



5-2016

Political Implications of Medicaid Expansion: A Decision for Five Incumbent Southern Governors Seeking Re-election in 2014 and 2015

Samuel R. Henninger
University of Tennessee, Knoxville

Follow this and additional works at: http://trace.tennessee.edu/utk_bakerschol

Recommended Citation

Henninger, Samuel R., "Political Implications of Medicaid Expansion: A Decision for Five Incumbent Southern Governors Seeking Re-election in 2014 and 2015" (2016). *Baker Scholar Projects*.
http://trace.tennessee.edu/utk_bakerschol/33

This Report is brought to you for free and open access by the Baker Center for Public Policy at Trace: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Baker Scholar Projects by an authorized administrator of Trace: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

**Political Implications of Medicaid Expansion:
A Decision for Five Incumbent Southern Governors Seeking Re-election in 2014 and 2015**

By
Samuel R. Henninger

A senior thesis submitted to fulfill the requirements of
the Howard H. Baker Jr. Policy Scholars Program
at The University of Tennessee, Knoxville.

May 2016

Thesis Supervisor: Professor William F. Fox

I. Introduction

Research Question

If winning re-election is the only goal of an incumbent politician, should the governors of five states—Alabama, Georgia, Mississippi, South Carolina, and Tennessee—have accepted Medicaid expansion prior to the Republican primaries in 2014 (AL, GA, SC, TN) and 2015 (MS)?

Argument

If winning re-election is the only goal of an incumbent politician, the governors of five states—Alabama, Georgia, Mississippi, South Carolina, and Tennessee—should not have accepted Medicaid expansion prior to the Republican primaries in 2014 (AL, GA, SC, TN) and 2015 (MS).

In each state, the incumbent Republican governor faced a greater threat of losing an upcoming election from a Republican primary challenger than a Democratic challenger in the general election. In order to win election, the incumbent Republican governor candidate should have chosen to appeal to conservative voters by turning down Medicaid expansion rather than attempting to appeal to more centrist voters by accepting it. The threat to winning an upcoming election would be greater from a Republican candidate that presented a more conservative position on Medicaid expansion than a Democratic candidate that presented a more liberal position on Medicaid expansion. In my paper, I argue that the negative political implications of supporting Medicaid expansion are greater than the positive political implications of supporting it.

My paper does not argue that there is a particular mathematical formula or equation for an incumbent Republican governor to consider when deciding their position on an issue like Medicaid expansion. I do not argue that there are a specific set of characteristics of a state to consider when deciding whether to support a policy proposal. There may be a specific set, but they are qualitative rather than quantitative. I do not use an equation like the multivariate linear regression equation (with coefficients representing various characteristics of a state) listed below to argue for my position.

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$$

The model only explains the political decisions of politicians in the five states prior to the Republican primaries in 2014 and 2015. I do not argue that the model could be applied to states outside of the listed five states. In addition, I do not argue that the model explains the political decisions of the politicians in the five states after the Republican primaries in 2014 and 2015. There is no out-of-sample predictability.

Timeline

Congress passed the Social Security Amendments of 1965, and President Lyndon B. Johnson signed the bill into law. According to the Kaiser Family Foundation (n.d.), the law established Medicaid to “provide health insurance for low-income children, caretaker relatives, the elderly, the blind, and individuals with disabilities.” According to the National Center for Policy Analysis (2012), “Medicaid provides federal subsidies for state-run health care programs that meet federal standards.”

President Barack Obama signed into law The Patient Protection and Affordable Care Act of 2010 after Congress passed the bill. No Republican in the House of Representatives or Senate

voted for passage of the bill. According to the Kaiser Family Foundation (n.d.), the law expanded Medicaid eligibility to “nearly all adults with family income at or below 138% of the federal poverty level.” In addition, the law included a 100% federal match rate from 2014-2016, a declining match rate from 2017-2019 (from 100% to 90%), and a 90% federal match rate in 2020 and beyond.

In 2012, the Supreme Court of the United States issued a ruling on *National Federation of Independent Business v. Sebelius*. Oyez (n.d.) found the following:

“Chief Justice Roberts, with Justices Scalia, Kennedy, Thomas, Breyer, Alito, and Kagan, concluded that the Medicaid expansion provisions was unconstitutionally coercive as written. Congress does not have the authority under the Spending Clause to threaten the states with complete loss of Federal funding of Medicaid, if the states refuse to comply with the expansion.”

According to the Kaiser Family Foundation (n.d.), the decision upheld the constitutionality of The Patient Protection and Affordable Care Act of 2010, “but makes the Medicaid expansion effectively a state option.” States can choose to maintain pre-ACA Medicaid eligibility levels or expand Medicaid.

My paper focuses on the period of time between June 28, 2012, (when the Supreme Court of the United States decided on *National Federation of Independent Business v. Sebelius*) and the Republican primary elections of 2014 (AL, GA, SC, TN) and 2015 (MS). All five governors had the entire legislative year of 2013—and additional time during both the end of 2012 and beginning of 2014—to declare support for and implement Medicaid expansion. However, none of the governors declared support for Medicaid expansion in any of the five states during the period of time between June 28, 2012, and the Republican primary elections of 2014 and 2015.

My paper attempts to explain why all the five governors improved their chances of winning re-election by opposing Medicaid expansion during the time period.

Choice of States

The five states—Alabama, Georgia, Mississippi, South Carolina, and Tennessee—satisfy the following selection criteria:

1. Turned down Medicaid expansion prior to Republican primaries in 2014 and 2015
2. Former members of the Confederate States of America
3. Supported the Republican presidential candidate in 2008 and 2012
4. Governor sought re-election in the state

Interesting Question

The research question is interesting for three reasons:

1. Polls suggest that a majority of either residents or registered voters support Medicaid expansion in all five states. Sources: AL, GA, MS, SC – (Joint Center for Political and Economic Studies, 2013), and TN – (Boucher, 2015c)
 - A. Alabama: 64.2% of residents view it favorably
 - B. Georgia: 61.0% of residents view it favorably
 - C. Mississippi: 58.6% of residents view it favorably
 - D. South Carolina: 65.2% of residents view it favorably
 - E. Tennessee: 64% of registered voters view it favorably
2. Federal government assumes 100 percent of costs of expansion until after 2016 and federal government assumes 90 percent of costs of expansion after 2020. In addition, state governments

can agree with the federal government to end the expansion if either federal or private funding for the program changes. According to TennCare (2016), Insure Tennessee is an example of this agreement.

3. Medicaid expansion provides health coverage to low-income people that did not have health coverage prior to the expansion.

Roadmap for Paper

The consequences of supporting or opposing a piece of legislation for a politician are very difficult to determine. Given the challenges of proving causality between taking a position on a piece of legislation and electoral consequences, I do not argue that supporting or opposing Medicaid expansion guaranteed an electoral victory or loss. In addition, I do not argue that supporting or opposing the legislation guaranteed a specific percentage of the vote (for example, the decision of Governor Haslam of Tennessee to support Medicaid expansion caused him to lose 4 percentage points in his recent primary election).

