK MEDICAID EXPANSION POLICY

BY

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A doctoral project submitted to the faculty of the Medical University of South Carolina
in partial fulfillment of the requirements for the degree
Doctor of Health Administration
in the College of Health Professions

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I want to thank my loving and supportive family, including my husband, Jay, and daughters Julian and Kennedy. Additionally, I would like to thank my supportive parents, Lee and Eileen, and my grandfather, Charlie Kennedy, who always encouraged me to pursue my education.

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Abstract

The Affordable Care Act (ACA) expands healthcare coverage and improves healthcare delivery. While the ACA expands Medicaid coverage, many states have yet to expand. This paper utilizes a multi-state comparison case study comparing New York, a Medicaid expansion state, and Florida, a non-expansion state, to better understand Medicaid expansion decisions and influences in states. The case study identifies that the reasons behind these decisions are layered and complex; influences such as state political parties, lobbying, and overall state economics greatly influence Medicaid expansion policy.

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CHAPTER I INTRODUCTION

1.1 Background and Need

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). In November 2009, the House of Representatives voted for and passed the Affordable Health Care for America Act. Speaker of the House Nancy Pelosi introduced the ACA, H.R. 3962, and Affordable Health Care for America Act, and on March 21, 2010, the new healthcare plan was approved (Davalon, 2022).

The new law was intended to expand health care coverage and improve health care 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, 2013). 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 ACA also increased access to private insurance through a health Exchange, allowing individuals to shop for and sign up for health plans.

The federal government and the states jointly manage Medicaid programs. Federally the Centers for Medicaid and Medicare Services (CMS) administers Medicaid, and states are required to manage Medicaid programs. 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). Most states chose to

expand coverage to adults (Medicaid.gov, 2021), while several states still have not opted to expand.

As part of the ACA, the federal government assisted in financing coverage which allowed for eligible states to receive 100% federal funding from 2014 through 2016, 95% federal financing in 2017, 94% federal financing in 2018, 93% federal financing in 2019, and 90% federal financing for 2020 and subsequent years. The federal match was intended to incentivize states to participate in Medicaid expansion. The ACA allowed states to expand Medicaid eligibility to childless adults beginning in 2010 but would not receive the increased federal match until 2014 (Kaiser Family Foundation, 2013).

The ACA 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 (Kaiser Family Foundation, 2012). This decision ensured that the federal government could not withdraw all Medicaid funding to states that did not expand (Jones, 2013).

Jones (2013) also noted a great deal of ambiguity about state options for partial expansion. Since the ACA court decision, states have had to decide about Medicaid eligibility and potential expansion; for example, a state could expand its Medicaid program to 115% or 125% of the poverty level and still be eligible for 100% federal coverage. This allowed states to benefit from the federal match without full expansion.

In March 2022, the Department of Health and Human Services (HHS) released a list of crucial successes related to the implementation of the ACA and noted that ACA reduced the number of uninsured Americans by almost 20 million individuals and provided marketplace coverage or Medicaid expansion to more than 31 million people. Obama (2016) highlighted that

the uninsured rate declined by 43% from 2010 to 2016. HHS also noted that over 133 million people with pre-existing conditions were protected from losing coverage. Other potential benefits of the ACA are 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).

