Behind the Policy Curtain:
How Interest Groups Shaped State Level Responses to the Affordable Care Act

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Abstract

This thesis investigates how contextual factors shaped the influence of elite interest groups during the state-level implementation of the Affordable Care Act (ACA), with a comparative focus on Michigan and Missouri. While much scholarship on interest groups emphasizes their role in the legislative phase of policymaking, this project explores how these actors operated during implementation—particularly as states debated whether to establish health insurance exchanges and expand Medicaid. Drawing on media coverage, public statements, secondary scholarship, blog posts, and campaign finance data, this analysis shows that elite interest group power was conditional, not absolute. In Michigan, factors such as a politically moderate environment and the policy design of the ACA allowed traditionally powerful business and hospital associations to play a decisive role in securing Medicaid expansion, despite their earlier failure to establish a state-based exchange. In contrast, in Missouri, entrenched partisanship in the state legislature and hostile public opinion constrained elite interest group mobilization and blocked both exchange creation and Medicaid expansion. These divergent outcomes highlight the conditional nature of elite interest group influence and suggest that political context—such as public sentiments, partisan control, and policy design—ultimately shape interest group influence. Ultimately, this research contributes to theoretical debates in interest group politics by offering a neopluralist account that recognizes both the power and the limits of elite influence in successfully shaping public policy.

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Chapter 1 - Introduction

For the American left, universal health coverage has long been a far-off dream well outside the grasp of reality. Following the death of longtime health reform advocate Congressman Claude Pepper in 1989, congressional Democrats quipped that when Pepper got to heaven he asked God, "Will America ever have national health insurance?" to which God responded "Yes, but not in my lifetime"[1] Hence, universal health insurance, though the norm in every other industrialized democracy[2], is a policy that has long eluded the US government, much to the chagrin of many Americans like Claude Pepper. However, despite the lack of universal reform, this does not mean that the US has been completely without major reform in the health policy arena. To analyze one such reform, in this project I will examine the most recent of such reforms: the Affordable Care Act, colloquially known as Obamacare.

After much deliberation, compromise, and public outcry, in March of 2010 Congress passed and President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA), the most comprehensive health reform in American politics since the adoption of Medicare and Medicaid in 1965. This hotly-contested legislation aimed to make health insurance more affordable for all Americans while curbing rising health care costs. The ACA sought to achieve this end through a variety of provisions, including an expansion of Medicaid eligibility to include adults earning up 138% of the Federal Poverty Level (FPL), the creation of health insurance exchanges where individuals, families, and small businesses could compare and

[1] 'Who Gets What Slice of the President's First Federal Budget Pie: Physicians for a National Health Program'. Accessed 28 January 2025. http://www.pnhp.org/news/2001/april/who_gets_what_slice_.php.
[2] Fisher, Max. 'Here's a Map of the Countries That Provide Universal Health Care (America's Still Not on It)'. *The Atlantic*(blog), 28 June 2012. https://www.theatlantic.com/international/archive/2012/06/heres-a-map-of-the-countries-that-provide-universal-health-care-americas-still-not-on-it/259153/.

purchase private qualified health insurance plans (QHPs), and many other programs and regulations to control health care costs.[3] However, while the ACA was an incremental, politically moderate approach to health care reform (the health insurance exchanges were modeled off of an initiative implemented by Massachusetts Republican Governor Mitt Romney), the ACA faced widespread condemnation among the American right in both Congress and the general public. Moreover, implementation of the ACA would require the cooperation of all 50 states to implement these reforms, many of whom vehemently opposed the legislation.

Consequently, with federalism baked into the fabric of the ACA, the states have significant discretion in how they choose to implement its provisions. Most notably, states were granted the "option" to expand Medicaid to 138% of the FPL, or face the consequence of the federal government withholding federal Medicaid funds, funds that make up roughly 10% of each states' budget.[4] However, the Supreme Court ruled in *National Federation of Independent Business (NFIB) V. Sebelius* that this enforcement mechanism was unconstitutionally coercive under the tenth amendment; and that it essentially puts "a gun to the head" of states by threatening to withhold such a substantial portion of a state's annual budget for noncompliance.[5] Thus, in ruling this provision unconstitutional, states were more freely granted the option to expand Medicaid, of which ten states have still chosen to not do so. Nevertheless, by passing on the Medicaid expansion, states would lose out on billions of dollars in federal funds that served

[3] French, Michael T., Jenny Homer, Gulcin Gumus, and Lucas Hickling. 'Key Provisions of the Patient Protection and Affordable Care Act (ACA): A Systematic Review and Presentation of Early Research Findings'. *Health Services Research* 51, no. 5 (October 2016): 1735–71. https://doi.org/10.1111/1475-6773.12511.

[4] Jacobs, Lawrence R., and Theda Skocpol. 'Progressive Federalism and the Contested Implementation of Obama's Health Reform'. In *The Politics of Major Policy Reform in Postwar America*, edited by Jeffery A. Jenkins and Sidney M. Milkis, 157–78. Cambridge: Cambridge University Press, 2014. https://doi.org/10.1017/CBO9781139542432.007.

[5] Thomas, Kenneth R. 'Medicaid and Federal Grant Conditions After NFIB V. Sebelius: Constitutional Issues and Analysis'. Congressional Research Service, 2012. https://crsreports.congress.gov/product/pdf/R/R42367.

as an incentive for expansion. For example, while Georgia would have needed to spend $2.541 billion of their own money on Medicaid between 2012 and 2022, they would have received over $14 billion in federal money for expanding. Similarly, Texas would have received $65.6 billion in federal funds over that time period while incurring a cost of $5.7 billion.[6] Nevertheless, despite these incentives, these states, among eight others, have still opted to not expand Medicaid, largely due to the institutional power they gained as a result of the *NFIB* decision.

However, in addition to the power states have in choosing to implement the Medicaid expansion, under the ACA states were also empowered to implement their own state insurance exchanges which residents could purchase using federal subsidies. The function of such exchanges included the certification of QHPs, the rating of each QHP, and the provision of standardized enrollment procedures, among other things.[7] States, in implementing their own exchanges, would thus be given the discretion in how to implement such provisions (in accordance with baseline federal standards) to uniquely tailor the exchanges to their residents' needs. However, if states choose not to implement their own insurance exchanges, the federal Department of Health and Human Services (DHHS) would be charged with the creation and implementation of a federal exchange within that non-complying state.[8] Hence, states could either create their own unique exchange, or default to the federal government and allow their residents to purchase private insurance on a standardized federal exchange. Consequently, because states would have some kind of insurance exchange regardless of their decision to create their own exchange, the Obama administration expected that most if not all states would favor their own judgment and choose to implement a state-based exchange that could best fit a states'

[6] Béland, Daniel, Phillip Rocco, and Alex Waddan. *Obamacare Wars: Federalism, State Politics, and the Affordable Care Act*. Studies in Government and Public Policy. Lawrence, Kansas: University press of Kansas, 2016.
[7] Lawrence and Skopcol, 2014.
[8] Lawrence and Skopcol, 2014.

residents.[9] However, partly due to exchanges' association with "Obamacare," this has turned out to not be the case in many right-leaning states. As of January of 2025, only 19 states and Washington D.C. have elected to establish their own exchanges, with the remaining 31 states deferring to federally facilitated marketplaces (FFMs).[10]

Thus, given the wide discretion that states have in implementing the ACA, significant state-to-state discrepancies in health insurance coverage still persist in the United States. For example Texas, one of the most ACA-antagonistic states in the country, has an uninsured rate of 16.4%, the highest in the country.[11] Compare that to Massachusetts which has the lowest uninsured rate in the country of 2.6%, and a picture begins to form of just how variable health insurance coverage is state-to-state.

But what is the cause of these discrepancies? While party politics and the Left's embrace of the ACA coupled with the Right's rejection of the bill certainly plays a significant role, does that tell the whole story? Is it simply the case that red states sought to block implementation of the reform while blue states whole-heartedly embraced the ACA? Again, while party politics is undoubtedly a significant factor in ACA implementation it is far from the only factor. In fact, this "party rules" explanation of ACA implementation captures an unmistakable pattern. In states where Democrats had unified control over the executive and legislative branches in 2014, all 13 states adopted the Medicaid expansion. However, 23 states where Republicans wielded power in 2014 (in either the legislative or executive branch) rejected their party's national position and

[9] Beland et. al., 2016.
[10] KFF. 'State Health Insurance Marketplace Types, 2014-2025'. Accessed 30 April 2025. https://www.kff.org/affordable-care-act/state-indicator/state-health-insurance-marketplace-types/.
[11] Explore Uninsured in the United States'. United Health Foundation. Accessed 28 January 2025. https://www.americashealthrankings.org/explore/measures/HealthInsurance.

chose to implement the Medicaid expansion anyway.[12] Thus, simply partisanship does not tell the whole story of ACA implementation. However, one plausible explanation to this puzzle is that certain interest groups may have had a role in influencing Republican state officials to buck their national party and vote to implement the ACA. Therefore in this thesis, I examine the role that interest groups played in state responses to the ACA. In doing so, I hope to better understand the influence that interest groups had in this particular state-level policy battle, as well as the role they play in US politics broadly.

Throughout my research, I examine two main kinds of interest groups. The first is the "elite" interest groups. They are characterized by their deep pockets and institutional access; and they favored ACA implementation, that is, the creation of state-based exchanges and Medicaid expansion. Examples of these groups I study in this thesis include states' Chambers of Commerce, Hospital Associations, and Small Business Associations. The other kind of interest groups I examine are grassroots, right-wing interest groups. These groups were loose networks of citizen-led, ideologically driven groups who favored limited government, lower taxes, and a reduction in the national debt. They were hostile to state action on anything ACA-related, and thus wanted states to defer to federal exchanges and resist expanding Medicaid. Examples of these grassroots groups I study are the local Tea Party groups, and local Americans For Prosperity (AFP) chapters. Hence, my research seeks to better understand the interest group dynamics among these groups, how they interacted with government officials to shape policy, the level of influence they exerted, and why they won some policy debates and lost other policy debates. However, before I can dig into the weeds of my argument, I must first outline what an

[12] Callaghan, Timothy, and Lawrence R. Jacobs. 'Interest Group Conflict Over Medicaid Expansion: The Surprising Impact of Public Advocates'. *American Journal of Public Health* 106, no. 2 (February 2016): 308–13. https://doi.org/10.2105/AJPH.2015.302943.

interest group is and what they do, the dominant theories of interest group power in the scholarly literature, and the dynamics of interest group activity and influence at the state level.

Interests Groups and Their Strategies

To begin, it is important to first establish exactly what an interest group is, and how these groups can influence policy outcomes. An interest group is defined as "an association of individuals or organizations that attempts to influence public policy."[13] Together with political parties, these groups are an important means by which people with similar interests and concerns are aggregated and their views are articulated to the government.[14] Such interest groups attempt to influence policy through lobbying, which is the attempt to influence current government decisions or the creation of relationships conducive to shaping future government decisions. Interest groups therefore often employ lobbyists, who are the people that represent interest groups in lobbying.[15]

The strategies that lobbyists employ to influence public policy can be divided into four main strategies: 1) direct strategies which utilize direct contact between a lobbyist and a government official, such as meeting with government officials, testifying at hearings, or assisting in drafting legislation; 2) indirect strategies which look to affect legislative outcomes by targeting citizens, i.e. legislators' constituents; 3) electoral strategies, which are designed to affect electoral outcomes through means such as campaign contributions; and 4)

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[13] Thomas, Clive S., and Ronald J. Hrebenar. 'Interest Groups in the States'. In *Politics in the American States: A Comparative Analysis*, edited by Virginia H. Gray, Russell L. Hanson, and Thad Koussar . Congressional Quarterly Inc., 1999.
[14] Clive and Hrebenar 1999.
[15] Nownes, Anthony J., and Adam Newmark . 'Interest Groups in the States '. In *Politics in the American States: A Comparative Analysis*, edited by Virginia H. Gray , Russell L. Hanson , and Thad Koussar , 10th ed. Sage Publications, 2016.

direct-democracy techniques, which are designed to affect the outcome of direct-democracy campaigns, like referendums. At the state level, the most common lobbying strategies employed by lobbyists are generally direct strategies, such as meeting with state bureaucrats, state legislators, or testifying at legislative committee hearings. Among other strategies common at the state level are indirect strategies such as running advertisements in the media, electoral strategies such as working on campaigns for candidates, and direct-democracy strategies such as campaigning for or against a state initiative/referendum.[16]

Interest Group Theories of Power

Now to get into theories of interest group power and influence in the United States. My broad overview of interest group theory thus begins with David Truman, who brought *"group theory"* to the forefront of political science with his 1951 work *The Governmental Process.* In this work, Truman argued that the interaction among political groups, that is, the organizations of social and political attitudes, are the fundamental basis for understanding political science.[17] For Truman, the state and political institutions are secondary to groups, adjudicating the rules and processes of groups' struggle for political power.[18] However in 1961, Robert Dahl advanced an interest group theory known as *pluralism* which modified Truman's earlier stance on the matter.[19] Dahl argued that group theory over emphasized the role of political groups, and instead proposed that factors such as parties and elections were more important than interest groups. Nevertheless, Dahl still recognized the importance of interest groups, and believed that interest groups, through

[16] Nownes and Newmark, 2016.
[17] Truman, David B. *The Governmental Process.* New York, NY: Knopf, 1951.
[18] McFarland, Andrew S. 'Interest Groups and Theories of Power in America'. *British Journal of Political Science* 17, no. 2 (April 1987): 129–47. https://www.jstor.org/stable/193940.
[19] Dahl, Robert A., *Who Governs* New Haven, CT: Yale University Press, 1961.

their representation of society's myriad of interests, promote a competitive and inclusive political process where no one group can dominate permanently.

However, Dahl's rather optimistic theory of pluralism was met with criticism from scholars who advanced an interest group theory that Andrew Macfarland refers to as *"multiple elitism."*[20] Multiple elite scholars, such as Lowi, contended that rather than a diverse array of interests being represented in public policy, issue areas tend to instead be dominated by a narrow coalition of "elites" characterized by their economic resources and institutional access.[21] Another elitist, E. E Schattschneider, famously contended that "the flaw in the pluralist heaven is that the heavenly chorus sings with a strong upper-class accent."[22] More specifically, Schattschneider emphasized special interests' ability to manipulate the scope of conflict to prevent "public interests" from inserting themselves in the policy process.[23] Additionally, economist Mancur Olson, Jr. in his work *The Logic of Collective Action* (1965) highlighted the collective actions problems which lead to small, selective well-organized groups dominating particular policy domains. Olson argued that individuals in large groups have little incentive to act in a group's collective interest because the benefits of such actions are shared by all, even if some members do not contribute (free rider problem). Conversely, small groups of corporations or other economic producers (i.e., health insurance companies, hospitals, etc.) see the costs of organizing as producing offsetting benefits. Thus, issue areas become ruled by a few special interests over the organized many.[24]

Nevertheless, in response to the multiple elitism held by the likes of Lowi, Schattschneider, and Olson, a more refined pluralism known as *"neopluralism"* came to the

[20] McFarland, 1987.
[21] Lowi, Theodore J. *The End of Liberalism.* New York, NY: Norton, 1964.
[22] Schattschneider, E.E. *The Semisovereign People.* New York, NY: Holt, Rinehart, & Winston, 1960.
[23] Mcfarland, 1987.
[24] Olson, Mancur. *The Logic of Collective Action.* Cambridge, MA: Harvard University Press: 1965

forefront of interest group theory in the 1980s. Neopluralism arose out of case studies of public policymaking that did not reveal a pattern of special interest coalitions dominating particular policies, but rather showed a plurality of interests shaping policy, with no dominant interests.[25] However, neopluralists, unlike Dahl, did not argue that this "plurality" fairly represented all interests. Neopluralists like Jack Walker[26] recognized that elite coalitions may dominate a number of issue areas, even while a plurality of groups may be active in said issue area. Moreover, neopluralists recognized the independence of the state, often making policy or parts of policy autonomously, outside of the influence of interest groups. Thus, neopluralism accepts Dahl's assertion that power in American politics is spread among a wide array of groups and individuals. However, they emphasize the existence of hundreds of policy domains, with some domains being characterized by a plurality of interests and others being controlled by a narrow coalition of elite interests. Finally, they do not discount the independence of the state and its officials ability to make policy insulated from group influence. Thus, in the most basic terms neopluralism posits that interest groups are sometimes successful and sometimes not in their policy goals, depending on a variety of contextual factors such as the actual the design of the policy at hand, public opinion, issue salience, partisanship, institutional location, etc. [27]

In more contemporary scholarship, the debates over whether interest group representation in the United States is pluralist, elitist, or a combination of the two persists. William Browne, in the pluralist tradition, argues that interest groups are able to adequately represent the interests of the broader public, accommodating nearly anyone "who plays hard" and who holds generally

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[25] Gray, Virginia. 'The Theory and Structure of Health Interest Communities in the States '. In *Interest Groups and Health Care Reform Across the United States*. Washington, D.C.: Georgetown Press, 2013.
[26] Walker, Jack L. *Mobilizing Interest Groups in America: Patrons, Professions, and Social Movements*. Ann Arbor: University of Michigan Press, 1991.
[27] Lowery David, and Virgnia Gray. 'A Neopluralist Perspective on Research on Organized Interests'. *Political Research Quarterly* 57, no. 1 (March 2004): 163–75.

conventional political views.[28] However, Clawson, et. al., are much less optimistic, arguing that business contributions to political parties and campaigns allow corporate interests to exert a disproportionate influence over policymaking.[29] Baumgartner, et. al. emphasizes the strength of the status quo relative to interest groups, and argues that interest groups, no matter how "elite" or wealthy, are often unable to influence policy that changes the status quo without some "special justification", such as mass public support for a new policy or some kind of "focusing event." Thus, interest groups are more likely to succeed if they are looking to block policy change rather than advance new ones.[30] Consequently Baumgartner, in siding with neopluralists, argues that interest group success is largely a result of contextual factors. Nonetheless, as this brief literature review shows, interest group influence in the US public policy is far from clearly understood; and debates remain over the effect elite and corporate interest groups have on policymaking at all levels of government and within every major issue area, including health reform.