Despite the challenges of determining the effect of taking a position on a piece of legislation, politicians routinely seek advice on legislation that is presented to them. The advisors use effective research and language to convince their clients of the merits of a particular decision. In my paper, I use the same technique to argue that the governors in five states—Alabama, Georgia, Mississippi, South Carolina, and Tennessee—should not have supported the expansion of Medicaid in their states. However, I do not argue that there is a specific electoral impact of making the decision. Instead, I argue that the decision will have a general positive impact on their ability to win re-election.

In the next section of the paper, I summarize the arguments of the proponents and opponents of Medicaid expansion in each of the five states. The following part of the paper includes an analysis of the major points to consider when deciding to take a position on Medicaid expansion. A conclusion is provided at the end of the paper.

II. States

A. Alabama

Summary

Governor Bentley opposed Medicaid expansion under the Affordable Care Act. In order to expand Medicaid, Governor Bentley would need approval from the state legislature. Medicaid expansion did not occur in Alabama.

Arguments for Medicaid expansion in Alabama

1. Jim Carnes, Policy Director for Alabama Rise

Jim Carnes participated in the Alabama Health Care Improvement Task Force. He is the policy director for Alabama Rise, an advocacy group for low-income families (Chandler, 2014).

Carnes compared the expansion of Medicaid in Alabama to NASA announcing that they “planned a \$1 billion investment in Alabama” (Lyman, 2015). He argued that Medicaid expansion could help relieve financial burdens on the General Fund and the Corrections department.

The task force did not specifically call for Medicaid expansion under the Affordable Care Act (Cason, 2015). However, Carnes shared the group’s desire to close the “coverage gap that

makes health insurance inaccessible to hundreds of thousands of Alabamians.” He claimed that the expansion of access to health care is “a family values issues” and “an economic development issue” (Lyman, 2015).

2. State Senator Gerald Dial, R-Lineville

Senator Gerald Dial participated in the Alabama Health Care Improvement Task Force. Also, he said “Medicaid expansion is critical for rural areas like his east Alabama district” (Cason, 2015).

3. Parker Griffith, 2014 Democratic Candidate for Governor

Parker Griffith criticized Governor Bentley for his refusal to expand Medicaid. “I think it will be good, not only for the people of Alabama, but for the hospitals of Alabama,” Griffith said (Chandler, 2014).

4. Danne Howard, Executive Vice President and Chief Policy Officer for the Alabama Hospital Association

Danne Howard said that “70 percent of hospitals in the state operate in the red” (Lyman, 2015). The state’s rural hospitals face looming cuts to one of their major revenue sources.

The Affordable Care Act began reducing disproportionate share hospital payments in 2014 to reduce the uncompensated care burden (Lyman, 2015). Many rural hospitals rely on the funds to treat low-income patients. The cuts will be significant by 2018. According to Howard, “you get the cut whether you expand Medicaid or not.”

5. Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation released a study that “found that eight states that had expanded Medicaid—including Kentucky and Arkansas, the only two southern states to do so—had seen savings and revenue gains of \$1.8 billion, due to enhanced matches for programs, more provider revenues and states seeing some costs absorbed by Medicaid” (Lyman, 2015).

6. State Senate Minority Leader Quinton Ross, D-Montgomery

Senate Minority Leader Quinton Ross criticized Governor Bentley for not expanding Medicaid. “He keeps talking about studying the issue, and exploring the issue, but we still haven’t had any action,” said Senator Quinton Ross (Lyman, 2015).

Senator Quinton Ross issued a statement after the task force gave its recommendation. “I think it is clear that we need to expand Medicaid, based on the recommendation of the task force, and based on what the Democratic Caucus has been saying all along,” said Senator Quinton Ross (Cason, 2015). “The best thing the governor can do for the citizens of the state of Alabama and the state’s economy is to expand Medicaid.”

7. Robin Rudowitz, Associate Director of the Kaiser Family Foundation Commission on Medicaid and the Uninsured

Robin Rudowitz said that an effect of Medicaid expansion is “a drop in the uninsured rate in states that have expanded” (Lyman, 2015). In addition, Rudowitz claimed that people who have health coverage and Medicaid coverage are more likely to have better access to care, find financial stability, and not postpone care they need.

8. The University of Alabama at Birmingham School of Public Health

A 2012 UAB study by David J. Becker, Ph.D. and Michael A. Morrissey, Ph.D. estimated that “roughly 300,000 would enroll in Medicaid if the state expanded the program, with about 80 percent of those without insurance” (Lyman, 2015).

The UAB School of Public Health released a policy brief in 2015 that said “Medicaid expansion would produce new revenues to health care providers that would result in \$1.2 billion per year in new revenue” (Cason, 2015).

9. Dr. John Waits, Family Practice Physician in Centreville

Dr. John Waits participated on the Alabama Health Care Improvement Task Force. According to Dr. Waits, “Medicaid expansion would not only help the uninsured but would improve the economy by creating jobs and providing for a healthier workforce” (Cason, 2015). In addition, it allows doctors to “go to underserved areas and pay their employees and keep their practice open.”

10. Kyle Whitmire, AL.com Columnist

Kyle Whitmire suggests that Alabama should expand Medicaid because of its poor ranking on many indicators of public health (Whitmire, 2015). Alabama is 49th in infant mortality and 48th in life expectancy. It has the fifth worst rate of obesity in the country and the second worst rate of diabetes. In addition, more than half of the births in the state are covered by Medicaid.

Whitmire suggests that fear of additional government spending by the opposition is disingenuous. He claims that “Alabama under Bentley’s leadership had no qualms accepting

federal disaster relief funds” after tornadoes tore through Alabama in 2011, and that the administration does not “hesitate to pay out a dollar in incentives to get dimes back in economic impact” (Whitmire, 2015).

Arguments against Medicaid expansion in Alabama

1. Governor Robert Bentley

Governor Robert Bentley did not take a position on the recommendations by the Alabama Health Care Improvement Task Force (Cason, 2015). He said his administration might “pursue a way to cover more people through an Alabama-specific plan.” In 2012, Governor Bentley said he “will not expand Medicaid as it exists under the current structure because it is broken” (Chandler, 2014). In his 2014 State of the State Address, he said that it is not his goal “to put more people on Medicaid but to have less” (Whitmire, 2015).

In order to accept federal Medicaid expansion dollars to increase coverage, Governor Bentley said “a program would have to use the private sector to insure people and also put work and job training requirements on them” (Chandler, 2014).

2. State Representative Steve Clouse, R-Ozark

According to House Ways and Means General Fund chairman Steve Clouse, raising taxes would be a major obstacle to expanding Medicaid in Alabama. “There’s not going to be any will in the vast majority of the people in the House to raise taxes for the next few years,” he said (Lyman, 2015).

3. State Senator Trip Pittman, R-Montrose

Senator Trip Pittman, the incoming chairman of the Senate's General Fund committee (which oversees Medicaid funding), thought "the negative effects on work ethic outweigh any benefit people assign to Medicaid expansion" (Lyman, 2015). Also, the effect of expanding Medicaid on the federal deficit concerned Senator Pittman.