Figure 1.1

Status of State Action of the Medicaid Expansion Decision

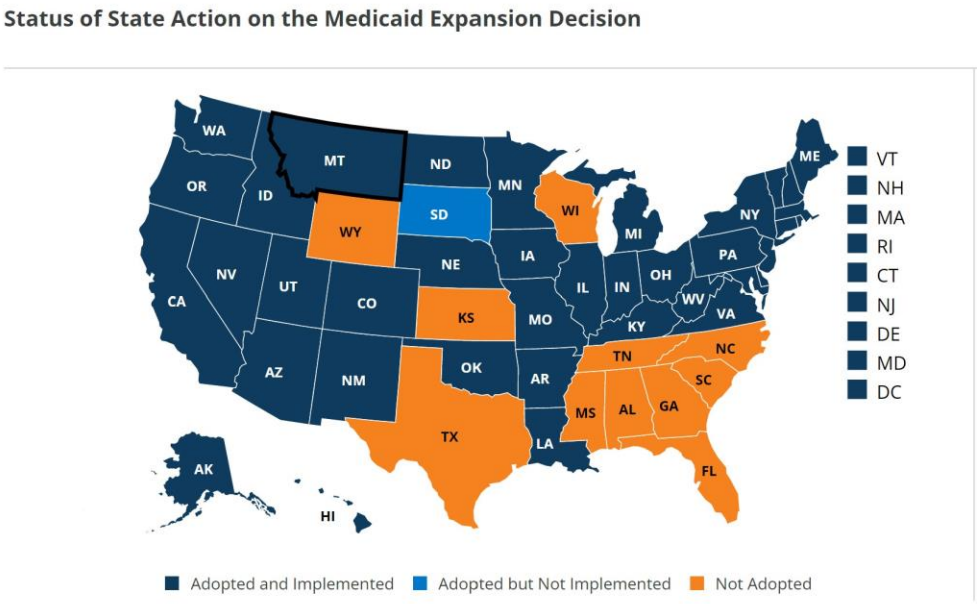

Figure 1.1 Source *Kaiser Family Foundation, 2022*

1.1.1 Changes under the Trump Administration

Several changes to the ACA occurred under the Trump Administration. These changes included eliminating the individual mandate by changing the tax penalty for not having coverage to $0. The Trump Administration also changed rules related to expanded Medicaid by allowing states to require people eligible to demonstrate that they are working or in school. Additionally, in 2017 the Trump administration stopped federal cost-sharing subsidies to insurance companies participating in the ACA Exchanges. It allowed for "skinny policies," with less coverage, to be

renewed for up to three years, a change from the initial ACA that only allowed these types of policies to offer three months of coverage before switching to a full coverage plan (Healthcare Management Degree Guide, 2022).

1.2 Benefits of Medicaid Expansion

Kaiser Family Foundation (KFF) (2021a) 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 (2020) reported multiple benefits of Medicaid expansion, including increased access to preventative and chronic care and an estimated 55% reduction in uncompensated hospital care. They also noted that if non-expansion states opted to expand, over three million Americans would receive coverage, reducing the health coverage gap (Center on Budget and Policy Priorities, 2023). Figure 1.2-1 highlights the benefits of Medicaid expansion.

Figure 1.2

Medicaid Expansion Benefits

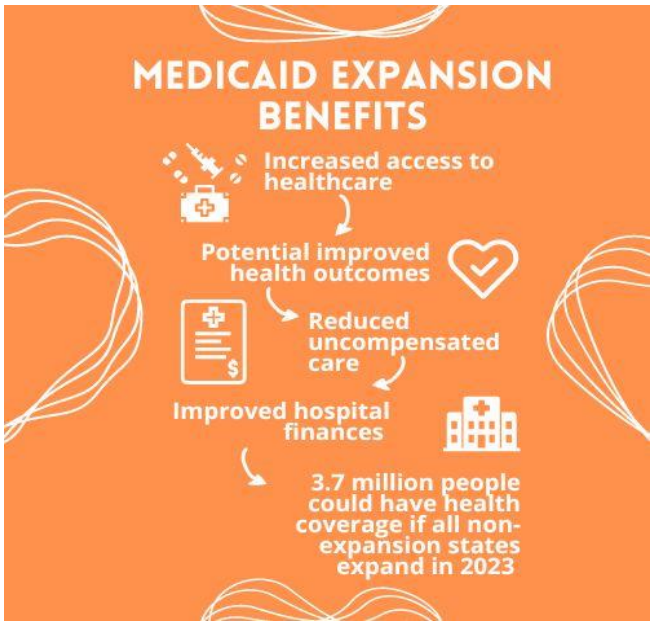

Figure 1.2 Sources: *Center on Budget and Policy Priorities* (2020) & *Center on Budget and Policy Priorities* (2023)

1.3 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 various approaches. Jones (2019) 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 look to various methods to achieve an affirmative Medicaid expansion decision.

Flagg (2016) explains that each state's culture and history impact its policy decisions. Other factors include state demographics, regional differences in labor market drive, economical and budgetary concerns, political party affiliation, and politicians' personal beliefs. Overall, state health policy decisions are complex and dependent on many individual factors within the state.