Interest Group Influence at the State Level

While there is a plethora of extant literature (though often inconsistent, contradictory, and narrow in scope) on the interest groups effect on federal policy, interest group politics in the states is still an underdeveloped subfield.[31] Nonetheless, there is still quite a bit of scholarship on interest group influence and strategies at the state level. In Thomas and Hrenebar's overview on interest group politics in the states, the authors discuss that while states used to be captive to one

[28] Browne, William P. *Groups, Interests, and U.S. Public Policy*. Washington, D.C.: Georgetown University Press, 1998. Pp. 276
[29] Clawson, Dan, Alan Neustadtl, and Mark Weller. *Dollars and Votes: How Business Campaign Contributions Subvert Democracy*. Philadelphia, Penn: Temple University Press, 1998.
[30] Baumgartner, Frank R., Jeffrey M. Berry, Marie Hojnacki, David C. Kimball, and Beth L. Leech. *Lobbying and Policy Change: Who Wins, Who Loses, and Why*. 1st edition. Chicago; London: University of Chicago Press, 2009.
[31] Nownes, Anthony J., and Patricia Freeman. 'Interest Group Activity in the States'. *The Journal of Politics*, vol. 60, no. 1, Feb. 1998, pp. 86–112.https://doi.org/10.2307/2648002.

or a few special interests (states were often dominated by railroad interests, Delaware was dominated by the DuPont corporation, etc.), these days are likely gone forever.[32] This is because today there are simply so many interests and interest groups active in the state political process, all vying for influence. This is evidenced by the increased number of lobbyists as well as the increase in spending in the states by campaigns and PACs. In 1980 roughly 15,000 lobbyists were registered in the states. By 2009 that number had more than doubled to 37,400. Moreover, in 2010, more than $3 billion was spent on campaigns and PACS in the states.[33] Thus, as states have become increasingly more responsible for administering and delivering services as well as regulating corporations, states have become an increasingly important battleground in which interest groups seek to advance, modify, or maintain policies. However, while interest group lobbying and spending continues to grow in the states, there is nevertheless a great deal of variety in both the amount of money spent in the states as well as the number of interest groups active in state politics. In the larger states, like California, Texas, and Florida, hundreds of millions of dollars are spent on lobbying and PAC giving, whereas in lower population states there is significantly less interest group spending, as one might expect. Furthermore, the number of active interest groups also varies greatly state-to-state. For example, New York had 3,161 interest groups registered in 2009, whereas Hawaii had only 274.[34]

However, what ultimately determines interest group success in the states? Is it the number of interest groups lobbying on a given policy? Is it an interest group wealth or their lobbying strategies? Neopluralist scholars such as Baumgartner et al. posit that an interest group's position relative to contextual factors (issue salience, public opinion, party competition,

[32] Thomas and Hrebenar, 1999.
[33] Nownes and Newmark, 2016.
[34] Nownes and Newmark, 2016.

etc.) are ultimately the most important determinants of interest group success.[35] Furthermore, according to some neopluralist scholars, the most important factor in determining interest group success is whether the interest group supported the majority party and defended the status quo policy. Thus, interest groups generally have a defensive advantage when advocating against new policies, given the many barriers to policy change.[36] Nevertheless, Daniel C. Lewis finds in his analysis of lobbying in the Wisconsin state legislature that organized interests can still have a significant impact on legislation. For example, interest groups that contribute to legislative campaigns are more likely to have their bills move forward in the legislative process and bills they oppose are less likely to move forward. However, Lewis does not discount the importance of interest groups' position relative to party power and the status quo, and he argues that these factors are still more important than lobbying in and of itself. Nonetheless, through this case study of Wisconsin, his models reveal the impact that spending on lobbying and hours spent with legislators and their staff can have on policy outcomes in the states.[37]

But while Lewis highlights the influence that interest groups can have in the states (relative to other contextual factors), Nownes and Freeman are much more skeptical of the amount of power interest groups wield in this arena. Rather, they suggest that as the number of active interest groups has increased in recent years, power has tilted toward state government officials, i.e. the governor, the legislature, and administrative agencies. Additionally, Nownes and Freeman find that while interest groups find the political process accessible, and that no group appears to be shut out from the process, a group's resources (money) likely leads to more successful lobbying as it allows groups to advocate more and meet with more policymakers.[38]

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[35] Baumgartner et al., 2009.
[36] Lewis, Daniel C. 'Advocacy and Influence: Lobbying and Legislative Outcomes in Wisconsin'. *Interest Groups & Advocacy* 2, no. 2 (1 June 2013): 206–26. https://doi.org/10.1057/iga.2013.5.
[37] Lewis, 2013
[38] Nownes and Freeman, 1998.

Thomas and Hrebnar make similar findings, highlighting the strong relationship between money and a group's lobbying success in the states. They suggest that those groups that make the biggest contributions to campaign chests tend to wield the most influence.[39] Hence, much of the scholarship on interest groups in state politics recognizes that money, or the group's "eliteness," plays some role in interest group success.

Research Question

While the research mentioned above on the influence of interest groups in state politics has made significant contributions to our understanding of interest group and "elite" interest group power, much of the literature fails to account for context-specific variation that characterizes state-politics in the United States. In the words of interest group scholars Baumgartner and Leech, rather than trying to determine whether interest groups are ever influential, "we should be investigating when, why, and to what extent they are ever powerful."[40]

Therefore, this thesis attempts to help address this gap and seeks to better understand the influence that interest groups, both elite and citizen-led, played specifically in the initial stages of the states' implementation of the ACA; the period of analysis being 2010-2014. With the neopluralist emphasis on "contextual factors" in mind, this thesis seeks to answer the question: Did "elite" interest groups exert significant influence over the states' implementation of the ACA, or was there influence simply dependent on contextual factors? In other words, in this thesis I hope to determine if the "multiple-elite" model advanced by scholars such as E.E. Schattschneider can be applied to the states' implementation of the ACA; or if elite interest

[39] Thomas and Hrebnar, 2004
[40] Baumgartner, Frank, and Beth L. Leech . *Basic Interests: The Importance of Groups in Politics and in Political Science*. Princeton University Press, 1998. Pp. 134. https://doi.org/10.2307/j.ctt7rxwh.

group influence—as the neopluralists contend—was dependent on a myriad of contextual factors. While the elitists argue that issue areas tend to be dominated by a narrow coalition of "elites," the neopluralists argue that elite influence simply depends on "contextual factors." Thus, in this research I attempt to determine if elite interest group influence in the states' implementation of the ACA really did depend on contextual factors; and I aim to ascertain what, if any, those factors were.

Hypothesis

In seeking to answer this question, I hypothesized that if elite interest groups were sometimes successful and sometimes not in achieving their policy goals in the states' implementation of the ACA, then elite interest groups did not dominate this particular issue area and their influence was dependent on contextual factors. Moreover, I would expect to be able to identify what some of those factors were, and show why simply elite interest groups—despite their wealth and institutional access—still face barriers to shaping public policy in a way that aligns with their interests.

Argument

Throughout this thesis, I argue that "elite" interest group influence was dependent on a myriad of contextual factors in the states, such as institutional location of the debate, public support for ACA implementation, partisanship in the state legislatures, and policy design of individual ACA provisions. Thus, despite the fact that elite interest groups played a key role in some states' decisions to implement certain provisions of the ACA, I find that elite interest

groups did not dominate the states' implementation. Rather, their influence depended on the political context of the state and the political context of the issue at hand.

Research Design: Case Studies of Michigan and Missouri

In my research, I employed a case study approach to examine how interest group influence on state-level implementation of the ACA was shaped by specific political contexts. I analyze two states—Michigan and Missouri—over the initial ACA implementation phase of 2012 to 2014. Moreover, I focus on each state's debates over whether or not to create a state-based exchange and whether or not to expand Medicaid. I selected these two cases because of their political similarities as neither solidly Republican nor solidly Democratic states at the time. Both states had Republican-controlled legislatures and governors who supported the creation of state-based exchanges and the expansion of Medicaid—although Michigan's governor was a Republican and Missouri's a Democrat. Thus, the competitive conditions in these states make them compelling case studies for the purposes of this research, as both elite and non-elite interest groups would have a chance to influence policy in a meaningful way. Moreover, these states' similarities in partisan control and political competitiveness would make Michigan and Missouri useful cases in evaluating interest group influence in the states' ACA implementation. This is because their shared political characteristics would allow for a more controlled comparison of how contextual factors, rather than partisan alignment alone, shaped the success or failure of interest group activity.

To evaluate the possible contextual factors under which interest groups influenced (or did not influence) ACA implementation in these cases, I analyzed a range of publicly available materials. These included local and national news articles from the time, blog posts, reports from

state-based think tanks, campaign finance data, and scholarly literature on some of these state debates. I then used these materials to identify the key interest groups in each debate, their activity levels, their strategies, and their influence, if any, on legislators' behavior. Therefore, my thesis is primarily qualitative in nature. Nonetheless, it uses some quantitative data in the chapter on Michigan's Medicaid expansion debate. There, I utilized campaign finance records to examine campaign contributions to Michigan state Senators from three elite interest groups who played key roles in Michigan's expansion decision. I used this data to then gauge whether financial incentives aligned with controversial voting behavior, and whether these elite groups may have provided electoral cover to Republican legislators making a controversial vote.

Finally, I measured interest group influence by analyzing how interest group actions correlated with legislative outcomes; and how these actions and outcomes were shaped by the state's broader contextual factors. While I recognize that precisely determining an interest group's level of "influence" is probably impossible, I nonetheless attempted to draw conclusions about interest group influence based on policy outcomes, contextual factors, and interest groups' level of activity. For example, if a coalition of interest groups had high levels of activity, and if their high levels of activity correlated with an unexpected, surprising, or controversial policy outcome in line with that interest groups' policy goals, I would argue that elite interest group influence in that particular debate was rather high. Nevertheless in this thesis, by examining successful and unsuccessful interest group efforts across multiple policy debates in multiple states, I attempt to provide a nuanced account of how interest group influence operated in the states' implementation of the ACA.

Summary of Findings

My central argument is that interest group influence in the states' implementation of the ACA was dependent on and ultimately shaped by a confluence of contextual factors. Through comparative case studies of Michigan and Missouri from 2010 through 2014, I find that elite interest groups such as state hospital associations, chambers of commerce, and health plans were sometimes successful in achieving their policy goals and sometimes not.

In Chapter 2, I will show that despite elite interest group mobilization to create a state-based exchange in Michigan, these groups were unsuccessful in achieving their policy goals due to the contextual factors of institutional location of the exchange debate, policy design of the ACA, partisanship in the state legislature, and the individual agency of key legislators. Conversely, these contextual factors favored local Tea Party groups who, despite not being particularly well-resourced, were able to take advantage of the political context of the debate to influence public policy.

In Chapter 3, I will show how elite interest groups played a key role in influencing Michigan's decision to expand Medicaid, largely through coordinated advocacy efforts and campaign contributions. However, while elite interest groups were successful in this case, I find that such success was a result of a convergence of three contextual factors: public support for expansion, the policy design of the ACA expansion provision, and the individual agency of key legislators at critical junctures in the legislative process.

In Chapter 4, I will show how Missouri's decision to reject a state-based exchange was shaped not so much by interest group pressure, but almost exclusively by contextual factors—those being low public support for the ACA, Republican dominance of the Missouri state legislature, and the policy design of the ACA's exchange provision. Consequently, because

of these factors, elite pro-ACA interest groups largely abstained from mobilizing, while grassroots opponents such as the Tea Party and AFP got the policy they wanted (no state-based exchange) without ever needing to mobilize a large-scale campaign.

Finally in Chapter 5, I will show that despite high-levels of elite interest group mobilization in the Missouri Medicaid expansion debate, the political context of Missouri was simply too much for these interest groups to overcome to achieve policy success and have Missouri expand Medicaid. I identify the contextual factors of low public support for the ACA in Missouri as well as Republicans dominance of the Missouri legislature as the two most important contextual factors which shaped elite interest groups' lack of influence in this debate. Moreover, while grassroots groups such as the Tea Party and AFP achieved policy success despite moderate mobilization efforts, I find that widespread mobilization would have been unnecessary for them, as their policy goals aligned so harmoniously with the public and the Republican legislature. Thus, in my research I find that elite interest groups were sometimes successful and sometimes not in the states' implementation of the ACA, and these successes and failures were ultimately dependent on a variety of contextual factors.

Chapter 2 - Michigan's State-Based Exchange Debate

Michigan's implementation of the Affordable Care Act (ACA) provides an interesting case study for the purposes of this investigation because of the differing interest groups who prevailed in the differing stages of ACA implementation. Moreover, Michigan, despite voting for President Obama in both 2008 (57.3%) and 2012 (54.21%)[41], had a unified Republican legislature and a Republican governor from 2011 through 2018. Thus, the state's more moderate constituency coupled with Republican control of the government created room for potentially successful interest group mobilization on both sides of the ACA debate, with right-wing grassroots groups opposed to ACA implementation prevailing in the exchange debate, and elite interest groups in favor of ACA implementation prevailing in the Medicaid expansion debate.

Interestingly with Michigan, Republican Governor Rick Snyder was an advocate of both a state-based exchange and Medicaid expansion, despite his broad ideological opposition to the bill. Much in-line with the Republican Party nationally, Snyder criticized the bill because he felt it "fails to make important reforms needed in our health care system, [is] a serious detriment to our economic recovery, and imposes significant new taxes on businesses and the American people."[42] Nevertheless, Snyder felt that the generous federal funds granted to states that expanded Medicaid, as well as the greater institutional control that would come with establishing a state-based exchange made full ACA-compliance the best possible option for the state. However, as to be expected, Gov. Snyder's more politically moderate, pragmatic approach was not without opposition within the state's Republican party, with many state legislators, state

[41] Michigan Presidential Election History data found at https://www.270towin.com/states/michigan
[42] Mayer, Martin, Robert C. Kenter, John C. Morris, and Luisa Lucero. 'State Implementation of the Affordable Care Act: Four Case Studies'. *Politics & Policy* 46, no. 2 (April 2018): 295–319. https://doi.org/10.1111/polp.12245.

interest groups (mostly ideological groups such as the Tea Party), and Michiganders denouncing any form of ACA compliance. Therefore, in the next two chapters, I will analyze the many factors, including the ones mentioned above, that led to Michigan's varied response to the ACA. In doing so, I will highlight the fact that elite interest group influence regarding ACA implementation was dependent on these "contextual factors", and was in no way an example of wealthy powerful interest groups exerting firm control over a captive government.

However, this chapter will focus exclusively on the exchange debate in Michigan. I begin by outlining Michigan's political context following the passage of the ACA, including the ideological positioning of key actors. Next, I analyze the legislative history of SB. 693, the bill to establish a state-based exchange in Michigan, and detail the lobbying activity and strategies employed by interest groups on both sides of the exchange debate. Finally, using legislative records, local and national media coverage, and secondary scholarship, I examine the influence that both elite interest groups and grassroots groups such as the Tea Party had on Michigan's decision to defer to a federal exchange. I therefore conclude this chapter by identifying four contextual factors—institutional location of the exchange debate, policy design of the ACA, partisanship in the state legislature, and the individual agency of key lawmakers—that resulted in the failure of elite interest group mobilization and success for the less wealthy and traditionally powerful grassroots groups. Thus through this case study, this chapter demonstrates that interest groups do not necessarily need to be "elite" in order to shape policy. Rather, interest groups, even elite ones, need broader contextual conditions to align in their favor—showing that elite interest groups' influence in the states' implementation of the ACA was conditional, not absolute.