B. Georgia

Summary

Governor Deal opposed Medicaid expansion under the Affordable Care Act. On April 15, 2014, he signed House Bill 990. It declared that Medicaid expansion "could only occur by an act of the General Assembly" (Galloway, 2015a). The General Assembly did not expand Medicaid in Georgia.

Arguments for Medicaid expansion in Georgia

1. State House Minority Leader Stacey Abrams, D-Atlanta

House Minority Leader Stacey Abrams argued that Georgia has "15 rural hospitals that are in jeopardy in north and south Georgia that are facing ruin" if Medicaid is not expanded (Wright, 2015). "For roughly 1 percent of the state's annual budget, we can create 56,000 jobs, earn \$6.5 billion in economic impact, and generate more than \$220 million in state and local taxes," Representative Abrams said (Parrish, 2016).

2. Secretary Sylvia Burwell, U.S. Department of Health and Human Services

Secretary Sylvia Burwell noted that the effects of turning down Medicaid expansion in states “are on individuals’ health and financial wellbeing” (Blau, 2015). She suggested that Medicaid expansion helps to solve the problems of rural hospital closures and high uncompensated care costs.

3. Dr. Cathy Cook, Cook Dental Care

Dr. Cathy Cook argued that the system is flawed because uninsured people get medical care in the emergency room, where “it costs 10 times more to treat patients” (Wright, 2015). “We have room to positively impact patients to expand and offer more care,” Dr. Cook said.

4. Blake Fulenwider, former Deputy Commissioner for the Georgia Department of Community Health

Blake Fulenwider noted that a component of the ACA, the gradual elimination of extra federal funds targeted for hospitals that serve large numbers of indigent, non-paying patients, is “a big hammer” hanging over Georgia (Galloway, 2015b). The cuts to those funds are expected to begin taking effect in 2018. Without the expansion of Medicaid, states like Georgia will cover much of the cost of indigent care. “We’re on the third [congressional] delay of implementation of those cuts, with a cliff that is getting deeper and deeper every year,” Fulenwider said.

5. U.S. Representative Hank Johnson, D-Georgia

U.S. Representative Hank Johnson called Governor Deal’s decision to not accept Medicaid expansion “penny wise but pound foolish” (Malloy, 2012). According to U.S.

Representative Johnson, the \$36 billion federal spending infusion from Medicaid expansion would help the economy.

6. Brian Robinson, former Chief Spokesman for Governor Deal

Brian Robinson argued that turning down Medicaid expansion hurts economic development in Georgia. “This greatly hinders the state’s hopes of ever bringing another industrial or IT firm or any other major employer into that area,” Robinson said (Galloway, 2015b).

7. Cindy Zeldin, Executive Director of Georgians for a Healthy Future

Cindy Zeldin argued that Medicaid expansion is an “opportunity of a lifetime to address the intractable and abysmal health access and outcome indicators we have in Georgia by covering some of the uninsured” (Malloy, 2012).

Arguments against Medicaid expansion in Georgia

1. Governor Nathan Deal

Governor Nathan Deal argued that Georgia cannot afford Medicaid expansion. He said “the state matching funds that ultimately would be required would bust the budget” (Galloway, 2015a). Regarding the matching funds from the federal government, Governor Deal noted that “it is probably unrealistic to expect the promise to be fulfilled in the long term, simply because of the financial status that the federal government is in” (Malloy, 2012). In his 2016 State of the State address, he reported that Medicaid expansion “would have cost the state more than \$200 million in the upcoming budget (Parrish, 2016).

2. State House Speaker David Ralston, R-Blue Ridge

State House Speaker David Ralston did not trust the federal government to support Medicaid expansion in Georgia. “The costs are enormous and there is little faith that the federal government will live up to the funding requirements of Obamacare as it stands now,” Ralston said (Malloy, 2012).

C. Mississippi

Summary

Governor Bryant opposed Medicaid expansion under the Affordable Care Act. In order to expand Medicaid, Governor Bentley would need approval from the state legislature. Medicaid expansion did not occur in Mississippi.

Arguments for Medicaid expansion in Mississippi

1. Roy Mitchell, Mississippi Health Advocacy Program

According to the *Associated Press* (2014a), Roy Mitchell said “bus drivers, cashiers, day care workers and many others are in jobs that provide modest paychecks but no health insurance coverage”. By not expanding Medicaid, Mitchell argued that “these are the people the governor is punishing.”

2. Robert Pugh, former Director of Mississippi Primary Care Association

According to the *Associated Press* (2014a), Robert Pugh argued that “a sick child cannot learn, and a sick adult cannot earn”. His organization, Mississippi Primary Care Association,

endorsed Medicaid expansion during a news conference. They hope that Medicaid expansion will provide health care to the uninsured patients.

3. The White House

The White House argues that there are far-reaching consequences for Mississippi if they continue to turn down Medicaid expansion, “with major implications for the health of their citizens and their economies” (Nave & Smith, 2015). It concludes: “States can improve access to essential medical care, reduce financial hardship, improve their citizens' physical and mental health, and claim billions of dollars in federal funding that could raise their citizens' standard of living and make their economies more resilient in the future.”

Arguments against Medicaid expansion in Mississippi

1. Governor Phil Bryant

Governor Phil Bryant argued that “there is a very real possibility that the federal government, which has saddled itself with outrageous debt, will not even have the money to pay for some of the promises it has made” (Bryant, 2013). He supported the contention with the recent Government Accountability Office report on the long-term costs of the Affordable Care Act. Also, in his guest editorial, Governor Bryant argued that “the 2014 onset of Obamacare—without a Medicaid expansion—will add \$32 million to Mississippi’s existing Medicaid expenditures.” Even though Mississippi would pay no more than 10 percent of medical costs for newly eligible enrollees after 2016 with the expansion, Governor Bryant “vehemently opposed expanding Medicaid as too costly” (Pugh, 2015).

2. State Representative John Moore, R-Brandon

According to the *Associated Press* (2014a), Representative John Moore argued that it should be relatively hard to get on Medicaid. He made the statement during state budget hearings.

D. South Carolina

Summary

Governor Haley opposed Medicaid expansion under the Affordable Care Act. In order to expand Medicaid, Governor Haley would need approval from the state legislature. Medicaid expansion did not occur in South Carolina.

Arguments for Medicaid expansion in South Carolina

1. U.S. Representative James Clyburn, D-South Carolina

U.S. Representative James Clyburn argued that individuals in the Medicaid coverage gap “are one illness away from bankruptcy” (Clyburn, 2014). In addition, he argued that hospitals and businesses in South Carolina suffer without Medicaid expansion because more people visit emergency rooms. Also, Clyburn stated that South Carolina would gain “\$9.3 million in revenue from the Medicaid program” because from 2014 to 2020, “the required state match would be \$442.2 million, South Carolina’s administrative cost would be \$192.6 million, and the state tax revenue generated would be \$644.1 million.”