1.4 Problem Statement

Medicaid expansion is critical to reducing the number of uninsured individuals in the country; in 2021, over 27 million people will remain uninsured in the United States (Kaiser Family Foundation State Health Facts, 2022). While state decisions are intricate, there is a need to understand critical factors influencing state Medicaid expansion decisions. This is a multiple-state case study using two demographically similar states, New York, a Medicaid expansion state, and Florida, a non-expansion state, to understand state decision drivers.

2 CHAPTER II SCOPING LITERATURE REVIEW

Literature Review

2.1 Models of State Health Policy Adoption

Miller (2005) created a model for state policy adoption that includes socioeconomic and political systems that influence policy characteristics, see Figure 2.1. The model recognizes that socioeconomic conditions have an impact on programs and policy. Miller also found that political system development produces policy outputs that feed into the socioeconomic environment (Miller, 2005).

Figure 2.1

Miller's Model State Policy Adoption

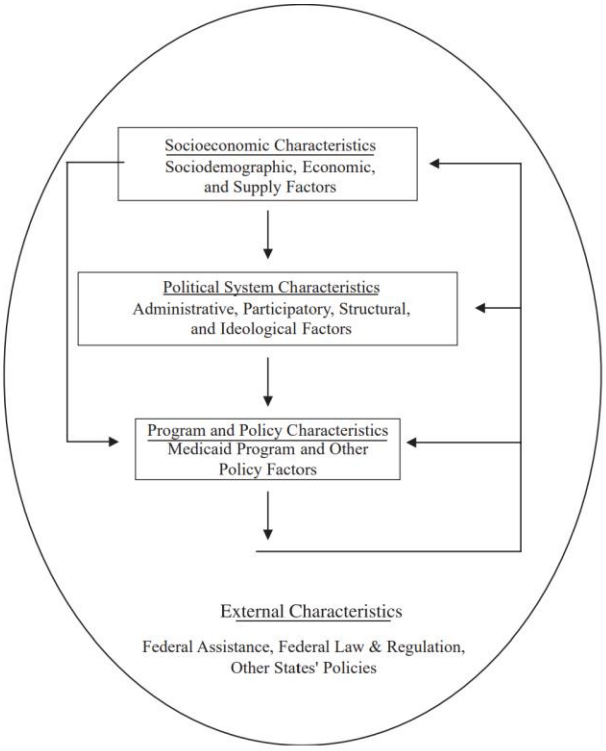

Figure 2.1 Source: *Miller, 2005*

2.1.1 Factors that Influence Legislative Decisions

Interest groups have an impact on both national and state legislative decisions. Hrebenar and Thomas (1992) looked deeper at interest groups across the United States. They noted that interest group activity is based on economic, social, cultural, legal, political, governmental, and geographical variables. Hrebenar and Thomas also explained that interest group activity varies based on state differences, making each state's interest group activity unique to the environment.

2.2 Stakeholders

The World Health Organization (WHO) explains health policy decision-making process is interdisciplinary. Both national and state stakeholders impact state health policy.

"The WHO defines health system governance and stakeholders as:

- **the State**-government organizations and agencies at central and sub-national levels;
- **the health service providers**- different public and private for 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, 2022, paragraph 2).

These stakeholders play a crucial role in state health decision-making; researchers should consider stakeholders and their impact on Medicaid expansion decisions.

2.2.1 Health Insurance Companies

The Center on Budget and Policy (n.d.) highlighted the impact of Medicaid expansion on health insurance. It explained that Medicaid expansion created business opportunities for insurers operating Medicaid-managed care plans. They also pointed out that insurers could expand their

business by spreading into the managed Medicaid market instead of only focusing on private insurance. Their memo pointed out how commercial payers who chose not to extend into the Medicaid market could benefit from lower coverage costs because of the potential for expansion to stabilize the market. The Center on Budget and Policy noted that before the ACA, uninsured people had higher healthcare costs which resulted from delaying care (Center on Budget and Policy, n.d).

America's Health Insurance Plans (AHIP) is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of individuals. AHIP continues to support national policy that reduces Medicaid coverage gaps; in a recent statement, the organization advocated for continuing to build off the ACA to further reduce the gap among uninsured Americans (America's Health Insurance Plans, 2021).