The Politics of State-Based Exchanges in Michigan

Before one can better understand the battle over whether or not to create a state exchange, it is important to first note the divide that the ACA created at the highest levels of government in Michigan. The battle over ACA implementation in Michigan began almost immediately following the passage of the ACA, with Republican Attorney General Mike Cox quickly joining the *NFIB* lawsuit challenging the bill's constitutionality, despite Michigan's Democratic governor at the time Jennifer Granholm's support for the ACA.[43] Thus, AG Cox's decision to essentially go rogue and join the *NFIB* suit without the governor's consent immediately set the stage for the contentious nature of ACA implementation within Michigan. However, while Cox and Granholm were term-limited out of office in early 2011, their successors—Republican Bill Schuette as AG and Republican Rick Snyder as Governor—maintained the position of their predecessors, with Schuette maintaining support for *NFIB* and Snyder maintaining support for implementation of ACA reforms.[44]

With the executive branch divided along partisan lines, legislators first took up the issue of ACA implementation in Fall of 2011. Here on November 10, 2011, the State Senate voted in favor 25-11 on SB. 693,[45] which would have created Michigan's state exchange that was to be known as the MI Health Marketplace. Governor Snyder applauded the passage of the bill in the Senate, citing the need for Michigan to "decide its own healthcare future" so the state "isn't forced to accept the federal government's one-size-fits all approach."[46] However, a few days

[43] *The Associated Press* . 'Jennifer Granholm Challenges Attorney General Mike Cox's Right to Fight Health Care Reform'. 25 March 2010. https://www.mlive.com/politics/2010/03/jennifer_granholm_challenges_a.html.
[44] Mayer, et al. 2018
[45] Roll Call data available at https://www.michiganvotes.org/votes/2011/senate/roll-call-663
[46] Snyder, Rick . 'Governor Applauds Senate Passage of Health Insurance Initiative', 10 November 2011. https://www.michigan.gov/formergovernors/recent/snyder/press-releases/2011/11/14/governor-applauds-senate-passage-of-health-insurance-initiative.

later, on November 14, 2011 the Supreme Court announced that it would hear cases challenging the ACA's constitutionality. Though unsurprising, this SCOTUS announcement empowered opponents of the ACA within the Michigan House to stall on making a decision on the exchange, as the very legitimacy of the bill was to be deliberated on in the Supreme Court.[47] Moreover, as SB. 693 waited to be taken up in the House, interest groups opposed to any ACA-related legislation began to mobilize against SB. 693, most notably Tea Party affiliated groups, Americans for Prosperity (AFP), and the Mackinac Center for Public Policy.

Following the interruption of SB. 693 in the House in November of 2011, in January of 2012 the House Health Policy Committee hosted a hearing where the committee could listen to public testimony on the creation of a state based exchange. At the first hearing, 20 citizens testified against the creation of state-based exchange, 13 of which either explicitly identified themselves as Tea Party members or had an online presence indicating their affiliation with the Tea Party.[48] Moreover, another 21 people emailed the committee their own personal testimonies against SB. 693, while 44 submitted cards against the bill, but did not testify. To put these numbers in perspective, a combined total of three people submitted cards during the four Senate Health Policy Committee hearings held on SB. 693 in 2012.[49] Mackinac Center Senior Legislative Policy Analyst Jack McHugh described the January 2012 hearing as "dominated by statements from Tea Party activists."[50] Moreover, McHugh reported that several individuals shared excerpts from articles published by the Mackinac Center, and even some read these

[47] Jones, David K. 'Implementing Obamacare: Intergovernmental Battles over the Creation of Health Insurance Exchanges'. Dissertation, University of Michigan, 2014. Pp. 108. https://deepblue.lib.umich.edu/bitstream/handle/2027.42/108945/davidkj_1.pdf.
[48] Jones 2014, Pp. 119.
[49] Jones 2014, Pp. 120.
[50] McHugh, Jack. 'Grassroots Obamacare Hearing: The People Speak'. *Michigan Capitol Confidential* (blog), 21 January 2012. http://www.michigancapitolconfidential.com/16338.

articles to the committee in their entirety.[51] Thus, in the months following the Michigan Senate's passage of SB.693 and the SCOTUS announcement to hear *NFIB V. Sebelius,* Tea Party groups in Michigan, began to mobilize against a state exchange with newfound fervor, pressuring legislators in the House over SB. 693 in ways they never did when the bill was being deliberated in the Senate.

After the contentious, impassioned Health Policy hearing in January of 2012, the House Health Policy Committee decided to not hold another hearing until after SCOTUS ruled on the ACA's constitutionality in *NFIB V. Sebelius.*[52] Moreover, the House pushed back a vote on the bill until after the midterm elections on November 6, 2012. Thus, Michigan legislators wanted to wait and see if the ACA's legitimacy would be upheld by both the Supreme Court and the US electorate through a re-election of President Obama. Consequently, following President Obama's re-election on November 6, the House Health Policy Committee decided to vote to send SB. 693 to the House Floor on November 29, 2012. But unfortunately for ACA advocates, after a year of waiting for the House to take up SB. 693, the Health Policy Committee voted 9-5 against the bill, killing SB. 693's prospects for passage.[53] House Speaker Jase Bolger cited "too many unanswered questions"[54] as the reason for the committee's vote, however the politics of SB. 693's committee death are a little bit more complicated than that.

In late November, House Health Policy Committee Chairwoman Gail Haines made a deal with Republican members of the committee to "tie-bar"[55] SB. 693 to a bill that would ban

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[51] McHugh 2012
[52] Jones Pp. 119
[53] Roll Call data availale at https://www.legislature.mi.gov/Bills/Bill?ObjectName=2011-SB-0693
[54] Eggert, David. '"Obamacare" Vote: Michigan House Panel Rejects State Health Insurance Exchange; GOP Leader Says "We Will Not Have One"'. Mlive.com, 29 November 2012. https://www.mlive.com/news/2012/11/michigan_house_panel_rejects_c.html.
[55] A tie-bar is a legislative maneuver that links the fate of bills together, meaning that one bill cannot pass unless the other bill also passes

qualified health plans from performing abortions.[56] Thus, the exchange bill that the Health Policy committee had been thinking about for a year now became a bill about access to abortion, complicating the decision-making process for Democrats. As a result, following the tie-bar two Democrats voted "pass" on the bill and two Democrats were absent from the vote, with five Democrats voting in favor. On the Republican side of the committee, nine Republicans voted against the bill, with one Republican, Wayne Schmidt, voting "Pass."[57] According to Fangmeier et al. (2014), had the bill not been tie-barred to abortion, it is likely that all Democrats would have voted in favor of the legislation, tying the votes for the bill at 9-9. Then Wayne Schmidt, who had previously indicated support for the exchange, would have had to cast the deciding vote. However, Wayne Schmidt was under enormous pressure from conservative groups associated with the Tea Party, so it is impossible to say where he would have voted had he been forced to cast the deciding vote. Nevertheless, the point is that without this strategic legislative maneuver, there is a solid chance that SB. 693 would have made it out of the House Health Policy committee; and insiders say that the bill had enough votes for it to pass the House floor and go to the supportive governor's desk.[58] But much to Governor Snyder's chagrin, this did not happen, and Michigan ultimately had to defer to the federally facilitated exchange.

Interest Groups and Michigan's Exchange Debate

However, given the nature of this study it is important to further elaborate on the key role interest groups played in Michigan's exchange decision. The debate over health insurance exchanges in Michigan was a battle between two camps of interest groups. One side, the side in favor of a state-based exchange, featured a powerful coalition of business groups, consumer

[56] Mayer et al., 2018.
[57] Eggert 2012.
[58] Fangmeier et al. 2014, Pp. 3.

groups, hospitals, providers, and more. Among these supporters included some of Michigan's most active and wealthy interest groups,[59] including the Michigan Small Business Association, the Michigan Chamber of Commerce, Michigan Health and Hospital Association, the Michigan Association of Health Plans, and Blue Cross Blue Shield of Michigan.[60] On the other side of the debate however were more grassroots, ideological organizations, including local Tea Party chapters and Mackinac Center for Public Policy—a conservative think tank dedicated to Michigan's state politics. The fact that it was the less wealthy and less centrally organized grassroots groups that prevailed in this debate thus provides a plethora of evidence against the argument that "elite" interests dominate policy domains. Rather, this case shows that interest group success is the result of other "contextual" factors, most notably the factors of institutional design, differential levels of interest group activity, partisanship, and the individual agency of key officials.

Factor One: Institutional Location of the Exchange Debate

The institutional location of the exchange debate in Michigan—specifically that a state-based exchange had to be created through legislation—created a major barrier for elite interest groups advocating for such an exchange. While three states—Kentucky, New York, and Rhode Island—created their exchanges via executive order,[61] Michigan law required legislative approval of an exchange—introducing multiple veto points which made it easier for opponents to

[59] Jones 2014, Pp. 144.
[60] Snyder, Rick . 'Governor Applauds Senate Passage of Health Insurance Initiative', 10 November 2011. https://www.michigan.gov/formergovernors/recent/snyder/press-releases/2011/11/14/governor-applauds-senate-passage-of-health-insurance-initiative.
[61] Collins, Sara R., and Tracy Gerber. 'The Affordable Care Act's Health Insurance Marketplaces: A Progress Report'. The Commonwealth Fund, June 2011. https://www.commonwealthfund.org/blog/2011/affordable-care-acts-health-insurance-marketplaces-progress-report.

block reform. Thus, proponents of such an exchange needed SB. 693 to pass through the Senate Health Policy Committee, the Senate Floor, then the House Health Policy, then the House Floor, and then ultimately be signed by the governor. Moreover, this would all need to be done in a legislature with unified Republican control, in a national political context where the Republican Party overwhelmingly deplored the ACA and its expansion of the public sector in health care. Thus, overcoming these forces would be a tall task for even the most well-organized, resourceful, and historically powerful interest groups, like the ones who supported a state-based exchange in Michigan. While SB. 693 made it through the relevant committees in the Senate and then passed easily in the Senate floor vote, SB. 693 could not make it passed the veto point of the House Health Policy Committee—a committee whose hearings on the legislation had been dominated by Tea Party affiliated voices hostile to anything associated with Obama or Obamacare. Hence, the institutional location of the exchange debate within the legislative process helped to tip the scales in favor of grassroots groups opposed to the ACA, mightily contributing to these groups success and elite groups failure in the policy debate over exchanges in Michigan. Had the policymaking process for exchanges instead been located in the executive branch, where Governor Snyder supported such an initiative, it is possible that elite groups may have prevailed over Tea Party-affiliated opposition.

Factor Two: Policy Design of the ACA

In David K. Jones' 10-state study of ACA-related exchange politics, Jones notes that the broad coalition of influential, well-known, and well-funded interest groups in Michigan expected to give legislators the electoral cover they needed to vote in favor of a state-based exchange.[62] Large-scale mobilization of these interest groups would have incentivized Republican legislators

[62] Jones 2014, Pp. 145.

to vote in favor of the state-based exchanges, despite constituencies with substantial populations hostile to anything deemed to be an endorsement of 'Obamacare.' However the design of the ACA's exchange provision created limited incentives for elite interest groups to fully invest in such lobbying efforts. Under the ACA, an exchange was going to be created in every state regardless of whether the state government acted. After all, if a state chose not to create their own exchange, the federal government would step in and do it for that state. As a result, while many of these elite groups may have preferred greater state control over the insurance market, the marginal policy benefits of a state-run exchange were not significant enough to justify the costs of mobilizing against grassroots opposition, or promising campaign contributions to Republican legislators who made a controversial vote for "Obamacare." As Republican Governor of Nebraska Dave Heineman stated in November of 2012, "on the key issues…there is no real operational difference between a federal exchange and a state exchange.[63] Thus, while the proposed plan in the exchange bill would have created a more business friendly environment for the stakeholders in favor of SB. 693, the gains associated with a state-based exchange being implemented were not enough to offset the high costs of sufficient lobbying efforts to get this bill passed.

On the other hand, Tea Party groups, armed with arguments and talking points from Jack McHugh and the Mackinac Center for Public Policy, viewed any compliance or perceived endorsement of the ACA as a kind of deal with the devil. In fact, at the January 2012 hearing on SB. 693, Michigan Tea Party activist Kaye Edmonds described Obamacare as a "lethal endeavor" that will lead to an "economic disaster."[64] Thus, whereas businesses, hospitals, and

[63] Beland et al. 2016, Pp. 65.
[64] McHugh 2012.

health plans in favor of SB. 693 saw little to gain from extensive lobbying on the bill, Tea Party groups viewed SB. 693 as a matter of life and death.

This asymmetry in perceived stakes between groups in favor of the bill and those opposed consequently led to differential levels of lobbying and advocacy, with Tea Party groups dominating committee hearings following the Supreme Court's announcement to hear *NFIB V. Sebelius.* While the Tea Party in Michigan did not necessarily have large numbers, Tea Party members "were at every town hall meeting, every coffee hour, and at every legislative committee meeting…They were the loudest people in the room and would not relent."[65] Moreover, they frequently threatened legislators with primary challenges, creating an environment that made it politically uncomfortable for legislators to vote against the bill.[66] Thus, although SB. 693 passed the Senate in November of 2011, following its passage Tea Party groups became much more energetic and impassioned in their objections to SB. 693. Ultimately, this energy, contrasted with the lack thereof in the groups in favor of SB. 693, was a key factor which contributed to Michigan deferring to a federal exchange rather than establishing a state-based one. Hence, the ACA's policy design, which ensured a default to a federally-run exchange, created limited incentives for elite interest groups to mobilize aggressively. Consequently, this tipped the scales in favor of the grassroots groups opposed to any form of ACA compliance—contributing to elite interest groups' lack of success in Michigan's exchange debate.

[65] Jones 2014, Pp. 146
[66] Demas, Susan. 'Tea Party Groups Go Ballistic over Michigan Senate's Passage of "Obamacare" Health Care Exchange'. MLive.com, 11 November 2011. https://www.mlive.com/politics/2011/11/tea_party_groups_go_ballistic.html.

Factor Three: Partisanship

As mentioned in Chapter 1, partisanship does not tell the whole story on how states decided to implement provisions of the Affordable Care Act. However, the case of Michigan shows that partisanship played a significant factor in the state's decision to defer to the federal government rather than create a state-based exchange. After all, during the 2011-2012 legislative session, Republicans held a majority of 24-14 in the Michigan Senate, and they held a majority of 63-47 in the House of Representatives.[67] Moreover, Governor Rick Snyder, though an advocate of state-based exchanges, was also a Republican: one who tried to distinguish his support for the creation of state-based exchanges from his overall criticism of the ACA. Nevertheless, despite Governor Snyder's support, advocates of the state-based exchange would have had to convince a securely Republican Senate and House of Representatives to vote in favor of a bill that consented to the legitimacy of 'Obamacare', one of the most controversial pieces of legislation of the 21st century.

But despite the ACA's controversial nature, SB. 693 was able to pass the Senate in November of 2011 by a vote of 25-12, with 13 Republicans joining 12 Democrats.[68] However, as mentioned above, much of this can be attributed to a lack of grassroots/Tea Party mobilization on the bill until after the SCOTUS announcement to hear *NFIB V. Sebelius.* After this mobilization, Republicans in the Michigan House Health Policy Committee found that it was probably in their best interest to not vote or advocate for a bill that stirred so much controversy among a significant enough coalition of the Republican Party. As Beland et al. (2016) explain in their book *Obamacare Wars,* state-based exchanges suffered from "guilt by association" with Democrats, President Obama, and Obamacare.[69] Thus, as grassroots interest groups ratcheted up

[67] Data available at Ballotpedia.com
[68] Roll Call data from https://www.michiganvotes.org/votes/2011/senate/roll-call-663
[69] Beland et al. 2016, Pp. 64.

their activism against state-based exchanges, Republican lawmakers in the House Health Policy Committee saw little need to vote in favor of SB. 693: a bill associated with things many of their constituents deplored. Moreover, a state-based exchange would not have been all that different from a federal one, so House Republicans voting in favor of the bill would have been making an incredibly risky vote with very little substantial reward in the form of more effective policy. Therefore, partisanship in Michigan's state government, coupled with other factors, also played a key role in the elite interest groups' policy failures regarding establishing a state based exchange.