2. Rozalynn Goodwin, Vice President for Community Engagement for the S.C. Hospital Association

Rozalynn Goodwin said that “this state will forfeit nearly \$12 billion federal dollars available for Medicaid expansion between 2014 and 2020” (Sausser, 2015). Her organization, the S.C. Hospital Association, supports Medicaid expansions.

3. State Senator Darrell Jackson, D-Columbia

Senator Darrell Jackson argued that “extending Medicaid coverage to an estimated 200,000 poor adults will benefit the state in a tangible, rather than symbolic, way” (Adcox, 2015).

4. State Senator Joel Lourie, D-Columbia

Senator Joel Lourie argued that expanding Medicaid would continue the work of Senator Pinckney, one of the nine victims of the Charleston massacre at the Mother Emanuel African Methodist Episcopal Church (Adcox, 2015).

5. State House Minority Leader Todd Rutherford, D-Columbia

House Minority Leader Todd Rutherford said that “South Carolina can't continue to turn its nose to the potential tens of thousands of additional health care jobs and economic activity” that Medicaid expansion would bring (Adcox, 2015).

6. The White House

A White House report shows that an “estimated 160,000 South Carolina residents would qualify for Medicaid next year if the state expanded the health insurance program” (Sausser, 2015). In addition, the White House “projects an additional 23,300 people in South Carolina would get a cholesterol screening, 6,500 more women would get a mammogram and 9,700 more women would get cervical cancer screening next year if the state expanded Medicaid.” The additional health care access would “save 190 lives in South Carolina,” according to the White House report. Finally, the White House argued that Medicaid expansion would help the South Carolina economy by putting additional federal funds into the state.

7. Jimmy Williams, former MSNBC Political Contributor

Jimmy Williams argued that South Carolina should accept Medicaid expansion to give health coverage to the 340,000 additional people that fall in the coverage gap (Williams, 2014).

Arguments against Medicaid expansion in South Carolina

1. Governor Nikki Haley

According to *CBS Atlanta* (2013), Governor Nikki Haley spoke at a Conservative Political Action Conference, and she declared that South Carolina “will not expand Medicaid on President Obama’s watch.” She explained that the expansion will “bust our budgets.”

2. Ted Pitts, President & CEO of the S.C. Chamber of Commerce

Ted Pitts questioned the accuracy of a White House report on the Affordable Care Act. “South Carolina should not read too much into a report commissioned by the federal government

that says the federal government was right on the Affordable Care Act, especially in the early stages of some states expanding Medicaid,” said Pitts (Sausser, 2015).

E. Tennessee

Summary

Governor Haslam worked with the Obama Administration to develop a two year pilot program called Insure Tennessee. The program accesses federal funds that were intended for Medicaid expansion in Tennessee. According to the State of Tennessee (n.d.), the Insure Tennessee plan “introduces market principles to Medicaid, provides coverage to more than 200,000 low-income Tennesseans at no additional cost to taxpayers, and leverages a payment reform initiative that is working to control healthcare costs and improve the quality of care.”

Governor Haslam announced Insure Tennessee on December 15, 2014. By that time, he had already won the Republican primary and general election to serve as Governor of Tennessee for a second term. In 2015, the Insure Tennessee legislation could not get out of a state congressional committee for a vote in either the entire State Senate or State House of Representatives. Medicaid expansion did not occur in Tennessee.

Arguments for Medicaid expansion in Tennessee

1. U.S. Representative Jim Cooper, D-Tennessee

According to the *Associated Press* (2014b), U.S. Representative Jim Cooper argued that “expanding health insurance to more Tennesseans is the right thing to do for patients, hospitals and businesses.”

2. Governor Bill Haslam

According to the State of Tennessee (n.d.), Insure Tennessee is “financed entirely by Tennessee’s hospitals and will not create any new taxes for Tennesseans or add any state cost to the budget.” In addition, the design of Insure Tennessee is “based on private market principles that provide incentives for participants to engage in their health care by actively managing their costs.”

3. Michele Johnson, Executive Director of the Tennessee Justice Center

Michele Johnson said “many uninsured residents are working in low-wage jobs and simply can't afford insurance” (Sher, 2015). In addition, others in the coverage gap are “in pain and they're anxious.”

4. The University of Tennessee, Knoxville Center for Business & Economic Research

The University of Tennessee, Knoxville Center for Business & Economic Research noted that the additional health care spending from Insure Tennessee would “create \$909 million in new income for residents of the state,” and “support 15,000 full-time equivalent jobs in Tennessee” (Fox, Harris, & Murray, 2015, p. 9). In addition, the new activity would generate “millions of additional sales tax dollars for the state and for local governments across Tennessee.”

Insure Tennessee is projected to improve the health of workers, public health, and efficiency of medical treatment (Fox, Harris, & Murray, 2015, p. 18). Also, the program “will reduce the charitable care and bad debt costs that are spread throughout the system.” Finally, the Center for Business & Economic Research note that “Insure Tennessee’s resulting inflow of

federal funds will help shore up the balance sheets of hospitals which have faced physician and staff cuts during the previous years.”

Arguments against Medicaid expansion in Tennessee

1. State Representative Jeremy Durham, R-Franklin

Representative Jeremy Durham expressed skepticism of “Haslam’s contention that the state wouldn’t be saddled with costs from expansion” (Pradhan, 2015). “The idea that there would be no state dollars [involved], I just don’t find that realistic,” Durham said.

2. State House Speaker Beth Harwell, R-Nashville

State House Speaker Beth Harwell expressed concern about the caps on enrollment in the Medicaid expansion program. “We were told it would be a program for about 280,000. The reality is there are about 400,000 people who qualify,” she said (Locker, 2015). In addition, Harwell said that she “would have liked to have seen a disenrollment plan on the front end, with some kind of safety net built in because you can’t take (coverage) away from people without a transition plan.”

An entirely different program would be preferred by Harwell. “I think what would be palatable to a supermajority is if this were given to us in a block grant and we could devise a program the way we wanted without federal strings attached. I do think we could, given the expertise in health care in Nashville and Memphis, we could design a program that would be more cost effective,” Harwell said (Locker, 2015).

3. State Representative Steve McManus, R-Cordova

Representative Steve McManus said that Insure Tennessee “still looks to me to be Medicaid expansion, with very similar attributes to traditional Obama Medicaid expansion” (Boucher, 2015a). “Unless I just see the light, then I can't support it,” McManus said.

4. Andrew Ogles, Tennessee State Director for Americans for Prosperity

According to the *Associated Press* (2014b), Andrew Ogles expressed Americans for Prosperity's disappointment in Governor Haslam's decision to implement “more of Obamacare in Tennessee” by supporting Insure Tennessee.

5. Justin Owen, President & CEO of the Beacon Center of Tennessee

Justin Owen argued that Medicaid expansion may not be easily “rolled back if a state chooses” (Pradhan, 2015). At a House Insurance and Banking Committee hearing, he asked “can you trust the federal government?”