It is essential to be aware of how private insurance companies benefited from Medicaid expansion; while having more patients covered by health insurance is crucial to improve health access, understanding the role health insurance companies play in public policy should be considered when advocating for changes.

2.2.2 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 (American Hospital Association, 2022). The organization also pointed out multiple benefits to patients after implementing Medicaid expansion and the impact of uncompensated care of health systems (AHA, 2019).

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 potentially 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 Wisconsin Council for Children and Families, asking why hospitals were not more vocal about Medicaid expansion and were 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, p. 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 that walk through their doors. Despite national AHA support for expansion, individual state associations advocate based on hospital interests within their respective states.

2.2.3 Pharmaceutical Companies

The Center for Public Integrity (2018) reported pharmaceutical companies' influence on all aspects of Medicaid, including meeting with state Medicaid advisory committee members and paying state Medicaid officials to attend all-inclusive conferences with drug representatives. The Center for Public Integrity also reported that drugmakers lobbied state lawmakers or helped

physicians complete paperwork to get Medicaid to pay for higher-cost drugs (Whyte, Yerardi & Kodjak, 2018). These are some examples of pharmaceutical lobbyists' influence on key Medicaid policy decision-makers.

Pharmaceutical Research and Manufacturers of America (PhRMA) and Families USA worked together in 2009 to launch a multimillion-dollar lobbying campaign to expand Medicaid. Families USA's CEO said they found a common agenda with PhRMA and opted to work together to attempt to influence expanded government healthcare coverage (Richwine, 2009). PhRMA continued to support Medicaid expansion and created state Medicaid facts sheets for consumers, indicating the cost of prescription drug spending remains low. PhRMA (2020) reported that in 2020, Medicaid programs spent an average of 4.5% of their budgets on retail prescription medicines (paragraph 3).

Ghosh, Simons, and Sommers (2017) reviewed the impacts of ACA's Medicaid expansion on prescription drug use in non-elderly individuals. The researchers utilized the national administrative dataset of prescription drug utilization; after examination, they found that during the 15 months post-expansion, non-elderly adult Medicaid prescriptions per 100 population increased by 19%, which equated to an estimated 12.8 million additional prescription drugs (Ghosh, Simons and Sommers, 2017).

Pharmaceutical companies are interested in Medicaid expansion and are aligned with a national consumer advocacy group to expand Medicaid nationwide. Since pharmaceutical companies are a large interest group in the country, the impact of Medicaid expansion on prescription drug usage and spending should be explored further for states that have already opted to expand and those considering expansion.

2.3 New York State- Medicaid Expansion

New York State accepted the ACA's provision to expand Medicaid in New York in 2014. Since expansion, the state's Medicaid enrollment has increased to almost 7 million people, which was a 21% increase from Medicaid enrollment before the expansion. 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 during an interview, 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 & Park, 2020). 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).

2.4 New York Stakeholders

2.4.1 Families USA: A Voice for Healthcare Consumers

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, Trinity 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 health care and improved health.

In 2013, Families USA: A Voice for Healthcare 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.

2.4.2 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, 2022). 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 the current 1.5% across-the-board cut; they also note that Medicaid payments covered 74% of hospital costs (GNYHA, 2021).

GNYHA supported Medicaid expansion to reduce the impact of uncompensated after New York 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.

Recently there was some controversy related to GNYHA's campaign funding for Governor Cuomo. Evers-Hillstrom (2021) noted that during the COVID-19 pandemic, GNYHA's previous campaign donations to the Governor appeared the benefit the Association. The Governor allowed GNYHA to draft the provision in the state budget bill that shielded healthcare workers from legal liability over the deaths of patients from COVID-19. Additionally, Governor Cuomo had GNYHA run New York City's vaccination hubs.

2.4.3 Healthcare Association of New York State

The Healthcare Association of New York State (HANYS) is the New York statewide hospital and continuing care association 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.

2.5 New York Health Care Spending

In 2018, New York's per capita spending on Medicaid was the highest in the U.S. and doubled 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 (Kaiser Family Foundation State Health Facts, 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, 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's goals were to increase efficiencies, reduce cost 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 representation (Dervishi, 2020). 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.