Factor Four: Individual Agency

The final main contextual factor that led to elite interest groups' policy failure and grassroots groups' success in Michigan's exchange debate is the individual agency of Michigan's elected officials. While interest groups seek to influence public policy by pressuring lawmakers and other key officials in government, ultimately lawmakers themselves are the ones who sponsor, vote, deliberate, amend, and decide the fate of legislation. Had Governor Snyder not been so adamant about taking control of Michigan's exchange, it seems unlikely that a unified Republican legislature would have allowed SB. 693 to come so close to passage. Similarly, had House Health Policy Chairwoman Gail Haines not tie-barred SB. 693 to an abortion bill; had the two Democrats who had chosen to not show up for the Health Policy committee vote showed up and voted with their party; and had Republican Wayne Schmidt, a legislator who indicated support for creating a state-based exchange, cast the deciding vote in favor of SB. 693, it is very possible that the bill would have passed in a Senate floor vote and then been signed by Governor Snyder. Thus, while interest groups can seek to pressure legislators all they want, it is ultimately the legislators who decide the fate of legislation. Thus, in the case of Michigan's exchange

debate, it was the choices made by a handful of actors at a critical juncture in the legislative process that played a major role in grassroots groups such as the Tea Party's success in this particular policy debate.

Conclusion

To conclude, the failure of Michigan's elite groups to successfully influence the creation of a state-based exchange demonstrates the major role that contextual factors play in shaping policy outcomes. These groups, which included the Michigan Chamber of Commerce, the Michigan Health and Hospital Association, and the Michigan Association of Health Plans, favored greater state control of the insurance market via the creation of a state exchange. However, their efforts were and influence were dependent on and consequently undermined by the confluence of four main contextual factors: the institutional location of the exchange debate in the legislature, the limited incentives to mobilization created by the ACA's policy design, unified Republican control of the state legislature, and the individual agency of key legislators at critical junctures in the legislative process.

Although the Tea Party was relatively small in size in Michigan, its members mobilized intensely, dominated committee hearings, and threatened primary challenges to create a political environment in which Republican legislators had much to lose and little to gain by voting for a state-based exchange. Thus, whereas the aforementioned contextual factors served as a barrier to elite interest group success, for grassroots groups these factors helped carry them to policy victory. Therefore, Michigan's exchange debate supports the neopluralist idea that interest groups are sometimes successful and sometimes not, depending on contextual factors.[70] Moreover, as Chapter 3, which covers the debate over Medicaid expansion in Michigan, will

[70] Lowery and Gray 2004.

show, interest group failure in influencing one particular policy does not guarantee failure in influencing another policy. As the political context of policy arenas varies and shifts, so too does the success of interest groups in influencing legislation and achieving their goals.

Chapter 3 - Michigan's Medicaid Expansion Debate

While businesses, consumer groups, health plans, and hospitals fell short in achieving their policy goal of establishing a state-based exchange under the ACA, such groups were successful in their advocacy for a much more consequential policy: Medicaid expansion. Thus, this chapter investigates the politics of Medicaid Expansion in Michigan to further support the central claim of this thesis—that elite interest group influence in the states' implementation of the ACA was not absolute, but rather dependent on a variety of contextual factors. Building on the previous chapter's analysis of the failed effort to establish a state-based exchange, this chapter once again uses a case study method to evaluate elite interest groups' influence in Michigan's adoption of Medicaid expansion. It draws on legislative records, key officials' testimony, news accounts, blog posts, reports, campaign finance data, and scholarly articles to assess the role that elite—and also non-elite—interest groups played in Michigan's expansion debate. This chapter proceeds by first describing the political background of Michigan's expansion debate and examining the strategies employed by "elite" business and hospital groups. Then, it analyzes how these groups were able to overcome the opposition of grassroots interests such as the Tea Party and AFP by taking advantage of three favorable contextual factors—public support for Medicaid expansion, the policy design of the Medicaid expansion provision of the ACA, and the individual choices of key Republican legislators at critical junctures in the legislative process. In doing this, this chapter illustrates that elite interest group influence in Michigan's Medicaid expansion was dependent on a variety of contextual factors, further supporting the neopluralist maxim that interest groups are sometimes successful and sometimes not.

To begin, as mentioned in Chapter 1 the states' "choice" on whether or not to expand Medicaid was, initially under the ACA, not much of a choice at all. Originally, if states chose to not expand Medicaid, the federal government would withhold from that state all federal Medicaid funds, funds that on average made up 10% of the states' budget.[71] However, in June of 2012 the Supreme Court ruled in *NFIB V. Sebelius* that such a provision was too coercive and unconstitutional under the tenth amendment. Consequently, this ruling allowed the states to actually choose whether or not to expand Medicaid, an expansion that, in Michigan, would have (and did) expanded health insurance to hundreds of thousands of previously uninsured Michiganders. Thus the *NFIB* ruling sparked a heated debate in a variety of states, including Michigan, on the question of Medicaid expansion.

Following the *NFIB decision*, reporters immediately began to question Governor Snyder and his administration on how he planned to proceed with Medicaid expansion. Initially, Governor Snyder was noncommittal on whether or not to expand Medicaid, merely pledging to "work with legislative leaders, consumers, businesses, and health providers to best serve Michigan residents."[72] One major concern of Snyder's was whether or not providers in Michigan would have enough capacity to serve an expanded population.[73] However, these fears were quelled when the nonpartisan Center for Health and Research Transformation (CHRT) found through a survey that 81% of primary care providers had enough capacity to serve patients newly covered by a Medicaid expansion.[74] Following the CHRT report which was released on February

[71]Jacobs and Skocpol 2014.
[72] Eggert, David. 'Medicaid Expansion Now a Vexing Issue for Gov. Rick Snyder, Republican Lawmakers'. Mlive.com, 29 June 2012. https://www.mlive.com/news/2012/06/a_half-million_michiganders_wa.html.
[73] Powers, Gregory. 'A Medicaid Expansion for Michigan: The Facts Speak for Themselves'. *Center for Health & Research Transformation* (blog), 4 February 2013. https://chrt.org/2013/02/medicaid-expansion-michigan-facts-speak/.
[74] Powers 2013.

4, 2013, Governor Snyder announced two days later that he would support Medicaid expansion, citing the CHRT report, the practical health benefits for Michigan residents, and the net savings of $1.7 billion for Michigan through 2019.[75]

After Governor Snyder's announced endorsement of Medicaid expansion, powerful lobbyists and advocacy groups continued their push, now with the Governor's blessing, for legislation that would expand Medicaid in the state of Michigan. Like in the exchange debate, powerful groups in the state such as the Michigan Chamber of Commerce (MCoC), the Michigan Health and Hospital Association (MHA), the Michigan Association of Health Plans (MAHP), and the Michigan Small Business Association (MSBA) all supported Medicaid expansion.[76] Moreover, they were joined by other influential health care, business, and consumer groups such as the Michigan State Medical Society, the Michigan Primary Care Association, and AARP Michigan. Again like the exchange debate, these business, consumer, and hospital interests faced off with grassroots, right-wing ideological groups, most notably the Tea Party and AFP.

However, unlike the exchange debate, groups such as the MHA, MAHP, and MCoC were much more willing to mount aggressive lobbying and advocacy campaigns to overcome the Tea Party and AFP's influence. In the words of the Mackinac Center's Jack McHugh, "special interests…were mounting a full court press" for Medicaid expansion in Michigan.[77] And on June 13, 2013, that "full court press" began to pay off, with the Michigan House of Representatives

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[75] 'Snyder Calls for Medicaid Expansion to Improve Health, Save Money; Greater Access to Care, Lower Business Costs among Benefits'. Accessed 26 March 2025. https://www.michigan.gov/formergovernors/recent/snyder/press-releases/2013/02/06/calls-for-medicaid-expansion-to-improve-health-save-money-greater-access-to-care-lower-business.

[76] Hertel-Fernandez, Alexander, Theda Skocpol, and David Lynch. 'Business Associations, Conservative Networks, and the Ongoing Republican War Over Medicaid Expansion'. *J Health Polit Policy Law* 41, no. 2 (2016): 239–86. https://doi.org/https://doi.org/10.1215/03616878-3476141.

[77] Mackinac Center. 'Issues and Ideas: Medicaid Expansion in Michigan'. Accessed 26 March 2025. https://www.mackinac.org/18599.

passing HB. 4714, a bill to expand Medicaid in Michigan, 76-31.[78] 48 Democrats were joined by 28 Republicans in voting to expand, with 30 Republicans voting "Nay." However, despite the House passage, the Senate adjourned for the summer without taking a vote on HB. 4714—causing the Governor to scold the Senate with the command, "Take a vote, not a vacation."[79] As a result, the Senate's adjournment sparked a summer of furious campaigning on both sides of the Medicaid debate, with business, consumer, hospital, and healthcare interests squaring off against grassroots advocacy groups such as the Tea Party and AFP.

With Governor Snyder eager to expand Medicaid, he spent the summer recess vociferously lobbying members of his own party, while meeting with hospitals and business owners in an attempt to put added pressure on lawmakers to pass HB. 4714 in the house.[80] Moreover, Governor Snyder's powerful business/hospital allies continued their "full court press" by meeting with legislators, testifying at committee hearings, holding community forums, writing op-eds, etc.[81] However, Republican legislators, especially those in the Senate, were not easily swayed by these powerful interests. Many Senators had constituencies hostile to anything related to President Obama, making them prime targets for right wing lobbying by the AFP and the Tea Party. In targeting such legislators, AFP–Michigan paid for a "six figure ad buy"[82] of radio ads, and hosted grassroots community forums across the state of Michigan.[83] Additionally,

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[78] Roll call data available at https://www.michiganvotes.org/votes/2013/house/roll-call-241
[79] 'Snyder Calls for Medicaid Expansion to Improve Health, Save Money; Greater Access to Care, Lower Business Costs among Benefits'. Accessed 26 March 2025. https://www.michigan.gov/formergovernors/recent/snyder/press-releases/2013/02/06/calls-for-medicaid-expansion-to-improve-health-save-money-greater-access-to-care-lower-business.
[80] Oosting, Jonathan. 'Michigan Gov. Rick Snyder Signs Historic Medicaid Plan into Law: This Is about "family" Not "Politics"'. Mlive.com, 16 September 2013. https://www.mlive.com/politics/2013/09/michigan_gov_rick_snyder_signs_6.html.
[81] Hertel-Fernandez, et al. 2016.
[82] Hertel-Fernandez et al. 2016
[83] 'Medicaid Impasse: Tea Party Pushes around a Nerd'. *Michigan Public*, 21 June 2013. https://www.michiganpublic.org/politics-government/2013-06-21/medicaid-impasse-tea-party-pushes-around-a-nerd.

AFP-Michigan leader Scott Hagestrom and Tea Party members threatened to mount primary challenges against Republican lawmakers who vote to expand Medicaid; and they threatened to sit out the 2014 gubernatorial election if Governor Snyder did not withdraw support for expansion.[84]

It is important to note that Michigan lawmakers did not view these as Tea Party and AFP threats as toothless. In 2013, former majority leader of the Michigan Senate Ken Sikkema stated that while "there are not a lot of Tea Party believers in the legislature…the majority of Republican caucuses in both the House and Senate are paralyzed by Tea Party threats of primary challenges."[85] Furthermore, according to Phil Power, despite relatively low numbers of very active Tea Partiers, a few passionate and hyper-energetic members can have a disproportionate impact on state primary elections, where turnout is often low and the margin of victory can sometimes be only a few hundred votes.[86] Hence, despite extremely active lobbying and advocacy by some of the most powerful interest groups in the state of Michigan, grassroots interest groups such as the Tea Party and AFP proved to be quite a countervailing force to these elites.

In the end though, the radio ads, forums, blog posts, calls to legislators, and primary challenge threats fell just short of blocking Medicaid expansion in Michigan. On August 27, 2013, the Michigan Senate voted 20-18 to pass HB. 4714 and expand Medicaid in Michigan. Eight Republicans joined all 12 Democrats on the "Yea" vote; and 18 Republicans voted "Nay"

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[84] Michigan Public. 'Tea Party: GOP Lawmakers Who Vote for Medicaid Bill Should Expect Primary Battles', 18 June 2013. https://www.michiganpublic.org/politics-government/2013-06-18/tea-party-gop-lawmakers-who-vote-for-medicaid-bill-should-expect-primary-battles.
[85] Power, Phil. 'Analysis — The Tea Party in Michigan'. The Holland Sentinel, 17 September 2013. https://www.hollandsentinel.com/story/opinion/2013/09/17/analysis-tea-party-in-michigan/41901087007/.
[86] Power 2013.

on the bill.[87] However, the initial August 27th floor vote on the bill fell one vote short shy of the 20 needed for passage. Republican Tom Casperson voted no on HB. 4714, and Republican Tom Colbeck strategically abstained from voting to make the final roll call 19-18—avoiding a tie in the Senate that would have allowed the supportive Lieutenant Governor to cast the deciding "Yea" vote. However, after convincing Tom Casperson to flip to a vote in support, the Senate garnered the necessary 20 votes for passage, sending the bill to the supportive Governor's desk. Interestingly, Casperson was expected to vote for the expansion, yet stated that his "Nay" vote came from a concern over the effect that the bill would have on rural Northern Michiganders.[88] But after securing an amendment that would limit how much hospitals can charge uninsured patients (and perhaps securing campaign support from some of these elite interest groups), Casperson changed his vote to one of support, the bill passed the Senate, and Governor Snyder signed the bill into law that September.

Interest Groups and Michigan's Expansion Debate

Following the Senate's vote to expand Medicaid, the Mackinac Center's Jack McHugh decried the bill's passage as a textbook example of a legislature bending the knee to powerful special interests. He condemned the "reforms" as "a cover story for what this is really about—delivering a massive revenue stream to the politically powerful hospital cartel."[89] But was Jack McHugh right? Was Michigan's Medicaid expansion "really about" catering to special interests? To answer these questions, this next section will argue that while powerful business/hospital interest groups had a major impact on HB. 4714's passage, their influence and

[87] Roll Call data available at https://www.michiganvotes.org/votes/2013/senate/roll-call-339
[88] *Sen. Casperson Discusses Medicaid Expansion Vote*, 2013. https://www.youtube.com/watch?v=M4y6w9y_9YM.
[89] Spencer, Jack . 'Eight Senate Republicans Join Democrats In Passing Obamacare Medicaid Expansion'. Michigan Capitol Confidential, 28 August 2013. http://www.michigancapitolconfidential.com/19070.

success was still dependent on a confluence of three contextual factors: popular support for expansion, policy design, and the individual agency of key legislators. Thus, while "elite" interests prevailed in this particular policy battle, the Medicaid expansion in Michigan nevertheless still supports the neopluralist claim that interest groups are sometimes successful and sometimes not, depending on contextual factors. However, before one can understand the role that these contextual factors played in Michigan's expansion, it is important that I better establish the major role that interest groups played in getting HB. 4714 passed.

"Elite" Interests and Campaign Contributions

To begin, as discussed in the previous section on Michigan's exchange debate, powerful interests such as the MHA, MAHP, MCoC all supported a state-based exchange, yet were ultimately unsuccessful in achieving this goal. Jones (2014) cites one reason for these interest groups' lack of success as their unwillingness to promise campaign support to Republican legislators who bucked Tea Party demands and voted to establish a state-based exchange—ultimately not sufficiently incentivizing Republican legislators to make an unpopular vote.[90] However, while these groups may have not been willing to provide sufficient electoral support over the exchange decision, campaign contribution data from the MHA, MAHP, and MCoC tells a fundamentally different story about the Medicaid expansion debate.

Of the five Republican Senators who both voted for the expansion of Medicaid and were up for re-election in 2014,[91] all five saw significant increases in campaign contributions from

[90] Jones 2014, Pp. 147.

[91] All Michigan State Senators are elected on the same election cycle. Thus, five of the eight Republican "Yea" votes sought re-election in 2014, one (Howard Walker) who was up for re-election did not seek re-election, and two (Roger Kahn and and Randy Richardville) were unable to seek re-election due to term limits.

these groups in either 2013 or 2014.[92] Senator Tom Casperson, the Republican who switched his vote from "Nay" to "Yea", saw campaign contributions from the MHA increase from $0 in 2012 to $8,750 in 2013; contributions from the MAHP increase from $0 in 2012 to $6,000 in 2013; and contributions from the MCoC increase from $250 in 2012 to $4,750 in 2013. Thus, among the three aforementioned interest groups, Casperson's campaign contributions increased from a combined $250 in 2012 to a combined $19,500 in 2013. The other four Republican legislators saw similar increases in contributions from these groups after 2012. Senator Geoff Hansen's campaign contributions from the MAHP increased from $0 in 2012 to $6,000 in 2013 and $7,500 in 2014; his contributions from the MCoC increased from $0 in 2012 to $1,250 in 2013 and $5,500 in 2014; and his contributions from MHA increased from $0 in 2012 to $1,000 in 2013. Moreover, Senator Mike Kowall's combined contributions from these three interest groups increased from a combined $250 in 2012 to a combined $17300 over the course of 2013 and 2014. Finally, among the MHA, MAHP, and MCoC Senator Tory Rocca's combined contributions increased from $0 in 2012 to $19250 over the course of 2013 and 2014. And Senator Jim Marleau's contributions increased from a combined $750 to a combined total of $11060. Thus, the data strongly suggests that powerful interest groups were willing to provide significant electoral support to Republican lawmakers in return for a potentially dangerous "Yea" vote on HB. 4714.