6. Jeff Spalding, former Executive Director of the Tennessee Fiscal Review Committee

Jeff Spalding reported that “Gov. Bill Haslam's controversial Insure Tennessee health plan will cost more than \$15 million annually to administer, and it's impossible to definitively determine the potential economic benefits of the plan” (Boucher, 2015b). In addition, Boucher noted that “the administration has never mentioned any additional administrative costs with the plan.”

F. Summary of Arguments

Arguments for Medicaid expansion

Accepting Medicaid expansion would improve the state economy, promote better health outcomes for citizens in the state, reduce costs of treating patients, and keep some hospitals open that may be in danger of closing.

Arguments against Medicaid expansion

Accepting Medicaid expansion would increase the federal deficit and cost too much for the state government. Even if the federal government promises that Medicaid expansion will not cost additional money for the state, the federal government cannot be trust to fulfill their promise.

III. Analysis

If winning re-election is the only goal of an incumbent politician, the governors of five states—Alabama, Georgia, Mississippi, South Carolina, and Tennessee—should not have accepted Medicaid expansion prior to the Republican primaries in 2014 (AL, GA, SC, TN) and 2015 (MS).

The Republican primary election was more important for the five governors than the general election. After winning a competitive Republican primary election, each governor would face an easier opponent to defeat in the general election. The choice between supporting or opposing Medicaid expansion would have an impact on the 2014 and 2015 Republican primary election. Support of a provision of the Affordable Care Act—one of the signature accomplishments of Barack Obama’s presidency—would have a negative impact on a candidate

in a Republican primary in any of one of the five states. Even if the merits of Medicaid expansion exceeded the drawbacks in the eyes of Republican primary voters in each of the five states, the complicated nature of the legislation makes it difficult to explain to voters.

Importance of Republican Primary Election

Primary vs. General Election in 2010 and 2011

Bentley (AL), Deal (GA), Bryant (MS), Haley (SC), and Haslam (TN) received a larger percentage of the vote in their 2010 general election than their 2010 Republican primary election, with the exception of Haley's 2010 Republican primary runoff. Three of the five—Bentley, Deal, and Haley—were unable to win the Republican nomination without a runoff. Both Bentley and Deal finished in second place in their initial 2010 Republican primary election. Of the five 2010 general elections, only one Democratic candidate for governor (Vincent Sheheen of South Carolina) received more than 45% of the vote. The remaining four Democratic candidates received 43.9% (AL), 43% (GA), 39% (MS), and 33.1% (TN).

Political Environment in 2010 and 2011

According to The Cook Political Report (2010), the governor races in Tennessee and South Carolina were ranked as likely Republican. Alabama was ranked as lean Republican, and Georgia was ranked as a toss-up. Despite the toss-up prediction, Nathan Deal won the governor race in Georgia by ten points over the Democratic candidate. According to The Cook Political Report (2011), the governor race in Mississippi was ranked as likely Republican.

Importance of Most Recent Gubernatorial Elections

When predicting the political environment in an upcoming election, the most recent election offers valuable information to consider. The 2010 and 2011 general election results

demonstrate that the five Republican candidates for governor had significant political advantages over their Democratic counterparts. Georgia's governor race—the closest predicted race by the respected Cook Political Report—resulted in a significant victory for the Republican candidate. All four other races shared a similar result. However, the 2010 and 2011 Republican primary elections proved to be more competitive. A 2014 or 2015 Republican candidate for governor in one of the five states could expect an easier challenger in their general election than their primary election. The latter race deserves additional attention because a candidate will likely be unable to win in a general election without winning the nomination of either the Republican Party or Democratic Party. When considering Medicaid expansion in the context of its political impact on a Republican primary election in one of the five states, a prospective candidate would find that the costs outweigh the benefits. Republican primary election voters in five of the most conservative states in the nation would likely oppose Medicaid expansion—an expansion of the federal government and a signature legislative accomplishment of the leader of the Democratic Party, President Barack Obama. Support for Medicaid expansion prior to the Republican primary election may not guarantee defeat for any gubernatorial candidate in one of the five states, but it would have a net negative effect on the likelihood of victory. Given the two choices of supporting or opposing Medicaid expansion, opposing the policy would give a prospective candidate a better opportunity to win their Republican primary election in one of the five states.

Impact of Tea Party

The Tea Party—a conservative movement within the Republican Party—changed the political landscape in 2010. “Many mainstream Republicans, including Bob Bennett in Utah, Charlie Crist in Florida, Lisa Murkowski in Alaska, Sue Lowdon in Nevada, and Mike Castle in Delaware, lost their primaries to Tea Party candidates” (Williamson, Skocpol, & Coggin, 2011,

p. 35-36). Bentley (AL), Deal (GA), Bryant (MS), Haley (SC), and Haslam (TN) won their first election for governor in 2010 or 2011. They understood the political power of conservative voters within the Republican Party. Support for Medicaid expansion could anger supporters of the Tea Party movement. In an election year without a growing conservative movement within the Republican Party, Medicaid expansion would be a difficult policy to support in a conservative state. The Tea Party made it even more difficult to support. If one of the five governors supported Medicaid expansion prior to their 2014 or 2015 Republican primary election, a challenger could gain the support of the Tea Party by opposing the policy. It would create a dangerous political environment for any of the five incumbent governors.

Influence of Time of Elections

Four of the five governor races (AL, GA, SC, TN) occur during midterm elections. The fifth race (MS) takes place in the year between a midterm election and presidential election. While Mississippi's gubernatorial races do not occur during midterm elections, it shares the distinguishing feature of a midterm election—not having a presidential candidate on the ballot.

Wasserman (2013) found the following:

Midterm elections have always drawn older voters, and usually drawn white voters, to the polls in disproportionate numbers. Older voters are less transient, have grown deeper roots in their local communities, and pay much more attention to non-presidential elections than their younger counterparts. In the 1980s, that didn't hold partisan consequences. Today, that amounts to a built-in midterm turnout advantage for Republicans.

The same voters that help Republicans in midterm elections today also ensure that a conservative candidate wins the Republican primary midterm election. Not only are the average Republican

primary midterm election voters a conservative subset of presidential general election voters and people that identify as Republicans, they are a conservative subset of the already more conservative midterm general election voters. The political circumstances encourage a Republican candidate in one of the five states to oppose liberal policies if they want to win the primary election.

Conclusion

The gubernatorial election procedure in each of the five states in 2014 and 2015 made it difficult for an incumbent Republican governor to support Medicaid expansion and win re-election. Covering more people with Medicaid would increase the size of the federal government. Supporting this policy would be politically dangerous for any of the five incumbent Republican governors. A challenger could declare their candidacy, and portray themselves as more conservative than the incumbent governor by opposing Medicaid expansion. In a Republican gubernatorial primary election in any of the five states, this hypothetical challenger could cause substantial political damage to an incumbent Republican governor.