The MRT II suggested a shift in state Medicaid costs by potentially having counties pay more of the share for Medicaid. New York contribution mandates require counties to fund the

non-federal share of Medicaid expenditures. New York decided to cap each county's Medicaid contribution increase between 2006 and 2014 and paused the local share of the cost. One option as state costs increased was to push counties to take more fiscal responsibility for Medicaid (Noah & Park, 2020). Noh and Park (2020) also noted that since 2008 counties' percentage of spending on Medicaid has decreased. In 2008 all county Medicaid spending was 8.78%, down to 6.22% in 2019; this decreased spending from counties due to the cap. The decreased federal match may have influenced the state government to start looking to counties to pay an increased portion toward the state's rising costs of Medicaid.

When the new Governor stepped in, many suggested solutions to reduce Medicaid spending were ignored. Kathy Hochul became the New York State Governor in August of 2021 following Andrew Cuomo's resignation. The increase in the local share of Medicaid spending was not implemented. 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 healthcare workers, and an increased hourly rate for home health aides (Hammond, 2022).

The 2022- 2023 State Financial Report projected state Medicaid spending would have an average annual growth rate representing 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 2022-23 due to wages for home care workers, increasing to more than $1.4 billion by the fiscal year 2026-27 (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 toward Medicaid. New York's Medicaid increased spending since expansion was due to multiple state decisions on Medicaid spending; Medicaid expansion was one aspect of this overall increase in spending.

2.6 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 (Kaiser Family Foundation, 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 the focus to spend more of the state budget on Medicaid and healthcare, hoping the increased spending would pay off long term.

2.7 Florida's Medicaid Expansion Decision

Since the implementation of the ACA, Florida opted not to expand Medicaid. Initially, there was a lot of debate and discussion on the topic. However, since 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. A few stakeholders are working toward Medicaid change within the state, and others have remained silent on the issue.

KFF (2021a) 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 since 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, paragraph 4).

2.8 Florida Medicaid Coverage

In 2019 17.4% of Floridians were covered by Medicaid, 2.7 million individuals. The percentage of uninsured individuals in the state is relatively high compared to the other 50 states. Florida Policy Institute (2022) points out that before COVID-19, Florida had a high rate of uninsured residents, leaving 800,000 individuals uncovered.

2.9 Florida Health Care 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 (Kaiser Family Foundation State Health Facts, 2022). The 2022- 2023 Florida state budget included an increase in Medicaid reimbursement rates for nursing homes, a reduction of over 300 million dollars in programs to Florida's safety net hospitals, and increased healthcare worker wages to $15 an hour (Florida Policy Institute, 2022).

2.10 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 to the Supreme Court 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 now requiring advocates of the Medicaid expansion to collect over 220,000 signatures to trigger a court review. Since this court decision, the effort to obtain signatures for Medicaid expansion stalled (Sexton, 2022).

Understanding the opposers and champions of Medicaid expansion in the state is essential. There continues to be opposition to Medicaid Expansion in Florida and political debate, including discussion in senate and gubernatorial races. Interestingly, the healthcare industry has been relatively non-vocal in the debate.

2.10.1 Florida Decides Healthcare, Inc

Florida Decides Healthcare, Inc. is a political action committee and 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 to achieve state Medicaid expansion without senate support. The organization explained the goal to put healthcare directly on the ballot in a future election (Florida Decides Healthcare, 2022).

Planned Parenthood of South East and North Florida is the top receiver of funds from Florida Decides Healthcare. The organization's top donor is Service Employees International

Union, Florida State Council P.C. (Florida Department State Division of Elections, 2022). Additional contributors include Florida Policy Institute Inc., 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.

2.10.2 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 the 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 that 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. Florida's hospital association also noted their advocacy to reduce healthcare costs by decreasing avoidable emergency room visits and hospital readmissions. The association also explained that it was focused on advocacy for new funding opportunities at the federal level to improve Florida's Medicaid program (Florida Hospital Association, 2020).