However, it is important to contextualize the dramatic increases in campaign contributions received by Republican Senators who voted in favor of HB. 4714 with the Republicans who voted against HB. 4714. Of the five Republicans up for re-election who voted "Yea" on HB. 4714, four saw dramatic increases specifically from the MHA in either 2013, or 2014. After receiving $0 in 2012, Senator Marleau received $5,800 from the MHA between 2013

[92] Using data available at Opensecrets.com

and 2014; Kowall received $8,150 in that time period; Rocca received $8,500; and Casperson received $9,250. The one remaining, Senator Hansen, saw only a $1000 increase over that time period. Conversely, of the 16 Republicans up for re-election in 2014, only one Republican legislator saw what could be described as a significant increase in contributions from the MHA. That was Senator Mike Green, whose MHA contribution of $2000 in 2012 increased to $6550 over the course of 2013 and 2014. Not a single other Republican Senator who voted against expansion saw an increase in MHA contributions above $750 (most saw no increase at all, or a decrease). Thus, using the MHA as a proxy for the other three groups examined in this study, it becomes increasingly clear that significant increases in campaign contributions were likely made in return for some Republican legislators making a controversial vote. Likely, the MHA said that a vote in favor of HB. 4714 would be met with needed campaign support, while a vote against would be met with nothing, or perhaps opposition to their campaign.

Individual increases from the MAHP also tell the same story. Of the aforementioned five Republicans who voted to expand Medicaid, all five saw significant increases from 2012 to 2013 and 2014. Casperson's contributions increased by $6,500; Hansen's increased by $13,500; Kowall's increased by $5,400; Marleau's increased by $3,610; and Rocca's increased by $8,000. Conversely, no Republican saw any increase of that nature. Only Senator John Proos received over $1500 from the MAHP between 2013 and 2014. He received $2,000 in 2012, then $,2000 again in 2013 and $2,000 again in 2014. Other than Senator Proos, only Senators Joe Hune (Chair of the Health Policy Committee) and Arlan Meekhof received contributions of over $1000 from the MAHP over the course of 2013 and 2014. Thus, MAHP, like MHA contributions, strongly suggests powerful interest group campaign support in return for a vote in favor of HB. 4714. Also to note, individual contributions from the MCoC between Republicans who voted for

and against shows less of a strong difference in contributions. This is likely because Chambers of Commerce represent a variety of businesses and therefore are involved in lobbying a variety of policies. Thus, while health-focused groups like the MHA and MAHP were probably more singularly focused on the important health policy of the day (Medicaid expansion), the MCoC was likely providing campaign support to influence votes on a variety of policies. Nevertheless, each of the five Republican senators who both voted in favor of HB. 4714 and were up for re-election saw increases in campaign contributions from the MCoC, further suggesting that the MCoC, like the MHA and MAHP, was willing to provide campaign support in return for an HB. 4714 "Yea" vote.

Therefore, these increases in contributions from powerful interest groups in favor of Medicaid expansion strongly suggest that such groups were willing to sufficiently incentivize on-the-fence Republican legislators to take an electorally risky vote. While Tea Party groups threatened to primary any Republican Senator who voted for expansion, groups such as the MHA, MAHP, and MCoC were able to overcome those threats, and offer incentives to these legislators in the form of increased campaign contributions, and perhaps other promises and incentives. Finally, it is important to note that none of these five Senators up for re-election lost in either their primary elections or their general elections. Senator Mike Kowall came the closest to losing his primary, defeating Tea Party activist Matt Maddock 49.8% (11,344 votes) to 42.7% (9,721).[93] Every other primary challenge faced by these legislators was won handily, with Geoff Hansen winning his primary with 62.4% of vote; Tory Rocca winning with 89.7% of the vote; Jim Marleau winning with 71.3% of the vote; and Tom Casperson, the legislator who faced the most Tea Party outrage for his flip-flop on HB. 4714, running unopposed in the Republican primary. Hence, powerful interest groups likely promised campaign support in return for a

[93] Data collected from Ballotpedia.com

controversial vote; and their campaign support was ultimately successful in both convincing these legislators to vote for HB. 4714, and in helping them secure re-election.

Interest Groups and Michigan's Expansion: The Contextual Factors

However, the central theme of this study is that interest groups are sometimes successful and sometimes not, depending on contextual factors. Thus, what were the contextual factors that contributed to the powerful, wealthy groups prevailing over Tea Party and AFP interests in the expansion debate but not in the exchange debate? This next section will argue that three main contextual factors—popular support for the expansion, the policy design of the Medicaid expansion provision, and the individual agency of legislatures—ultimately gave powerful interest groups a window to effectively mobilize an aggressive, targeted campaign in favor of expansion. Therefore, these factors served to energize elite interests to lobby legislators aggressively and ultimately secure just enough votes in the Senate for expansion. Moreover, these factors helped to overcome both opponents of expansion's "defensive advantage", and their advantage that came with Republican control of the Michigan state government. Consequently, this section shows that elite interest groups can effectively use their wealth and institutional access to shape policy outcomes. However in order to do so, their advocacy must align with enough contextual factors.

Factor One: Public Support for Medicaid Expansion

Despite having a Republican Governor and unified Republican legislature, the state of Michigan voted for President Obama over John McCain in 2008 (57.33% to 40.89%) and again for President Obama over Mitt Romney in 2012 (54.21% to 44.71%).[94] Moreover, 2013 surveys

[94] Data available at 270towin.com. Link: https://www.270towin.com/states/michigan

conducted in Michigan indicated at least some level of popular support for the expansion plan. In fact, a study conducted by the American Cancer Society Cancer Action Network found that 63% of registered voters in Michigan supported the expansion when asked if they wanted the state to take federal dollars to cover more people.[95] Thus, data indicating support for the expansion as well as President Obama's electoral victory in Michigan could easily have been read as a referendum on the ACA in Michigan. Therefore, despite Republican control of the Michigan statehouse, there was enough general support for the ACA in Michigan that would give interest groups ample opportunity to convince undecided legislators to vote in favor of expansion.

Without enough support for the ACA, or with too much resentment for it, interest groups, no matter how much they spend on legislators' campaigns, could never promise electoral cover for a vote to expand Medicaid. In other words, if too many constituents in a given legislator's district vehemently opposed the ACA, legislators in such a district, unless willing to perform some kind of 'profile in courage', would have no electoral incentive to vote in such a manner. Thus, interest group pressure, no matter how ferocious or aggressive, usually cannot overcome certain levels of popular opposition to a bill that the interest group is advocating for. However, in Michigan there was enough support for the ACA. This gave interest groups such as the MAHP, MHA, and MCoC an opening to influence legislators and ultimately achieve their policy goals.

Factor Two: Policy Design of the ACA

In addition to popular support, the way that the Medicaid expansion policy was designed, by both Congress and the Supreme Court, also played a major role in why interest groups were

[95] Adams, Rebecca. 'Michigan Legislature Sends Medicaid Expansion Bill to the Governor'. CQ Healthbeat . Congressional Quarterly Inc., 3 September 2013. https://go.gale.com/ps/i.do?id=GALE%7CA342311653&sid=sitemap&v=2.1&it=r&p=HRCA&sw=w&userGroupName=mlin_c_aefe&aty=ip.

able to help push expansion through Michigan. While Medicaid expansion was a de facto mandate under the original language of the ACA, *NFIB V. Sebelius* struck down this "mandate" and made the expansion optional. However, as has been mentioned frequently in this project, the ACA still had many generous federal incentives that made expansion a good deal for states willing to cooperate. If states expanded, the federal government would cover 100% of the costs of expansion beginning in 2014 through 2016. Then, the federal government would gradually decrease support to 90% of the costs beginning in 2020.[96] Moreover, expanding Medicaid would have significant humanitarian benefits, increasing coverage for a significant portion of a given states' residents. In fact, in Michigan over 400,000 people received health insurance in the first year of expansion; and in 2022 more than 1,000,000 Michiganders had health insurance as a result of expansion.[97] Finally, expansion and the generous federal incentives would have a very real impact on the business community, especially hospitals, who would see a major reduction in the cost of uncompensated care.[98]

Thus, the generous federal dollars promised to the state, the major benefit that expansion would have on hundreds of thousands of Michiganders' health and well-being, and the impact on the business community made Medicaid expansion an appealing policy for many Republicans ideologically opposed to Democrats, President Obama, and 'Obamacare.' Governor Snyder, despite his opposition to the ACA, argued that expansion would reduce uncompensated care, lead to a healthier workforce, and actually save Michigan millions of dollars in general fund

[96] 'Expanding Medicaid Is Best Financial Option for States'. RAND, 3 June 2013. https://www.rand.org/news/press/2013/06/03.html.
[97] 'Whitmer Announces 1 Million Michiganders Receiving Health Care Under Healthy Michigan Plan'. Accessed 7 April 2025. https://www.michigan.gov/whitmer/news/press-releases/2022/05/16/whitmer-announces-1-million-michiganders-receiving-health-care-under-healthy-michigan-plan.
[98] Beland, et al., 2016. Pp. 94.

savings.[99] Other Republican Senators who voted in favor of the bill made similar arguments, citing the business implications of the bill as their reason for voting for expansion. In fact, Senator Howard Walker, a day after voting for HB. 4714 declared that "the Affordable Care Act is one of the worst pieces of legislation passed by our United States Congress in many years."[100] Nevertheless, Walker voted for the bill due to its business implications.

Therefore, despite ideological opposition to 'Obamacare' from Michigan Republicans, the practical benefits of Medicaid expansion provided a reasonable justification for a Republican legislator's "Yea" vote on HB. 4714. In other words, expanding Medicaid was simply too good of a deal to pass up, and powerful interest groups could make a reasonable argument in favor of voting for HB. 4714, while also promising legislators' with generous campaign incentives. Thus, the policy design of the ACA made Medicaid expansion a vote that Republicans could illustrate to their constituents as pragmatic. Therefore, this helped elite interest groups (who would benefit significantly from the policy design) convince 28 House Republicans and 8 Senate Republicans to support the bill, despite primary challenge threats from grassroots right-wing ideological groups.

However, the policy design of the ACA also impacted interest group mobilization by giving powerful interest groups sufficient incentive to mobilize. In the previous chapter analyzing interest group influence on Michigan's exchange debate, I argue that the policy design of the ACA—that is, the fact that an exchange would be created one way or another—created minimal incentives for interest groups to invest the necessary resources to sufficiently convince Michigan legislators to vote in favor of a state-based exchange. But while there were minimal

[99] Oosting , Jonathan. 'Michigan Republicans for Medicaid Expansion Want You to Know They Still Really, Really Hate Obamacare'. MLive , 31 August 2013. https://www.mlive.com/politics/2013/08/michigan_republicans_for_medic.html.

[100] Oosting 2013.

incentives motivating business interests to lobby in favor of the exchange bill, the incentives for the Michigan business community to successfully lobby for an expansion of Medicaid were enormous. Were states to expand Medicaid, hospitals stood to gain new revenues from more insured patients, avoid net revenue losses from scheduled reductions in disproportionate share (DSH) payments, and reduce the financial burden associated with uncompensated care. Because the ACA was built on the premise that each state would expand Medicaid and thereby reduce its uninsured population, the ACA included a provision that would reduce Medicaid DSH allotments to the states, thus giving states less money to pay the hospital bills of the uninsured.[101] Therefore if a state did not expand Medicaid, they did not receive the generous federal incentives in billions of dollars in federal funding, and their hospitals stood to lose hundreds of millions of dollars in reduced DSH payments.[102] Consequently, hospitals had much to gain and a lot to lose in the expansion debate. And because hospitals and associated businesses are often economic "engines" for their local communities,[103] chambers of commerce, like the Michigan CoC, also had a major stake in this policy outcome. Thus, the policy design of the ACA's medicaid expansion—or rather, the Medicaid policy "designed" by the Supreme Court—created major incentives for business groups such as the MAHP, MHA, and CoC to "full court press" legislators into voting for expansion. Furthermore, that "full court press" was then enough to convince just enough legislators to pass HB. 4714.

[101] Mitchell, Alison. 'Medicaid Disproportionate Share Hospital (DSH) Reductions'. Congressional Research Service (CRS), 10 May 2024.
[102] Mitchell 2024.
[103] Hertel-Fernandez, et al., 2016.

Factor Three: Individual Agency

The final main contextual factor that shaped interest groups' success in Michigan's exchange debate is the individual agency of Michigan's elected officials. As I mentioned previously in Chapter 2, while interest groups can pressure elected officials as aggressively as they want, it is ultimately the elected officials who autonomously cast their votes. Michigan's expansion debate, like the exchange debate, highlights the importance of these individual choices. Without Governor Rick Snyder's ardent support for expansion, a bill to expand Medicaid likely would have never gotten off the ground. Moreover, had Senator Tom Casperson never switched his "Nay" vote to "Yea", or had any other supporting Republican Senator succumbed to pressure from the Tea Party or AFP, then Michigan may have never expanded Medicaid—and 1,000,000 covered Michiganders may have never received health insurance. Thus, interest groups can only influence, they cannot cast votes. In the end, they are dependent on elected officials' autonomously made decisions to vote "Yea" or "Nay" on a given policy.

A key tenet of the neopluralist perspective on interest group influence is uncertainty. In the words of Lowery and Gray, "if interests were always well defined, the intentions of others fully understood, and decision rules fixed…organized interests could disarm and go home as either winners or losers without the bother of actually contesting over policy."[104] Hence, at the end of the day, interest groups are at the behest of the decisions' legislators make. Luckily for groups such as the MHA, MAHP, and MCoC, key decisions made by key officials at critical junctures in the policy process gave the above interest groups the outcome they wanted. Thus, this dynamic shows how the personal interests legislators, particularly their interest in being reelected, intersected with elite interest group pressures. As discussed in the Michigan exchange chapter, the individual agency of legislators ultimately determines legislative outcomes.

[104] Lowery & Gray 2004, pg. 171.

However, that agency can be shaped by electoral incentives that interest groups may offer or withhold.

Conclusion

To conclude, elite interest groups such as the MHA, MAHP, and MCoC had a major impact on Michigan's decision to expand Medicaid. Without the business community's "full court press" in 2013, HB. 4714 would have most likely died in the Senate, and hundreds of thousands of Michiganders may have never become eligible for health insurance. However, while these elite interests had a major impact on the legislation's passage, their influence was dependent on the confluence of a variety of contextual factors, most notably, the level of public support for Medicaid expansion in Michigan, the policy design of the Medicaid expansion provision, and the individual actions of key elected officials at critical junctures in the legislative process.

While the contextual factors in the 2012 exchange debate of institutional design, policy design, partisanship, and individual agency allowed the Tea Party to prevail, these factors did not manifest themselves in the same way in the context of the Medicaid expansion debate. Although the policy design of the ACA created weak incentives for interest groups to lobby heavily for a state exchange, in the Medicaid expansion debate the ACA created major incentives for high levels of lobbying by business and hospital groups. Moreover, the policy design of the Medicaid expansion provision also made the incentives of expansion too good for some Republican legislators to pass up, even those especially hostile towards 'Obamacare.' This gave elite interest groups a window of opportunity to lobby enough Republican legislators to get just the right amount of votes needed for the passage of HB. 4714. Thus, the policy design of the Medicaid

expansion provision, in tandem with its levels of popular support, allowed pro-expansion interest groups to overcome the "defensive advantage" afforded to opponents of the Medicaid expansion. While the legislative process has many veto points, and while the Michigan legislature was securely Republican, these advantages which favored the Tea Party in the exchange debate were overcome by the business and hospital coalition in the Medicaid expansion. Hence, the confluence of popular support for Medicaid expansion and the policy design of the expansion provision—which in turn affected the individual choices of individual legislators—were the key contextual factors which allowed elite interests groups to prevail over grassroots ideological groups. Therefore, the case study of the Medicaid expansion in Michigan further shows that elite interest groups were sometimes successful and sometimes not in influencing states' implementation of the ACA, depending on contextual factors.