Connection to President Barack Obama

National Republicans and President Obama

In a 2010 National Review interview, Senate Minority Leader Mitch McConnell said “the single most important thing we want to achieve is for President Obama to be a one-term president” (Kessler, 2012). Republicans in the U.S. Congress did not approve of the Obama Administration. According to *The New York Times* (2009), The Patient Protection and Affordable Care Act—also called “Obamacare”—did not receive a single yes vote from a Republican in the U.S. Senate. And every Republican voted no on the bill in the U.S House of

Representatives (Murray & Montgomery, 2010). Medicaid expansion is one of the primary components of the Affordable Care Act. The 2010 statement from the highest ranking Republican in the U.S. Senate about the desire to make President Obama a one-term president—and unanimous Republican opposition to the Affordable Care Act in both houses of Congress—demonstrates that Medicaid expansion would be politically difficult for any elected Republican official to support in the United States.

Republicans in Five Southern States and President Obama

While Medicaid expansion is politically difficult to support for any Republican across the nation, it could be more challenging in Alabama, Georgia, Mississippi, South Carolina, and Tennessee. Many Republicans that voted against the Affordable Care Act represented people in states that voted for Barack Obama in 2008 and/or 2012. They could face negative electoral consequences for voting against one of President Obama's signature legislative accomplishments. However, according to *The Washington Post* (n.d.), none of the five listed states voted for Barack Obama in 2008 or 2012. His margin of defeat increased in four of the five states from 2008 to 2012. A governor in one of the five state could earn approval of the majority of the general election electorate by opposing President Obama and the Affordable Care Act. Turning down Medicaid expansion would be one way to do it. Supporting the legislation in the Republican primary—where the electorate is more conservative than in the general election—would have greater negative electoral consequences.

Impact of Polarization

Polarization during President Obama's time in office limits the political ability of Republicans to compromise with Democrats. His 4th, 5th, and 6th years in office polled as three of the five years with the largest gap in average approval ratings among Republicans and

Democrats, from 1953-2014 (Jones, 2015). During his 6th year, the time of the gubernatorial re-election campaigns for four of the five governors, President Obama's average approval among Republicans hit its lowest point between 2009 and 2014 (9%). In a Republican primary election, the electorate is likely to be almost entirely Republican. It would be difficult to politically justify supporting Medicaid expansion—a component of the legislation called “Obamacare”—in a primary election where only 9% of the electorate is expected to approve of President Obama. Each governor could earn more political support among Republicans by opposing President Obama than supporting him.

Conclusion

There is a connection between Medicaid expansion and President Obama. Medicaid expansion is a key feature of the Affordable Care Act. Supporting any policy that is associated with President Obama could be dangerous for one of the five governors before their Republican primary election in 2014 or 2015. If one of them supported Medicaid expansion, a challenger could portray the incumbent as a supporter of President Obama for supporting Medicaid expansion. This political positioning to the right of an incumbent Republican governor in a conservative state could earn significant support from the Republican primary electorate. Any of the governors could increase their chances of defeating a primary challenger by opposing a president unpopular among Republicans. It would decrease their chances of being portrayed as a supporter of President Obama. The decision may not guarantee victory in the primary, but it could help the five incumbent governors win.

Complicated Legislation

Tennessee Simulation

Governor Haslam of Tennessee was the only incumbent that worked with the Obama Administration to obtain federal funding intended for Medicaid expansion in his state. The remaining four governors did not support any form of Medicaid expansion in their states. Governor Deal of Georgia effectively eliminated his own ability to accept Medicaid expansion in his state by signing House Bill 990 on April 15, 2014, about a month before the Republican primary election on May 20, 2014. While Governor Haslam's decision—made after the Republican primary and general election of 2014—to support Insure Tennessee did not have any electoral consequences for him, it offers a simulation of what could have happened if all of the five governors accepted Medicaid expansion before their primary elections in 2014 or 2015.

Arguments for Insure Tennessee

Several Republican and Democratic elected officials supported Insure Tennessee. The legislation would not be paid for by taxpayers in Tennessee: the federal government and private organizations would cover all of the costs. If the state turned down the opportunity to expand Medicaid, federal tax revenue—intended to fund Medicaid expansion in the state—generated from citizens of Tennessee would be spent elsewhere. In addition, the injection of federal funds to support Medicaid expansion in Tennessee would support the growth of the state's economy.

Arguments against Insure Tennessee

However, some criticisms of the Insure Tennessee demonstrate why it could be difficult to explain the merits of Medicaid expansion to voters. According to Jeff Spalding, former executive director of the Tennessee Fiscal Review Committee, the “estimated fiscal impact to commerce in the state as a result of the proposed legislation cannot be reasonably determined

due to a number of unknown factors” (Boucher, 2015b). Also, Boucher notes that there was an additional \$15 million in administrative costs in Spalding’s report about Insure Tennessee that were not mentioned by the Haslam Administration.

Assumptions of Fiscal Projections

Any projected fiscal estimate requires assumptions about the future. The University of Tennessee, Knoxville Center for Business & Economic Research found that the additional health care spending from Insure Tennessee would “create \$909 million in new income for residents of the state,” and “support 15,000 full-time equivalent jobs in Tennessee” (Fox, Harris, & Murray, 2015, p. 9). Its assessment relies on assumptions about the future that may not be true. Spalding’s statement about “reasonably” determining Insure Tennessee’s impact on commerce in the state demonstrates that analysts can disagree about what assumptions are acceptable.

Voter Outlook

When explaining the merits of Insure Tennessee or Medicaid expansion to voters, the validity of various fiscal projections is not the primary concern. Instead, could a politician explain to voters—many of which do not have applied economic training—that one projection is more accurate than another? In the case of Insure Tennessee, two politicians with diametrically opposed viewpoints about the legislation could cite different projections from respected institutions to support their conclusions. Voters would then be left to examine the reports on their own to weigh the merits of each argument: a difficult task for people without knowledge of economic research methods and techniques.

Reputation of Affordable Care Act

The challenge of explaining Medicaid expansion to voters is compounded by the reputation of the Affordable Care Act. Former U.S. Senator Tom Harkin (D-Iowa), one of the

co-authors of the law, laments the “complex, convoluted” system that it created (Bolton, 2014). In addition, Supreme Court Chief Justice John G. Roberts wrote that the Affordable Care Act “contains more than a few examples of inartful drafting,” and it “does not reflect the type of care and deliberation that one might expect of such significant legislation” (Whitman, 2015). These comments indicate that many voters are unlikely to understand the Affordable Care Act.

Challenge of Supporting the Expansion

If one of the five governors supported Medicaid expansion during their re-election campaign, they would need to explain the merits of the policy better than opponents could explain its weaknesses. Otherwise, they may not be elected to another term. Supporters of Medicaid expansion argue that it is cost-effective. If one of the five governors supported it, they could rely on respected academic research to support their position. However, as Jeff Spalding’s report demonstrates, economic researchers can disagree about fiscal projections.