2.10.3 Florida Medical Association

Florida Medical Association (FMA) is a professional association that supports physicians in Florida and represents over 20,000 physicians on issues 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 Florida Medical Association has made few additional statements about its stance on Medicaid expansion.

2.10.4 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 health care. The organization advocates to expand healthcare access and focus on health equity for Floridians (Florida Health Justice Project, 2022). Florida Health Justice Project is also a donor of Florida Decides Healthcare, Inc's political action committee that seeks to put Medicaid expansion on the ballot.

2.10.5 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.

3 CHAPTER III METHODOLOGY

3.1 Research Design

A qualitative descriptive multiple case study method was used in this study (Shi, 2008). A multi-state case study comparing two states was used to understand factors that may influence

state Medicaid expansion decisions. Stonecash (1996) explained that single-state and multi-state case studies could be used and provide a logical model for analyzing state health policy. Additionally, Stonecash noted that single and multi-state case studies have the potential to use specific data, including the context of decisions, review interactions, and better understand relevant information that would be difficult to manage if all 50 states were analyzed. He said it might be more valuable to conduct a multi-state comparative study and select states that vary in some ways, allowing for further evaluation of the impacts of relationships that cannot be provided with a single-state study.

3.2 Sample Selection

Given the importance of Medicaid expansion at a state level, a multi-state 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 11 states that have not participated in Medicaid expansion to date.

3.3 Instrumentation

Naz, Gulab, and Aslam (2022) noted that semi-structured interviews are a helpful tool for understanding industry experts' experiences and identifying central themes from this knowledge. Semi-structured interviews were also employed 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 with the ability to add additional probing questions. Naz, Gulab, and Aslam also point out that these types of interviews can encourage

exchanging ideas. The interview guide consisted of 2 questions covering Medicaid expansion in the state. The interview questions can be found in Appendix A.

3.4 Data Collection

Case studies use multiple data collection methods and sources (Shi, 2008). 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. A review of each state's governmental majority party affiliation for the Governor, state senate, and state house legislature to identify the political majority or affiliation of each.

There was a review of specific interest groups outlined in the literature review and their campaign spending. The campaign spending review included investigating party affiliation spending to identify which interest groups favored political parties. 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, semi-structured interviews with hospital executives in New York and Florida were conducted to explore hospital leadership perspectives on Medicaid expansion in their states. Four executives in New York and three executives in Florida were purposefully selected and interviewed from non-profit health systems. Interviews were conducted via zoom or phone. On average, interviews were approximately 15 to 30 minutes. Respondents were selected using a convenience sample based on individuals in the researcher's network that were available or willing to talk about Medicaid expansion in the states they work in. Respondents were sought from non-profit and for-profit health systems, but only non-profit health executives responded to the request for an interview. Interviews were not recorded; the interviewer took notes for each interview. Executives were

assured their responses would be confidential, and notes did not include the respondents' names, only their initials

3.5 Data Analysis

Case studies use multiple data collection methods and sources (Shi, 2008). After completing demographic, political party, state economics, lobbyist funding, and health system executive interviews, the data and interview feedback were reviewed to identify key themes and influences within each state to identify factors that influenced each state. These areas were categorized, and data in each category were compared to identify similarities and differences.

3.6 Protection of Human Subjects

This case study is considered non-human subjects program evaluation.

4 CHAPTER IV RESULTS

4.1 Findings

After reviewing various state factors, several critical factors appeared to impact New York and Florida's state Medicaid expansion health policy, see Table 4.1. Several key factors influence state Medicaid policy: governor party affiliation, state senate and state house of representatives majority affiliation, hospital/ health interest group majority spending toward a specific political party, and state health expenditures. State Medicaid policies are heavily influenced by the state government party affiliations and hospital/ healthcare interest groups. Given that they represent the same industry, seeing such a divide in state interest group spending and stance is interesting.

By looking at a state's party majority for Governor and legislative branches and reviewing state interest group spending, it may be easier to use the potential vital factors that could influence state Medicaid expansion policy change. While grassroots interest groups are

vocal and work to get dollars and petitions to influence change, it seemed 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 long-standing political ties in each state (Table 4.1). Both states have a state government trifecta, where one political party holds the governorship and majority in both state legislative chambers (Ballotpedia, 2022).