Chapter 4 - Missouri's State-Based Exchange Debate

Like Michigan, the interest group battle over Missouri's implementation of the ACA pit business and hospital interests against grassroots groups such as local Missouri chapters of the Tea Party and AFP. However, whereas in Michigan "elite" interests prevailed in the Medicaid expansion debate, in the initial stages of Missouri's ACA implementation it was the Tea Party, AFP, and other grassroots groups that found policy success in both the exchange and expansion debate—as Missouri both deferred to a federal exchange and refused to expand Medicaid. Therefore, with this chapter focusing primarily on interest group influence in Missouri's exchange debate, I use this case to further evaluate the central claim of my thesis: that elite interest group influence in the state's implementation of the ACA was dependent on contextual factors.

With elite interest groups failing to achieve their policy goals in both Missouri's exchange and expansion debate, Missouri serves as a valuable case to test the primary hypothesis of this thesis: that interest group success is not determined solely by wealth or institutional access, but by alignment with favorable contextual factors. To test this, this case study once again relies on legislative records, key officials' testimony, news articles, and scholarly sources to reconstruct the politics of and interest group environment in Missouri's exchange debate. This chapter pays particular attention to the timing and nature of interest group mobilization (or lack thereof) to show how the contextual factors of partisanship, public sentiment, and the policy design of the ACA shaped the strategic behavior of both elite and grassroots interest groups. Consequently, throughout this case I demonstrate that elite interest groups, despite their wealth and institutional access, do not always mobilize for favorable policies, especially when

contextual factors would make high-levels of advocacy futile. Conversely, less powerful groups (i.e The Tea Party and AFP) may see their policy goals met with little effort or advocacy when the political environment aligns with their interests. Hence, this chapter reinforces the neopluralist perspective that elite interest group influence is not absolute. Rather, it is dependent on the political context of the policy arena they are operating in.

This chapter proceeds by first outlining the political context of Missouri following the passage of the ACA in 2010, highlighting Missouri's political shift from a swing-state to a securely Republican state, despite its election of a Democratic governor. Next, this chapter outlines legislative developments that led to failed attempts at creating a state-based exchange, focusing on the consequences of two anti-ACA ballot measures: Proposition C in 2010 and Proposition E in 2012. After that, it examines the near complete absence of interest group mobilization in Missouri's exchange debate, Finally, this chapter concludes by discussing the three contextual factors—public opinion, partisanship, and policy design—that explain interest groups strategic lack of mobilization and highlight how interest groups' influence is dependent on contextual factors.

The Politics of State-Based Exchanges in Missouri

In the years leading up to Congress's passage of the ACA, Missouri was traditionally seen as a swing-state. For example, in 2008 Republican nominee John McCain barely won Missouri over Barack Obama during the 2008 Presidential election, defeating the future President 49.43% to 49.29%.[105] However by 2012, signs of growing Republican dominance in Missouri politics began to take shape, with Mitt Romney carrying Missouri by a much wider

[105] *The New York Times*. 'Missouri - Election Results 2008 - The New York Times'. Accessed 14 April 2025. https://archive.nytimes.com/www.nytimes.com/elections/2008/results/states/missouri.html.

margin (53.64% to 44.28%).[106] Despite this shift at the national level however, Missouri continued to exhibit some signs of a more bipartisan political environment, electing Democrat Jay Nixon to the Governor's mansion in 2008 by a 19 point margin, and then reelecting Nixon in 2012 by a 12 point margin.[107] However, Nixon's victories occurred alongside, and increasingly in tension with, a Missouri General Assembly that was firmly under Republican control.

While Democrats were able to secure the governor's office during the period under analysis, the Missouri State Legislature (also known as the General Assembly) was dominated by Republicans, with Republicans holding significant majorities in both houses. From 2010 to 2012, Republicans held a 26-8 majority in the Senate and 106-57 majority in the House.[108] This domination continued in the 2012-2014, with Republicans holding a 24-10 majority in the Senate and 110-53 majority in the House.[109] Thus, while Missouri still exhibited some levels of bipartisan support in the 2012 gubernatorial contest, during the ACA implementation period the state embarked on a steady trajectory toward complete Republican control of the state government. This then culminated in the 2016 election of Republican Eric Greitens who succeeded the term-limited Nixon, marking a significant shift in the state's political landscape.[110] Since then, the Missouri governorship and both houses of the General Assembly have been controlled exclusively by Republicans—highlighting Missouri's political change from purple to red. Consequently this political shift which was in full swing during ACA implementation would

[106] *The New York Times*. 'Missouri - Election Results 2012'. Accessed 14 April 2025. https://www.nytimes.com/elections/2012/results/states/missouri.html.
[107] Jay Nixon's electoral history found on ballotpedia, Link: https://ballotpedia.org/Jay_Nixon
[108] All data on Missouri General Assembly's party makeup found at ballotpedia.com. Link: https://ballotpedia.org/Missouri_General_Assembly
[109] All data on Missouri General Assembly's party makeup found at ballotpedia.com. Link: https://ballotpedia.org/Missouri_General_Assembly
[110] Data on the election of Eric Greitens found at https://ballotpedia.org/Missouri_gubernatorial_election,_2016

prove to be an incredibly difficult barrier for pro-ACA interest groups to overcome in both the exchange and expansion debates.

In this political context of growing conservatism in Missouri with a securely Republican legislature, support for the ACA broadly proved to be mixed at best.[111] From the get-go, the Missouri GOP sought to exhibit its hostility towards federal healthcare legislation through passing a ballot initiative known as Proposition C (Missouri Healthcare Freedom Act), which was on the August 2010 primary election ballot. The law sought to challenge the ACA's individual mandate, and denied the government's authority to "penalize citizens for refusing to purchase private health insurance or infringe upon the right to offer or accept direct payment for lawful health care services."[112] Proposition C passed with 72% of the vote.[113] However, Proposition C had no real legal weight; and it was really only a symbolic gesture meant to signal noncompliance with "Obamacare."[114] After all, in 2012 *NFIB V. Sebelius* upheld the constitutionality of the individual mandate, and states cannot simply vote to nullify federal law. Moreover, one cannot immediately draw the conclusion that this 72% vote meant that 72% of Missourians opposed the ACA. The referendum took place during primary elections in August of 2010, which the Missouri Secretary of State estimated a turnout rate of just 24%.[115] Additionally, there was no television advertising on Proposition C, resulting in few people even knowing what the initiative was going into election day."[116] However, the low turnout notwithstanding, the

[111] Beland et al. 2016, Pp. 87
[112] Roff, Peter. 'Missouri's Stunning Healthcare Reform Rebuke of Obama'. *US News & World Report* , 4 August 2010. https://www.usnews.com/opinion/blogs/peter-roff/2010/08/04/missouris-stunning-healthcare-reform-rebuke-of-obama.
[113] Roff 2010.
[114] Brasfield, James. 'Medicaid Expansion in a Litmus State: The Missouri Struggle'. *J Health Polit Policy Law* 41, no. 6 (2016): 1185–96. https://doi.org/https://doi.org/10.1215/03616878-3666216.
[115] Sweeney, Kathy. 'Campaign 2010 Explainer: Missouri Health Care Freedom, Prop C'. KFVS News 12, 3 August 2010. https://www.kfvs12.com/story/12912218/campaign-2010-explainer-missouri-health-care-freedom-prop-c.
[116] Sack, Kevin. 'Missouri to Vote on Health Law '. *The New York Times*, 31 July 2010.

symbolic weight of an anti-ACA ballot initiative passing by nearly a 3-1 margin cannot be underestimated. This vote likely empowered state legislators to reject ACA-related state initiatives; and in no way lends itself to the conclusion that the ACA was widely supported in Missouri.

The apparent low levels of popular support for the ACA coupled with a General Assembly dominated by Republicans would likely cause one to think that establishing a state-based exchange in Missouri was incredibly unlikely. However initially, support for a state exchange appeared to be quite high in the Missouri government. In 2011, the exchange-supporting Governor Jay Nixon established Missouri's "Health Insurance Exchange Coordinating Council" to coordinate the state's response to federal health reform.[117] Moreover, the Senate also created the Senate Interim Committee on Health Insurance Exchanges to explore Missouri's options to establish a state-based exchange.[118] And most surprisingly, in 2011 HB. 609, a bill to establish a state-based exchange in Missouri, passed the House unanimously 153-0.[119] This led to the Missouri government requesting and receiving a $21 million federal grant from the federal government to help plan and build a Missouri-controlled exchange.[120] However, despite early promise that Missouri would take the lead on establishing its own exchange, this never came to fruition. With the 2011 legislative session nearing an end and with possible blocks from some Senate opponents of the bill, HB. 609 never made it to the Senate floor. Then, when in November of 2011 the Supreme Court agreed to hear the *NFIB* case, the

[117] KFF. 'State Exchange Profiles: Missouri', 17 October 2011. https://www.kff.org/affordable-care-act/state-profile/state-exchange-profiles-missouri/.
[118] KFF 2011.
[119] Roll Call found in Missouri's official 'Journal of the House'. Dated April 14, 2011. https://documents.house.mo.gov/billtracking/bills111/jrnpdf/jrn055.pdf#page=4
[120] Gordon, Elena . 'Missouri Gets $21 Million for Online Health Exchange'. KCUR - Kansas City news and NPR, 12 August 2011. https://www.kcur.org/health/2011-08-12/missouri-gets-21-million-for-online-health-exchange.

Missouri Senate decided to wait until after a Supreme Court ruling to decide on whether or not to create a health insurance exchange.[121] But despite these promises to reconsider the bill, it was never seriously considered again in the Missouri General Assembly.

However, while the exchange bill fizzled out in the legislature, a new proposal regarding state exchanges gained traction. The proposal, a ballot measure known as Proposition E, would prevent the Governor, or any part of his administration, from establishing a state-based exchange without legislative approval—even though Governor Nixon' made explicit statements that he would not act unilaterally to create an exchange.[122] But despite the seeming lack of practicality of the measure, the General Assembly included the referendum through the adoption of SB. 464, which passed easily in both the House (108-38) and the Senate (25-8).[123] Then in the November 2012 elections, 62% of Missouri voters voted in favor of Proposition E, legally barring Governor Nixon from acting unilaterally to create a state-based exchange. While ACA-proponents criticized the initiative as simply political posturing whereby Republicans were showcasing ACA-hostility for political gain,[124] the results of Proposition E had very practical effects for ACA opponents. The 62% vote preventing unilateral action for a state-exchange demonstrated negative sentiments the Missouri public had around the ACA. As a result, less than two weeks later Governor Nixon sent a letter to the federal government declaring that Missouri would not seek a state-based exchange.[125] Thus, despite the early steps that Missouri took to establish their own exchange, Missouri opted to ultimately cede control to the federal government and opt for a federally facilitated exchange.

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[121] KCUR - Kansas City news and NPR. 'Health Exchange Efforts Stall in Missouri', 28 December 2011. https://www.kcur.org/health/2011-12-27/health-exchange-efforts-stall-in-missouri.
[122] KCUR 2011.
[123] Roll Call data available at https://www.senate.mo.gov/12info/BTS_Web/Actions.aspx?SessionType=R&BillID=43
[124] Beland et al. 2016, Pp. 89.
[125] Beland et al. 2016, Pp. 90

Interest Groups and Missouri's Medicaid Debate

While the exchange debate in Michigan was characterized by rather intense levels of interest group lobbying, particularly from opponents of the state-based exchange (Tea Party, AFP, etc.), Missouri saw very little interest group mobilization. In fact Proposition E, the referendum which played a key role in Missouri's decision to defer to a federal exchange, received virtually zero media coverage and was the subject of zero active advertising or public information campaigns.[126] Thus prior to the election, former state legislator Tim Harlan estimated "that 95 percent of people who vote on this won't have any idea what a health insurance exchange is."[127] Also, while some Tea Party members are quoted in the few articles on the referendum voicing their support for Proposition E, there appears to be virtually zero coordinated efforts by local Tea Party groups to try and get the measure passed.[128] Conversely, on the other side of the debate, there appears to be no business or hospital interests who were willing to advocate publicly for a state-based exchange. Whereas in Michigan groups such as the state's hospital association and state's chamber of commerce were willing to speak out in favor of a state-controlled exchange, in Missouri comparable groups remained silent. In fact, the Missouri Hospital Association and Missouri Chamber of Commerce were incredibly active in the debate over Medicaid expansion, yet were involved in zero advocacy for a state-based exchange.[129]

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[126] Jackson, Jr., Jodie. 'Proposition E Gets Little Attention before Election'. Columbia Daily Tribune, 1 November 2012. https://www.columbiatribune.com/story/news/2012/11/01/proposition-e-gets-little-attention/21628097007/.

[127] Jackson, Jr. 2012.

[128] In the Michigan debate, Tea Party activism came up repeatedly in local newspaper articles about the state-based exchange and scholarly analysis of the exchange decision. Regarding Missouri, other than passing reference to Tea Party support in a newspaper article or two, there is no reference to any coordinated Tea Party (or other grassroots groups) activism.

[129] Google searches such as (but not limited to) "Missouri Hospital Association AND state-based health insurance exchange" yield zero relevant results. Similar google searches using comparable Michigan

Therefore in Missouri, the politics of a state or federal exchange featured an effectively absent interest group environment. There were little coordinated efforts from ACA-hostile Tea Partiers or grassroots groups, and there was virtually zero mobilization from ACA-supportive interest groups on whether or not to create an exchange.

But what explains this lack of mobilization by interest groups in Missouri? Why were both grassroots groups and business interests seemingly so uninterested in the Missouri exchange debate? Would greater state control over the insurance market not have benefited business and hospitals in Missouri in the same manner that it would have benefited businesses and hospitals in Michigan? This section argues that lack of interest group mobilization can be explained by three contextual factors: lack of public support for the ACA, partisanship in the Missouri General Assembly, and the ACA's policy design. Likely, it is that low-levels of public support for the ACA in Missouri coupled with a Republican-dominated legislature made mobilizing in favor of a state exchange simply not worth it for groups who could have benefited from such an exchange. Moreover, given that an exchange (state-based or federally facilitated) would be created in Missouri regardless, there was little incentive for business and hospital groups to deploy resources in what would likely be a futile attempt at marginal policy gains. Consequently, there was then little reason for Tea Party and grassroots groups to mobilize against a state-exchange, as Missouri never really came that close to implementing one, and was not being pressured to do so. Hence, although Missouri took initial steps to create a state-based exchange, and although Missouri was led by a Democratic Governor who advocated for a state-based exchange, Missouri ultimately deferred to the federal government—a decision done with little interest group pressure.

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groups yields a number of press releases and relevant articles where officials representing these groups voice support for creating a Michigan state-based exchange.

So then, would it be fair to say that grassroots ideological interest groups (i.e. The Tea Party and AFP) prevailed in the Missouri exchange debate? Does the case of Missouri's health exchange provide support for my hypothesis that elite interest group influence is dependent on contextual factors? Based on my research, the answer to both these questions is yes. While Tea Party groups did not have to mobilize and aggressively lobby to the extent that their counterparts in Michigan did, they nonetheless achieved their policy goal. Had a state-based exchange come closer to being created in Missouri, it is quite likely that the Tea Party would have lobbied with comparable fervor to their Michigan counterparts. After all, the Tea Party was incredibly active in Missouri and was especially active in the state's much more salient Medicaid expansion debate (as the next chapter will demonstrate).[130] However, the Tea Party in Missouri never needed to do so because their policy goals of ACA non-compliance were already in line with the Missouri political developments at the time.

At the same time, my findings show that elite business and hospital interests, who stood to benefit from greater state control over the insurance market, failed to achieve their policy goals. Elite interest groups lack of mobilization around creating a state-based exchange in Missouri was not due to lack of resources or organization. In fact, they were quite organized and resourceful in their advocacy for Missouri's expansion of Medicaid. However, the political context of Missouri created an environment in which it would have been politically fruitless to do so. The ACA had been shown to be unpopular among the Missouri electorate, the General Assembly was dominated by Republicans hostile to the law, and the policy design of the ACA meant that an exchange would be created regardless—diminishing the value of investing in a likely futile lobbying effort. As a result, elite interest groups stood down from the debate, and the Tea Party, AFP and other grassroots interests prevailed without needing to mobilize. Thus the

[130] Hertel-Fernandez, et. al. 2016.