Consequences of One Report

If there is a single respected report that questions the accuracy of another report used to support Medicaid expansion, the argument may be disregarded by voters. They may not understand the underlying logic and methods of the projections. If there is disagreement among researchers, voters may rely on their preconceived notions about the legislation because they may feel incapable of assessing the validity of multiple economic reports with divergent conclusions. Given the Affordable Care Act’s reputation for being complicated, voters may find it difficult to accurately predict the costs and benefits of one of its key components: Medicaid expansion.

Conclusion

The best political argument does not always have the strongest evidence to support it. If any of the five governors supported Medicaid expansion during their re-election campaign, a Republican challenger could use the position to defeat them. The challenger could effectively neutralize the cost-effective argument of Medicaid by finding a respected report that does not share a positive conclusion about the policy. Cost-effectiveness is the most effective argument for supporters of Medicaid expansion. If the argument is lost, the incumbent governor may not be able to persuade the Republican primary electorate in their respective state that they deserve another term.

IV. Conclusion

Five incumbent Southern governors—Bentley, Deal, Bryant, Haley, and Haslam—sought re-election in 2014 and 2015. Prior to their Republican primary election, each governor was encouraged to take a position of policies such as Medicaid expansion. The political implications of each policy position were weighed. All five governors opposed Medicaid expansion prior to their Republican primary election; all five governors won their Republican primary election and general election. For three reasons, each governor improves their chance of re-election by opposing Medicaid expansion before the Republican primary election. The Republican primary electorate in the five states rewards conservative candidates. Medicaid expansion's connection to President Barack Obama makes the policy politically difficult to support for each of the five governors. Finally, the strongest argument for Medicaid expansion—its cost-effectiveness—is difficult to explain to voters.

Further Research Opportunities

According to Ballotpedia (n.d.), all five governors are restricted from serving for more than two consecutive terms. Further research could examine the implications of supporting Medicaid expansion when there are no electoral consequences of the decision. After Governor Haslam of Tennessee won election for a second consecutive term, he supported a policy to bring federal funds intended for Medicaid expansion to his state. Currently, the remaining four governors oppose Medicaid expansion. But they may support the policy before their terms end. The recently elected Governor of Louisiana—a state similar to AL, GA, MS, SC, and TN— campaigned in support of Medicaid expansion. Shortly after winning election to his first term in 2015, Governor John Bel Edwards of Louisiana issued an executive order to expand Medicaid in his state. The political environment in the South may be changing. Additional governors in Southern states may follow Governor Haslam and Governor John Bel Edward’s lead.

References

- Adcox, S. (2015, July 25). Democrats to renew push for Medicaid expansion in SC. *Associated Press*. Retrieved from <http://www.greenvilleonline.com/story/news/2015/07/25/democrats-renew-push-medicaid-expansion-sc/30662713/>.
- Associated Press. (2014, October 7). Health advocates decry lack of Miss. Medicaid expansion. Retrieved from <http://www.clarionledger.com/story/news/2014/10/07/health-advocates-decry-lack-of-miss-medicaid-expansion/16877189/>.
- Associated Press. (2014, December 15). Response to Gov. Haslam's proposed Medicaid deal. Retrieved from <http://www.washingtontimes.com/news/2014/dec/15/response-to-gov-haslams-proposed-medicaid-deal/?page=all>.
- Ballotpedia. (n.d.) States with gubernatorial term limits. Retrieved from https://ballotpedia.org/States_with_gubernatorial_term_limits.
- Blau, M. (2015, November 16). HHS Secretary: States like Georgia will eventually see the merits of Medicaid expansion. *Atlanta*. Retrieved from <http://www.atlantamagazine.com/news-culture-articles/hhs-secretary-states-like-georgia-will-eventually-see-the-merits-of-medicaid-expansion/>.
- Bolton, A. (2014, December 3). ObamaCare author: Health law is 'really complicated'. *The Hill*. Retrieved from <http://thehill.com/homenews/senate/225812-harkin-dems-better-off-without-obamacare>.

Boucher, D. (2015, February 3). Chairman: 10 against Insure TN plan in key House committee.

The Tennessean. Retrieved from

<http://www.tennessean.com/story/news/politics/2015/02/03/chairman-questions-bill-passing-in-his-committee/22808379/>.

Boucher, D. (2015, February 4). Insure Tennessee to cost \$15 million a year to manage, report

says. *The Tennessean*. Retrieved from

<http://www.tennessean.com/story/news/politics/2015/02/04/report-insure-tennessee-costs-millions/22850131/>.

Boucher, D. (2015, May 13). Vanderbilt poll: 64 percent favor Insure Tennessee. *The*

Tennessean. Retrieved from

<http://www.tennessean.com/story/news/politics/2015/05/13/new-vanderbilt-poll-says-64-percent-favor-insure-tennessee/27234635/>.

Bryant, P. (2013, March 3). Gov. Bryant Guest Editorial: Expanding Medicaid will cost

Mississippians. *State of Mississippi*. Retrieved from

<http://www.governorbryant.com/gov-bryant-guest-editorial-expanding-medicaid-will-cost-mississippians/>.

Cason, M. (2015, November 18). Gov. Robert Bentley's task force recommends Medicaid

expansion. *AL.com*. Retrieved from

http://www.al.com/news/index.ssf/2015/11/gov_robert_bentleys_task_force.html.

CBS Atlanta. (2013, March 30). Gov. Nikki Haley: We Will Not Expand Medicaid On President

Obama's Watch. Retrieved from [http://atlanta.cbslocal.com/2013/03/30/gov-nikki-haley-](http://atlanta.cbslocal.com/2013/03/30/gov-nikki-haley-we-will-not-expand-medicaid-on-president-obamas-watch/)

[we-will-not-expand-medicaid-on-president-obamas-watch/](http://atlanta.cbslocal.com/2013/03/30/gov-nikki-haley-we-will-not-expand-medicaid-on-president-obamas-watch/).

- Chandler, K. (2014, December 13). Alabama governor open to Medicaid expansion. *Associated Press*. Retrieved from <http://www.clarionledger.com/story/money/business/2014/12/13/alabama-governor-open-medicaid-expansion/20377239/>.
- Clyburn, J. (2014, July 2). S.C. failure to expand Medicaid disastrous. *The Times and Democrat*. Retrieved from http://thetandd.com/news/opinion/s-c-failure-to-expand-medicaid-disastrous/article_cf3a5a6c-01a2-11e4-86f6-001a4bcf887a.html.
- Fox, W., Harris, M., & Murray, M. (2015, January). Who Benefits Under Insure Tennessee? *The University of Tennessee, Knoxville Center for Business & Economic Research*. Retrieved from <http://cber.haslam.utk.edu/pubs/bfox304.pdf>.
- Galloway, J. (2015, June 2). Why details of Georgia's sought-after Medicaid 'experiment' may be driven underground. *The Atlanta Journal-Constitution*. Retrieved from <http://politics.blog.ajc.com/2015/05/30/why-details-of-georgias-sought-after-medicaid-experiment-may-be-driven-underground/>.
- Galloway, J. (2015, November 21). Obamacare and red-state reality: First signs of a negotiated truce. *The Atlanta Journal-Constitution*. Retrieved from <http://www.ajc.com/news/news/state-regional-govt-politics/obamacare-and-red-state-reality-first-signs-of-a-n/npR4g/>.
- Joint Center for Political and Economic Studies. (2013, May). The Deep South and Medicaid Expansion: The View from Alabama, Georgia, Louisiana, Mississippi, and South Carolina. Retrieved from <http://familiesusa.org/product/how-medicaid-expansion-viewed-deep-south>.