Table 4.1

Political Party Affiliations by State

	Florida	**New York**
Governor Party Affiliation	Republican	Democrat
State Senate Majorty	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 interst group spending - majority party	Republican	Democrat

4.2 Hospital/ Healthcare Spending and Influence

Interestingly, in Florida, the state hospital association and medical associations primarily spent lobbying and campaign contributions on the Republican party or candidates. For example, FHA spent over $400,000 candidates on Republican groups or individuals vs. $35,000 on Democrat groups (Transparency USA, 2022).

GNYHA is a prominent political donor in New York, the Northeast, and nationally. In New York, GNYHA spent $7.5 million on Democratic PACs at the federal and state level, far

exceeding most other healthcare groups, and spent 100% on Democratic candidates or groups (Open Secrets, 2022). Evers-Hillstrom (2021) pointed out that during the 2018 governor's race, GNYHA spent 1.3 million on the Democratic committee to support Governor Cuomo.

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, as an industry in 2022 hospitals & nursing homes lobbying activities, 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 political party focus that influences state health policy.

Semi-structured interviews were completed with hospital executives in Florida and New York to get additional insight into health system executives' current perspectives on Medicaid expansion. Florida health executives were asked why health systems are not advocating Medicaid expansion. New York health executives were asked what the impact would be if they had not had Medicaid expansion in their state. 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. The Senior Vice President of Extended Care at an integrated health system that includes 11 hospitals, a PACE program, home health, and skilled nursing facilities in Upstate New York explained that the focus now is increased Medicaid rates, "the lack of rate increase in

14 years and the absence of a rebasing process puts more strain on nursing homes, and that means more strain on the hospitals.

One Florida executive's statement sums up the main perception of health system leaders; 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 not been 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. Two other health system executives were asked about Medicaid expansion in Florida and declined an interview because they had no opinion on the issue.

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. In contrast, New York associations initially supported expanding Medicaid and are now focused on increased rates.

4.3 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%, see Table 4.6. 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 government spends $19,288 per resident and has a revenue of $19,759 per resident compared to

Florida's government which pays $9,267 per resident with $9,996 of revenue per resident 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 and real estate and rental and leasing sectors contributed the most to New York's GDP comprising 48.5% of the state GDP" (IBIS World, 2023, paragraph 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 potentially due to the tax burden in the state; the population shift has been more dramatic in recent years, making it difficult to determine how that shift will impact the respective state economy.

State Medicaid spending per capita is much higher in New York, which more than doubles Medicaid spending in Florida, see Table 4.7. In addition, the total spending per capita and health care per capita is higher in New York than in Florida, see Tables 4.8 and 4.9. The difference in spending seems to reinforce the concerns that Medicaid expansion, while having a federal match, still significantly increases Medicaid spending in the state. 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 the former Governor Cuomo's statements that healthcare spending in the state was not sustainable.

4.4 Florida and New York Demographic Data

Table 4.2

Total Population 2021

Location	Total Residents
Florida	21,304,700
New York	19,309,800

Table 4.2 Source *Kaiser Family Foundation, 2022*

Table 4.3

Population Distribution by Sex

Location	Male	Female
Florida	48.8%	51.2%
New York	48.7%	51.3%

Table 4.3 Source *Kaiser Family Foundation, 2022*

Table 4.4

Distribution of Non-elderly Population by Household Employment Status: 2021

Location	At Least 1 Full-Time Worker	Part-Time Workers	Non-Workers
Florida	79.10%	8.20%	12.70%
New York	76.10%	9.80%	14.00%

Table 4.4 Source *Kaiser Family Foundation, 2022*

Table 4.5

Population Distribution by Race/Ethnicity: 2021

Location	White	Black	Hispanic	Asian	American Indian/Alaska Native	Native Hawaiian/Other Pacific Islander	Multiple Races
Florida	51.20%	14.40%	27.00%	2.80%	0.10%	0.00%	4.60%
New York	53.50%	13.20%	19.60%	8.70%	0.20%	0.00%	4.80%