Missouri exchange debate highlights how contextual factors—in this case the factors of public opinion, partisanship, and policy design—not only shape which groups are successful, but also shape the strategic behavior of interest groups, who in this case decided not to mobilize at all. Therefore, like the previous chapters, this next section will provide more insight into how the confluence of the factors of popular support, partisanship, and policy design allowed elite interests to fail and grassroots interests to succeed in this issue area

Factor One: Public Support (or lack thereof)

To begin, Missouri's demonstrated hostility towards the ACA through Proposition C played a major factor in how Missouri's legislators and interest groups thought about responding to the ACA. Despite left-leaning assertions that the Proposition C vote was unrepresentative of the Missouri electorate given the low-turnout in the 2010 primary election,[131] a 72% vote that challenged an ACA provision (the individual mandate) would make any legislator seeking re-election wary about carrying out an ACA provision. But one might wonder, if that is the case, why did a bill to create a state-based exchange pass the Missouri House unanimously in 2011? According to Beland et al. (2016), initially state-based exchanges were rather uncontroversial with conservatives, as they were 1.) associated with greater state control and 2.) a market friendly idea supported and implemented by prominent Republicans, such as Mitt Romney.[132] However, as the implementation process of the ACA developed from 2011 into 2012 and 2013, rejecting state-based exchanges became a site by which Republican legislators could reject the bogeyman that 'Obamacare' had become.[133] Thus in Missouri, the antagonism that Missouri voters had already demonstrated towards the ACA coupled with a national political context

[131] Sweeney 2010.
[132] Beland et al. 2016, Pp. 90.
[133] Beland et al. 2016, Pp. 89-92.

where state-based exchanges became a site of dissent made voting for such an exchange indefensible for Missouri Republicans. This is ultimately why by 2012 the state-exchange bill never gained any traction in the Senate—creating no need for Tea Partiers or Missouri AFP chapters to advocate against it; and creating little incentive for elite interest groups to make likely vain efforts at changing legislators minds. Hence, the lack of public support for the bill—or rather Missourians hostility towards it—was a major contextual factor that determined how all interest groups sought to influence, or not influence, legislators on the exchange bill. And in the end, Missourians hostility towards the ACA rendered mobilization from both elite and grassroots interest groups unnecessary.

Factor Two: Partisanship

Another major contextual factor that determined how interest groups influenced the Missouri exchange debate was the Republican dominance in the Missouri General Assembly. In 2011 and 2012, the Missouri House featured 106 Republicans to Democrats' 57; and the Missouri Senate was composed of 26 Republicans and 8 Democrats.[134] This composition of the Missouri Senate therefore meant that elite interest groups supportive of a state-based exchange would have needed to convince 10 Republican Senators—or almost a third of the entire Senate—to buck their party and vote for the exchange bill. Moreover, they would have needed to do so in a state where voters had explicitly demonstrated hostility towards the ACA through both Proposition E and Proposition C; and during a time when voting to establish an exchanges were becoming associated with condoning 'Obamacare.' Thus, given this factor in tandem with apparently low levels of support for the ACA, interest groups which could have benefited from

[134] All data on Missouri General Assembly's party makeup found at ballotpedia.com. Link: https://ballotpedia.org/Missouri_General_Assembly

more state-control never mobilized to do so, as such an attempt would have been almost certainly unsuccessful. Furthermore, these major barriers to creating a state-based exchange which caused the lack of "elite" interest mobilization made grassroots mobilization even more unnecessary. Hence, partisanship in the Missouri General Assembly played a key role in determining how the relevant interest groups responded to and influenced the exchange debate.

Factor Three: Policy Design

Finally, the last major factor which informed how interest groups responded to the Missouri exchange debate was the policy design of the ACA's exchange provision. While I have discussed this factor ad nauseam in my chapters on Michigan, it is important to reiterate that if a state opted to not create an exchange, then the federal government would step in and create one for that state instead. Thus, regardless of if a state took action on a health insurance exchange, an exchange was going to be implemented one way or another. Hence, while states and groups within that state may have benefited from more locally tailored exchanges, there were weak incentives for interest groups to deploy a lot of resources into lobbying for a state-based exchange. Therefore, with weak incentives for heavy lobbying from elite groups such as the Missouri Hospital Association, there was little need for such groups to devote resources to lobbying for an exchange, especially in an environment where Republicans dominated the legislature and public support for the ACA was low.

Conclusion

To conclude, while interest groups mobilization in the Missouri exchange debate was virtually nonexistent, this lack of mobilization was a strategic decision by Missouri interest groups as a result of contextual factors—most notably lack of public support for the ACA, partisanship in the Missouri General Assembly, and the policy design of the exchange provision. Demonstrated antagonism towards the ACA among Missouri voters and Republican domination of the General Assembly made passage of an exchange bill extremely unlikely as exchanges became more controversial nationally. This, along with the weak incentives resulting from the ACA policy design therefore made elite interest mobilization likely futile, causing such interests to stay out of trying to influence the legislative process. Consequently, with a Missouri refusal to create a state-based exchange becoming an inevitability in 2012,[135] Tea Party and grassroots interests had no reason to mobilize aggressively for an outcome that was all but assured. Therefore, while contextual factors in Michigan made the exchange debate there relatively heated and exciting, in Missouri such contextual factors created a quiet interest group battle over this policy. Thus, the Missouri exchange case highlights the fact that contextual factors inform how interest groups respond and which interest groups prevail. In Missouri, these factors made interest group responses on both sides of the debate unnecessary, allowing the Tea Party and grassroots organization to get what they wanted: ACA noncompliance. Hence, the Missouri exchange once again supports my hypothesis that elite interest groups' success in the ACA implementation debate was a result of contextual factors, as elite interest groups were sometimes successful and sometimes not in achieving their policy goals.

[135] Jackson, Jr. 2012.

Chapter 5 - Missouri's Medicaid Expansion Debate

Although the exchange debate in Missouri fell relatively under-the-radar and had little interest group mobilization, the expansion debate—with its massive federal incentives and humanitarian benefits—fostered much more energetic interest group advocacy. In Missouri, this interest group environment featured a network of wealthy business and hospital interests against right-wing grassroots groups such as the Tea Party and AFP. Thus, the interest group environment in Missouri's expansion debate had a lot of similarities to that of Michigan's, as wealthy groups such as the Missouri Hospital Association and Missouri Chamber of Commerce found themselves battling for influence with grassroots conservatives groups once again: although this time with a different outcome.[136] However, while these "elite" interest groups mobilized aggressively in the case of Missouri, they fell short of reaching their policy goals in the initial stages of the ACA implementation as Missouri failed to expand Medicaid. Therefore, this next chapter will once more illustrate that elite interest groups are sometimes successful and sometimes not, depending on contextual factors.

Using the case of Missouri's Medicaid expansion debate in the initial stages of ACA implementation, this chapter once again tests the central hypothesis of my thesis: that the success of elite interest groups in shaping state-level ACA implementation was dependent on contextual factors. This chapter builds on the comparative framework established in my earlier chapters by showing that elite groups do not always get what they want in the policymaking process, even when they participate in high levels of mobilization. In contrast, this chapter shows that less

[136] Hertel-Fernandez, et al. 2016.

resourced and organized groups—such as the Tea Party and AFP—can achieve policy success not by out-organizing or outspending elite adversaries, but by operating in a favorable political context already in line with their interests.

Like the previous chapters, this case study draws on a wide range of sources—such as legislative records, legislators' testimony, news articles and secondary scholarly sources—to assess the relevant interest groups' lobbying levels and success from 2012 through 2014. This chapter examines the energetic pro-expansion efforts undertaken by business and hospital groups, as well as the more moderate but successful advocacy efforts of conservative grassroots groups, to evaluate whether or not elite interest group influence is dependent on contextual factors. My methodology focuses on the timing, strategic behavior, and relative levels of mobilization by interest groups on each side of the Medicaid expansion debate. In doing this, I assess how contextual factors inform both interests' groups strategic decisions and policy success. This chapter begins by recounting the main political developments regarding the Missouri Medicaid expansion debate from late 2012 through 2014. It then examines the levels of influence elite interest groups and conservative grassroots groups had on Missouri's Medicaid expansion decision. Finally, this chapter concludes by identifying two contextual factors—public opposition to the ACA and Republican dominance of the General Assembly—upon which elite interest group influence (or lack thereof) was dependent. Thus, this chapter provides the final substantive evidence that I test my hypothesis against. Ultimately, this chapter further supports my hypothesis that elite interest group influence in the states' implementation of the ACA was dependent on contextual factors.

The Politics of Medicaid Expansion in Missouri

While the *NFIB V. Sebelius* ruling was announced in late June of 2012, the debate on whether to expand Medicaid in Missouri did not begin in earnest until after the 2012 Presidential election. This is because many Republican legislators believed Mitt Romney would defeat President Obama in 2012, leading to the repeal of the ACA and subsequently creating no need for deliberating over what to do about Medicaid.[137] However, after President Obama was re-elected, officials in Missouri began to take up the issue. Shortly after the election, Governor Nixon voiced his support for expansion in December of 2012, while Republicans in the legislature almost unanimously voiced their opposition.[138] Moreover, as elected officials began to take sides, so too did interest groups, with the state's Chamber, Hospital Association, and other less prominent business and health groups beginning their advocacy for expansion against their recurring enemy of grassroots, right-wing ideological groups.

With the expansion debate heating up in Missouri, in February of 2013 Governor Nixon announced that he would include the Medicaid expansion in his proposed budget, saying it would be an economic boon for Missouri while providing health coverage to hundreds of thousands of residents.[139] Moreover, he did so from a podium inside the Independence, MO Chamber of Commerce with "thirteen powerful suits behind him," including hospital CEOs, health center leaders, and executives with area chambers of commerce.[140] Thus from the get-go, some of Missouri's most powerful business and hospital interests were in full support of the

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[137] Hertel-Fernandez, et al. 2016.
[138] Lieb, David A. 'ANALYSIS: Missouri Medicaid Expansion Unlikely in 2013'. *The Associated Press*, 21 April 2013. https://www.columbiamissourian.com/news/state_news/analysis-missouri-medicaid-expansion-unlikely-in-2013/article_c3512467-bcac-50ae-985a-0f20bc3ebdc5.html.
[139] KCUR - Kansas City news and NPR. 'Nixon Rallies Key Allies In Push For Medicaid Expansion', 7 February 2013. https://www.kcur.org/health/2013-02-07/nixon-rallies-key-allies-in-push-for-medicaid-expansion.
[140] KCUR 2013.

Democratic Governor's proposal. However later that month, the House Government Oversight and Accountability Office voted 5-2 against the expansion "after hearing testimony from healthcare and business advocacy groups…who claimed it would bring jobs to the state economy and aid rural hospitals."[141] Nevertheless, despite the setback, Governor Nixon continued to hold press conferences throughout the state promoting the expansion. In fact between January and mid-April of 2013 he held 30 of these such conferences.[142] However, in spite of Nixon's fervent advocacy and the backing of wealthy allies, Republicans in the Missouri General Assembly—who held a ⅔ majority in both the House and Senate—refused to budge. Thus, with Missouri's 2013 legislative session ending that May, advocates for expansion such as the Missouri Hospital Association began to focus their efforts on getting expansion passed in 2014.[143] Hence, although Medicaid expansion both offered a plethora of practical benefits and was backed by wealthy interest groups, expansion never came close to seeing the light of day in 2013.

Nonetheless, in 2014 Missouri expansion advocates continued their push, hoping to have a reverse of fortune since the previous legislative session. In fact in January of 2014, the Missouri Chamber of Commerce exhibited their continued commitment to expansion by hiring a prominent Missouri Republican, former U.S. Senator and Missouri Governor Kit Bond, to lobby the legislature on behalf of Medicaid expansion.[144] However, the continued advocacy of wealthy or "elite" interest groups notwithstanding, pleas for Medicaid expansion fell on deaf ears in the

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[141] Staff. 'Missouri Committee Blocks Medicaid Expansion'. Becker's Hospital Review, 26 February 2013. https://www.beckershospitalreview.com/finance/missouri-committee-blocks-medicaid-expansion/.
[142] Lieb, David A. 'ANALYSIS: Missouri Medicaid Expansion Unlikely in 2013'. *The Associated Press*, 21 April 2013. https://www.columbiamissourian.com/news/state_news/analysis-missouri-medicaid-expansion-unlikely-in-2013/article_c3512467-bcac-50ae-985a-0f20bc3ebdc5.html.
[143] Lieb 2013.
[144] Lieb 2013.

Republican dominated General Assembly.[145] As a result, in February of 2014 the Missouri Senate voted against a proposed Medicaid expansion bill with a 23-9 party-line vote.[146] Moreover, alternative, more conservative bills to expand Medicaid continued to falter in the Missouri General Assembly: never making it out of committee.[147] This continued Republican hindrance to Medicaid expansion then culminated in dozens of pro-expansion protestors shouting slogans and singing songs in the public gallery above the Senate floor during debate on an unrelated bill—with 23 of such protestors being arrested.[148] Nevertheless, while interest groups continued to lobby legislators through meetings, reports, testimonies, news conferences, and even some protests, Medicaid expansion, like in 2013, never really came close to passage in 2014. The Medicaid expansion issue was then never really considered in Missouri for a number of years.[149]

Therefore, in the initial stages of the ACA implementation process, traditionally "elite" interests were unsuccessful in achieving their policy goals, despite high-levels of aggressive lobbying activity. On the other hand, grassroots conservative interest groups prevailed in this debate, though achieving their policy goals did not require nearly the same level of mobilization. Consequently, the Medicaid expansion debate in Missouri once again shows that elite interest groups do not always prevail; and that interest groups are sometimes successful and sometimes not, depending on contextual factors. Hence, this next section will shine a brighter light on

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[145] Brasfield 2016.
[146] *Jefferson City News-Tribune*. 'Senate Defeats Medicaid Expansion '. 6 February 2014. https://www.newstribune.com/news/2014/feb/06/senate-defeats-medicaid-expansion/.
[147] Griffin, Marshall. 'Medicaid Expansion Stalled — But Not Dead — In Missouri Legislature'. KCUR - Kansas City news and NPR, 18 April 2014. https://www.kcur.org/2014-04-17/medicaid-expansion-stalled-but-not-dead-in-missouri-legislature.
[148] Yokley, Eli. 'Protestors Erupt in Missouri Senate Urging Lawmakers to Expand Medicaid'. *PoliticMo* (blog), 6 May 2014. http://politicmo.com/2014/05/06/protestors-erupt-in-missouri-senate-urging-lawmakers-to-expand-medicaid/.
[149] Brasfield 2016.

interest group activity in this debate, and will discuss the major contextual factors that contributed to the defeat of these "elite" interests.

Interest Groups and Missouri's Expansion Debate

To begin, as the above section highlights, a variety of interest groups were involved in Missouri's Medicaid expansion debate: with the pro-expansion side dominated by business and hospital interests, and the anti-expansion side featuring a loose collection of conservative grassroots groups, most notably AFP and the Tea Party.[150] The interest group environment in the Missouri Medicaid expansion can be characterized as a battle between wealthy elite interests groups who lobbied aggressively for Medicaid expansion against grassroots Tea Party and AFP groups who were moderately active in the debate. As mentioned above, from the moment that Governor Nixon announced his support for expanding Medicaid at a press conference, elite interests such as the Chamber of Commerce and Missouri Hospital Association were literally there behind Nixon, backing up his goals of expansion.[151] The Missouri Hospital Association—eager for the generous federal funds being funneled into the states and worried about impending cuts to Disproportionate Share (DSH) payments—issued reports on the benefits of expansion that were widely distributed by local newspapers,[152] testified at committee hearings, spoke with media outlets, held press conferences, and met with legislators.[153] Thus, their

[150] While elite mobilization is well-documented in press coverage and scholarly work, there is limited primary source material on grassroots mobilization. Hertel-Fernandez et al. (2016) and Brasfield (2016) discuss Tea Party and AFP activity, but many of their cited sources (e.g., blogs, Facebook posts) are no longer accessible, making it difficult to fully assess the extent of grassroots engagement.
[151] KCUR - Kansas City news and NPR. 'Nixon Rallies Key Allies In Push For Medicaid Expansion', 7 February 2013.
[152] Joiner, Robert. 'Hospital Association Seeks to Reshape Medicaid Debate with "A View of Two Missouris"'. STLPR, 19 September 2013. https://www.stlpr.org/health-science-environment/2013-09-19/hospital-association-seeks-to-reshape-medicaid-debate-with-a-view-of-two-missouris.
[153] KCUR 2013.

campaign for expansion was essentially a public education campaign, aimed at educating Missourians (and Missouri legislators) about the benefits of expansion. These benefits included creating thousands of more jobs, billions of dollars injected into the state's economy, and hundreds of thousands of more health-insured residents.[154]

Moreover, while the Missouri Hospital Association lobbied hard for Medicaid expansion, so too did the state's Chamber of Commerce—recognizing the enormous economic benefits of Medicaid expansion through the promise of federal funds. In fact, according to a Hospital Association lobbyist, the Chamber actually "led the charge" in the pro-expansion interest group coalition.[155] They too went on a public education campaign, commissioning studies on the economic benefits of expansion,[156] holding press conferences, testifying at committees, and meeting with legislators.[157] Moreover, as discussed above, the Chamber hired former U.S. Senator Kit Bond to lobby Republican legislators on their behalf, given "his reputation as one of the best statesmen this state will ever have."[158] Thus, beginning from 2012 through 2014, these elite groups—the state's Chamber and the Hospital Association—were aggressive in their efforts to influence expansion legislation in Missouri. However, they fell short in the initial implementation stages of the ACA, and grassroots right-wing groups prevailed.