Jones, J. (2015, February 6). Obama Approval Ratings Still Historically Polarized. *Gallup*.

Retrieved from <http://www.gallup.com/poll/181490/obama-approval-ratings-historically-polarized.aspx>.

Kaiser Family Foundation. (n.d.) Medicaid Timeline. Retrieved from

<http://kff.org/medicaid/timeline/medicaid-timeline/>.

Kessler, G. (2012, September 25). When did McConnell say he wanted to make Obama a ‘one-term president’? *The Washington Post*. Retrieved from

https://www.washingtonpost.com/blogs/fact-checker/post/when-did-mcconnell-say-he-wanted-to-make-obama-a-one-term-president/2012/09/24/79fd5cd8-0696-11e2-aff-d6c7f20a83bf_blog.html.

Locker, R. (2015, October 5). Harwell believes Haslam’s health plan will be back but still faces difficulty passing legislature. *The Commercial Appeal*. Retrieved from

<http://www.commercialappeal.com/news/government/state/harwell-believes-haslams-health-plan-will-be-back-but-still-faces-difficulty-passing-legislature-215-330781931.html>.

Lyman, B. (2015, November 14). Medicaid expansion in Alabama: The next big battle?

Montgomery Advertiser. Retrieved from

<http://www.montgomeryadvertiser.com/story/news/politics/southunionstreet/2015/11/14/medicaid-expansion-alabama-next-big-battle/75738568/>.

Malloy, D. (2012, August 28). Deal rejects expansion of Medicaid. *The Atlanta-Journal*

Constitution. Retrieved from <http://www.ajc.com/news/news/state-regional-govt-politics/deal-rejects-expansion-of-medicaid/nRMfK/>.

- Murray, S., & Montgomery, L. (2010, March 22). House passes health-care reform bill without Republican votes. *The Washington Post*. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2010/03/21/AR2010032100943.html?sid=ST2010032201830>.
- National Center for Policy Analysis. (2012, January 4). Why Medicaid Is No Longer a Voluntary Program. Retrieved from http://www.ncpa.org/sub/dpd/index.php?Article_ID=21452.
- Nave, R.L., & Smith, Z.O. (2015, June 4). Refusing Medicaid: 'Far-Reaching Consequences'. *Jackson Free Press*. Retrieved from <http://www.jacksonfreepress.com/news/2015/jun/04/refusing-medicaid-far-reaching-consequences/>.
- Oyez. (n.d.). National Federation of Independent Businesses v. Sebelius. Retrieved from <https://www.oyez.org/cases/2011/11-393>.
- Parrish, S. (2016, January 15). House Democrats want Medicaid expansion. *WSB Radio*. Retrieved from <http://www.wsbradio.com/news/news/house-democrats-want-medicaid-expansion/np52P/>.
- Pradhan, R. (2015, February 4). Tennessee turns down Obamacare Medicaid expansion. *Politico*. Retrieved from <http://www.politico.com/story/2015/02/tennessee-bill-haslam-medicaid-expansion-obamacare-114918>.
- Pugh, T. (2015, December 11). Mississippi is still in poor health and still rejecting the Medicaid expansion. *Sun Herald*. Retrieved from <http://www.sunherald.com/news/article49387260.html>.

- Sausser, L. (2015, June 4). White House says Medicaid expansion in South Carolina would save lives. *The Post and Courier*. Retrieved from <http://www.postandcourier.com/article/20150604/PC16/150609670/1005/white-house-says-medicaid-expansion-in-south-carolina-would-save-lives>.
- Sher, A. (2015, June 30). Insure Tennessee supporters renew push for Medicaid expansion. *Chattanooga Times Free Press*. Retrieved from <http://www.timesfreepress.com/news/local/story/2015/jun/30/insure-tennessee-supporters-renew-push-medica/312173/>.
- State of Tennessee. (n.d.) Insure Tennessee. Retrieved from <https://www.tn.gov/assets/entities/tenncare/attachments/InsureTennesseeOnePager.pdf>.
- Steenhuysen, J. (2013, October 4). Mississippi blues: The cost of rejecting Medicaid expansion. *Reuters*. Retrieved from <http://www.reuters.com/article/us-usa-healthcare-mississippi-idUSBRE99304320131004>.
- TennCare. (2016, January 16). Insure Tennessee Frequently Asked Questions. Retrieved from <https://www.tn.gov/assets/entities/tenncare/attachments/InsureTennesseeFAQ.pdf>.
- The Cook Political Report. (2010, September 30). 2010 Governors Race Ratings. Retrieved from http://cookpolitical.com/archive/chart/governor/race-ratings/2010-09-30_13-15-56.
- The Cook Political Report. (2011, June 16). 2011/2012 Governors Race Ratings. Retrieved from http://cookpolitical.com/archive/chart/governor/race-ratings/2011-06-16_13-00-37.
- The New York Times. (2009, December 24). Senate Vote 396 – Passes Health Care Bill. Retrieved from <http://politics.nytimes.com/congress/votes/111/senate/1/396>.
- The Washington Post. (n.d.). Where Obama did better – and where he did worse. Retrieved from <http://www.washingtonpost.com/wp-srv/special/politics/obama-better-or-worse/>.

Wasserman, D. (2013, May 31). The GOP's Built-In Midterm Turnout Advantage. *The Cook Political Report*. Retrieved from <http://cookpolitical.com/story/5776>.

Whitman, E. (2015, June 29). Obamacare Too Complex? Controversial Affordable Care Act Is Confusing, Lacks Resources, Some Say. *International Business Times*. Retrieved from <http://www.ibtimes.com/obamacare-too-complex-controversial-affordable-care-act-confusing-lacks-resources-1986258>.

Whitmire, K. (2015, November 20). Medicaid expansion and Bentley's \$3 billion blunder. *AL.com*. Retrieved from http://www.al.com/opinion/index.ssf/2015/11/medicaid_expansion_is_bentleys.html.

Williams, J. (2014, March 4). The Clueless Nikki Haley. *U.S. News & World Report*. Retrieved from <http://www.usnews.com/opinion/blogs/jimmy-williams/2014/03/04/south-carolina-gov-nikki-haley-is-clueless-about-her-state>.

Williamson, V., Skocpol, T., & Coggin, J. (2011). The Tea Party and the Remaking of Republican Conservatism. *Perspectives on Politics*, 9(01), 25-43.

Wright, B. (2015, October 21). Georgia lawmakers to push Medicaid expansion in General Assembly. *Ledger-Enquirer*. Retrieved from <http://www.ledger-enquirer.com/news/local/article40808826.html>.