Table 4.5 Source *Kaiser Family Foundation, 2022*

Table 4.6

Population Distribution by Age: 2021

Location	Children 0-18	Adults 19-25	Adults 26-34	Adults 35-54	Adults 55-64	65+
Florida	20.80%	7.70%	11.20%	25.10%	13.90%	21.30%
New York	21.90%	8.10%	12.90%	25.80%	13.80%	17.50%

Table 4.6 Source *Kaiser Family Foundation, 2022*

4.5 Florida and New York State Expenditure Data

Table 4.7

State Medicaid Expenditures (in millions): Timeframe: SFY 2020

Location	Medicaid spending (in millions)
Florida	$10,361
New York	$24,163

Table 4.7 Source *Kaiser Family Foundation, 2022*

Table 4.8

Total State Expenditures per Capita: SFY 2020

Location	Per Capita State Spending
Florida	$3,987
New York	$8,583

Table 4.8 Source *Kaiser Family Foundation, 2022*

Table 4.9

Healthcare Spending per Capita: SFY 2020

Location	Health Spending per Capita
Florida	$9,865
New York	$14,007

Table 4.9 Source *Kaiser Family Foundation, 2022*

5 CHAPTER V DISCUSSION

5.1 Discussion of Results

New York and Florida have many demographic similarities but have antithetical state health policies. Several influences seem to have impacted state health 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 many financial resources to encourage state Medicaid expansion. The number of lobbying dollars from GNYHA at a state level and 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, lack of lobbying dollars, and opposition from the state's majority political party.

Additionally, based on the semi-structured interviews of hospital executives in each state, health executives have 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 health care, and the revenue per resident 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 may help support that program. If Florida were to increase spending on health insurance programs, there would be a need to identify where those additional funds would come from.

The opinions of health executives in both states made it clear that health systems are ready for increased rates versus increased access and reductions in uncompensated care. New York health systems and hospital associations are now advocating for rate increases. Similarly, in Florida, the FHA 2022 legislative summary points out the need to prevent Medicaid rate cuts noting the importance of preserving Medicaid funding hospital care and preventing the use of the Directed Payment Program, which could lead to hospital payment cuts (FHA, 2022).

These findings coincide with Flagg's (2016) study, which found that states differ in ideology and that influences state policy decisions. State health policy decisions are complex and varied. While it is essential to identify the differences, multiple contributing factors to Medicaid expansion decisions exist.

5.2 Limitations

The case study offers insights but cannot provide direct causes and effects of each state's Medicaid expansion decisions. While comparing states can be beneficial and offer insights, there are limitations to the conclusions drawn; systems are complex and have multiple interdependencies (Senge et al., 1994). Additionally, by only comparing two states, the findings are not likely to translate to other state Medicaid expansion policies.

5.3 Future Research

Additional research is needed into the impacts of national lobbying for the ACA and how national lobbying impacted states health policy. It would also be beneficial to investigate the presence of for-profit compared to non-profit hospitals in New York and Florida and how hospital ownership may have influenced state Medicaid expansion decisions. Additionally, further review of union influence on the state's decisions may give a better understanding of how key stakeholders and employment sectors play a role in state Medicaid expansion decisions. Lastly, further review of health or hospital associations' alignment with their state's majority political party on health policy would be helpful to understand if these associations truly work to advocate for changes or align with majority views and focus on advocacy for what they believe can be accomplished.

5.4 Conclusions

"Reality is made up of circles, but we see straight lines"- Peter Senge (2010)

The reasons are layered and complex as we examine the more prominent reasons behind New York and Florida's Medicaid expansion decisions. No individual influence leads us to conclude the cause of each state's decision. While the differences in decision-making are diverse, state political parties, state expenditures, Medicaid spending, lobbying, and overall state economics greatly influence Medicaid expansion policy. Each state's health associations aligned with their state majority political parties on Medicaid expansion. They are now looking at a new phase of state health policy focus in which expansion is no longer the primary goal, and increased rates are the priority.

Additionally, 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. As the healthcare CEOs of Florida pointed out, Medicaid expansion was a topic of discussion in the past, but it has not been a topic at the top of mind in recent years. At this point, expansion seems unlikely in Florida, but in my opinion, grassroots groups should continue to educate the public on the potential benefits of Medicaid expansion. The public may be the best avenue to influence change in states that have opted not to expand.

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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?