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[154] KCUR - Kansas City news and NPR. 'Coalition Emphasizes Economic Benefits Of Opting Into Medicaid Expansion', 29 November 2012. https://www.kcur.org/health/2012-11-29/coalition-emphasizes-economic-benefits-of-opting-into-medicaid-expansion.

[155] Hertel-Fernandez et al. 2016.

[156] "The Economic Impacts of Medicaid Expansion on Missouri 2012." Prepared by University of Missouri School of Medicine and Dobson DaVanzo & Associates, November 2012. www.statereforum.org/system/files/mo_medicaid_expansion_ economic_report.pdf

[157] Brasfield 2016.

[158] Columbia Daily Tribune. 'Chamber Hires Former Senator to Lobby for Medicaid Expansion'. 23 January 2014. Jhttps://www.columbiatribune.com/story/news/2014/01/24/chamber-hires-former-senator-to/21702009007/.

But why did groups such as the AFP and Tea Party achieve their policy goals? Was it because they were aggressive in their lobbying strategies? Did they sway legislators? Or was their success simply the result of Missouri's political context, which showed little popular support for the ACA and had a state legislature dominated by Republicans? In this chapter, I once again argue that it was these contextual factors that led to right-wing ideological groups' success and powerful business groups' failure. However, before I more closely examine these contextual factors, it is important to have a better understanding of these ideological groups' (AFP, Tea Party) lobbying activity and strategy.

To begin, it is difficult to qualify the lobbying activity of these groups given the lack of primary source material available and the scant scholarship on Missouri's Medicaid expansion debate. Nevertheless, the AFP was reportedly reasonably active in Missouri, mobilizing activists to pressure elected officials, holding a few public forums, and running ads against Medicaid expansion.[159] Moreover, the Tea Party—though seemingly to a lesser extent—also was active in conducting their own efforts to pressure legislators,[160] although the Republican controlled legislature was already "heavy with Tea Party stalwarts."[161] Thus, the Tea Party and AFP, though active in Missouri's expansion debate, were nowhere near as active as they were in Michigan. After all, the legislature was already filled with many ideological allies, and Medicaid expansion never really came that close to passing in Missouri during the period of analysis: consequently not warranting high levels of mobilization by such groups. Thus, like in the expansion debate, the fact that Medicaid expansion never came that close to passing in Missouri did not necessitate zealous lobbying on the part of grassroots groups. They had little reason to devote the same time

[159] Hertel-Fernandez et al. 2016.
[160] Hertel-Fernandez et al. 2016.
[161] Porter, Eduardo. 'Why the Health Care Law Scares the G.O.P.' *New York Times*, 1 October 2013. https://www.nytimes.com/2013/10/02/business/economy/why-the-health-care-law-scares-the-gop.html.

and resources to blocking Medicaid expansion than their counterparts in Michigan did. However, the high levels of lobbying by the state's Chamber and Hospital Association required some mobilization by the AFP and Tea Party to counter the institutional access and wealth held by the elites. Therefore, as this case study once again shows, elite interests do not always get what they want in policy debates, even when they lobby aggressively. The contextual factors of little popular support for the ACA in Missouri and the state's Republican dominated legislature were ultimately too much for wealthy interest groups to overcome. Hence, this next section will elaborate on how elite interest group influence was dependent on these two contextual factors: popular support and partisanship.

Factor One: Popular Support (or lack thereof)

Like in Missouri's expansion debate, the fact that Missouri voters had demonstrated their hostility to the ACA through two ACA-related referendums—Proposition C in 2010 and Proposition E in 2012—indicated to Republican legislators that a vote in favor of expansion would likely be met with significant voter backlash. In fact, House Speaker Tim Jones told reporters in 2013 that he believed "a supermajority of Missourians do not want us to implement any form of Obamacare in this state."[162] Thus, whether or not it was actually true that a supermajority of Missourians actually felt this way about implementing "any form of Obamacare" does not matter, the point is that legislators felt that a significant portion of the population would have opposed the expansion. After all, 72% of voters in 2010 voted for a bill that challenged the ACA's individual mandate (Proposition C), and 62% of voters in 2012 voted

[162] Lieb, David. 'Analysis: Missouri Medicaid Expansion Unlikely in 2013'. *Columbia Missourian*, 21 April 20https://www.columbiamissourian.com/news/state_news/analysis-missouri-medicaid-expansion-unlikely-in-2013/article_c3512467-bcac-50ae-985a-0f20bc3ebdc5.html.

in favor of a bill that would prevent the Governor from creating a state-based exchange.[163] Thus, Tim Jones' sentiment that ⅔ of voters would oppose expanding Medicaid is not unfounded. As a result, Republican legislators would have had good reason to fear a successful primary challenge against them should they vote to "implement Obamacare," no matter how much electoral support groups such as the Missouri Hospital Association or the Chamber of Commerce offered to Republicans who bucked their party.

Thus, whereas in Michigan public support for Medicaid expansion appeared to be quite favorable (one prominent study found that 63% of voters supported expansion),[164] in Missouri such was not the case. With elite interest group support promised to Michigan Republicans who voted for expansion, legislators could reasonably think that a vote for ACA implementation would not doom their reelection chances. However in Missouri, given the public's continued resistance to the ACA, legislators would probably ruin their reelection chances had they voted to expand Medicaid. Hence, public opinion against Medicaid expansion proved to be an insurmountable barrier to expansion. Hence, despite high levels of elite interest group activity, these groups were unsuccessful in achieving their policy goals during the initial stages of the ACA's implementation—and the factor of lack of popular support played a major role in this lack of success. Consequently, it was the AFP and Tea Party who won this initial debate—who despite lower levels of lobbying activity than the elite groups—prevailed largely due to public sentiments about the ACA.

[163] Beland, et al. 2016, Pp. 87-89.
[164] Adams 2013.

Factor Two: Partisanship

In addition to the factor of lack of popular support, the similar factor of Republican's domination of the Missouri state legislature also proved to be a major hindrance to the passage of Medicaid expansion in Missouri. To reiterate, from 2012 to 2014, the party makeup in the General Assembly was 24 Republicans to 10 Democrats in the Senate; and 110 Republicans to 53 Democrats in the House.[165] Thus, Republicans held supermajorities in both chambers of the Missouri General Assembly, creating a major barrier to implementing a reform so deeply associated with Democrats and President Obama. Moreover, it was not simply that the Missouri General Assembly was Republican, it was that it was full of "Tea Party stalwarts."[166] Thus, despite the practical benefits that Medicaid expansion would have afforded Missouri—including billions of dollars of federal funds flowing into the state, hundreds of thousands newly covered Missourians, thousands of jobs being created, and rural hospitals not being forced to shut down due to scheduled reductions in DSH payments—Republicans would not budge. This continued Republican blockage of Medicaid expansion caused the Editorial Board of the St. Louis Dispatch to lament, "If facts mattered, Medicaid expansion would be a slam dunk.[167] Moreover, lobbyist Kit Bond, when asked what it would take to change the minds of Republicans in the General Assembly, replied "Nothing that I know of other than dynamite."[168] Thus, in the Missouri General Assembly, there was very little that interest groups could do to convince these Republican legislators to vote to expand Medicaid. Despite their well-coordinated efforts, despite

[165] All data on Missouri General Assembly's party makeup found at ballotpedia.com. Link: https://ballotpedia.org/Missouri_General_Assembly
[166] Porter 2013.
[167] The Editorial Board. 'Editorial: If Facts Mattered, Medicaid Expansion in Missouri Would Be Slam Dunk'. STLtoday.com, 22 February 2015. https://www.stltoday.com/opinion/editorial/article_ebb941e4-890e-5e67-ae66-eabe95efa549.html.
[168] Cheney, Kyle. 'Dem Trio Stuck in Medicaid Morass'. *Politico*, 27 April 2014. https://www.politico.com/story/2014/04/medicaid-obamacare-democrats-106051.

their institutional access, and despite their deep pockets; elite interests ultimately lost on Medicaid expansion in the initial stages of ACA implementation—largely due to the Republican domination of the Missouri General Assembly. Conversely, right-wing grassroots groups, despite their only moderate advocacy efforts, achieved their policy goals of ACA non-compliance. This is because their interests aligned so perfectly with the Republican dominated legislature full of "Tea Party stalwarts," leading to little need for high levels of mobilization and advocacy on their part.

Conclusion

To conclude, the case of Missouri's failed Medicaid expansion offers compelling support for the central hypothesis of this thesis: that elite interest groups in the states' implementation of the ACA was dependent on contextual factors—in this case those factors being lack of public support for the ACA and partisanship in the state legislature. Despite a coordinated and aggressive campaign for expansion by well-resourced and politically connected interest groups, expansion was blocked in 2013 and 2014 by a Republican dominated legislature that was hostile to the ACA and well aware of its unpopularity with Missouri voters. This political context made it so that even elite interest groups were unable to overcome these barriers to reform. On the other hand, right-wing grassroots groups such as the Tea Party and AFP saw their policy goals met in this debate, despite more limited levels of mobilization. However, their success did not come from some superior lobbying strategy, but rather from the fact their interests were already aligned with the interests of the broader public and the General Assembly.

Nevertheless, this analysis is constrained by limitations in available data. While elite interest group mobilization is well-documented in news coverage, scholarly articles, and press

releases, it is far more difficult to precisely assess the level of grassroots mobilization in Missouri's Medicaid expansion debate. Most of the primary source material cited in secondary literature, such as Tea Party and AFP blog posts and facebook posts, has disappeared from the internet. Consequently, my conclusions about the scope and scale of grassroots mobilization must be qualified. Nevertheless, reports of AFP-funded ad-buys and coordinated campaigns do exist, along with reports of Tea Party activists contacting legislators.[169] Thus, the data still supports my argument that grassroots groups still played a minor role in stopping Missouri's Medicaid expansion, largely because their goals aligned with the broader political climate in Missouri.

But ultimately, limitations of my research notwithstanding, the Missouri case once again illustrates the neopluralist maxim that elite interest groups are sometimes successful and sometimes not, depending on contextual factors. While wealth and access may increase the likelihood of success, they do not guarantee it. Instead, success is dependent on the broader political and institutional context in which interest groups operate. In Missouri, this context overwhelmingly favored anti-ACA sentiments and Republican obstructionism, leaving elite interest groups unable to capitalize on the economic and humanitarian benefits of expanding Medicaid. Thus, the case of Missouri provides further support for my hypothesis that elite interest group influence in the states' implementation of the ACA was dependent on contextual factors.

[169] Hertel-Fernandez et al. 2016.

Chapter 6 - Conclusion

In this thesis, I sought to evaluate elite interest group influence in the states' implementation of the Affordable Care Act (ACA), testing whether or not policy outcomes in the states of Michigan and Missouri supported the neopluarlist theoretical framework on interest group power. Ultimately, I found that elite interest group influence in the states' implementation of the ACA was dependent on a myriad of contextual factors, such as public support for the ACA, partisanship in the state legislature, ACA policy design, and more. These findings thus support the neopluralist understanding of elite interest group power as dependent on political and institutional context, and not as absolute. Despite the fact that elite interest groups such as the Missouri Hospital Association were well-resourced, well-organized, and politically connected, this was not sufficient for successfully shaping ACA policy outcomes. While such characteristics like wealth and institutional access surely help interest groups get what they want, elite groups must also be operating within a favorable enough political context to achieve policy success. Thus, through this study of two key ACA provisions—health insurance exchanges and Medicaid expansion—my research has demonstrated that elite interest groups are sometimes successful and sometimes not, depending on contextual factors.

The substantive chapters of my thesis provide strong support for this argument regarding elite interest group influence. In Chapter 2, I examined Michigan's decision to defer to a federal exchange, despite elite-interest group mobilization in favor of a state-based exchange. In this chapter, I demonstrated how elite interests lost out in this particular policy debate to less-resourced and less-organized grassroots groups—highlighting how the confluence of four contextual factors—institutional location of the policy debate, policy design of the ACA, partisanship in the legislature, and the individual actions of key legislators—led to elite groups'

failure and grassroots groups success in achieving their policy goals. However, Chapter 3 demonstrated that the same elite interest groups who lost out in the exchange debate were able to prevail in the expansion debate due to more favorable contextual factors—those being public support for expansion, the policy design of the expansion provision within the ACA, and the individual actions of key public officials at critical junctures in the legislative process. Thus, Chapters 2 and 3 show that elite interest group influence can vary even within the same state, depending on contextual factors.

Turning to my exploration of Missouri's ACA implementation, Chapter 4 analyzed the state's decision to opt out of creating a state-based exchange and defer to the federal government. Here, I describe how elite interest groups did not mobilize at all in this particular policy debate because the state's political environment made achieving policy success extremely unlikely. Low public support for the ACA, Missouri's Republican-dominated legislature, and the policy design of the exchange-provision made it so that elite interests had little to gain by attempting to lobby for a state-based exchange. Moreover, Tea Party and AFP groups had little reason to lobby themselves for ACA non-compliance, as their policy goals were already all but assured given the political context. Thus, Chapter 4 not only demonstrates the contextual barriers that elite interests can face in shaping policy, but also how contextual factors shape interest groups' strategic behavior. Finally in Chapter 5, I analyzed Missouri's Medicaid expansion debate, where elite interest groups did mobilize aggressively in support of expansion, but still failed. Despite public education campaigns, hiring "one of the best statesmen"[170] in Missouri history to lobby for expansion, and the actual pragmatic benefits of the policy, elite groups were unable to shift the preferences of a deeply Republican legislature. Meanwhile grassroots opponents of expansion saw their policy goals realized despite moderate levels of advocacy. Consequently, this chapter

[170] Columbia Daily Tribune 2014.

demonstrated that even well-funded and institutionally embedded groups cannot overcome high levels of unfavorable partisanship and hostile public opinion.

Together, these case studies confirmed the neopluralist theory that elite interest group power is contextually constrained. While elite interests undoubtedly have certain lobbying advantages, including better funding and more access to key decision-makers, elite interest group policy success is far from a guarantee. Policymaking remains an often contested arena shaped by shifting partisan control, institutional veto points, public attitudes, and the policymakers themselves. Even the most elite interest groups cannot overcome the will of ideologically opposed legislatures and an ideologically opposed public. Thus, this thesis finds that although wealth and an interest group's "eliteness" can open doors to policy success, it cannot overcome certain levels of an unfavorable political context.

Relevance and Implications

This research makes both substantive and theoretical contributions to the study of American political science, specifically the subfield of interest group politics. Substantively, this thesis sheds light on how state-level interest groups—both elite and grassroots—operate when federal legislation requires implementation by state legislatures. In other words, this research highlights the fact that with some federal policies, passage by Congress and the President's signature does not simply end interest group activity on a given issue. Rather federalist policies, like the ACA, can spark whole new interest group battles: like the ones I examined in Michigan and Missouri. When major legislation is signed into law it is not the end of the policy process, "but rather the beginning of the post-reform political contest over its implementation, which is a crucial moment that can have durable consequences for the long term fate of the reform at

hand."[171] Thus, my research contributes to a growing body of research on post-reform politics, highlighting the role that interest groups can play at the state level in this post-reform stage.

Furthermore, theoretically this research offers a position on a long-standing debate about the nature of interest group power in American politics. My research challenges oversimplified accounts of elite interest groups which assume moneyed interests always, or almost always, get their way. While elite interest groups—like a state's hospital association or Chamber of Commerce—are undoubtedly powerful in their respective states, their influence is conditional rather than absolute. Their ability to successfully shape policy outcomes ultimately depends on the political and institutional context in which they are operating in, such as the partisan makeup of the legislature, levels of public support, institutional location, and the design of the policy in question. These findings thus support a neopluralist perspective on interest group power. Inequalities in resources and institutional access certainly exist among interest groups, however policy outcomes are still shaped by contextual factors that can work in favor of any kind of interest group, regardless of the groups' "eliteness."

However, while my research may offer some advocates of reform some optimistic takeaways—most notably that elite interest groups do not necessarily dominate the policy arena—my research also offers them a word of caution. Most notably, that even well-organized interest group coalitions with compelling economic and humanitarian arguments can still fail to shape public policy if they are operating in too unfavorable a political context. Success in policy battles like the debate over health insurance exchanges and Medicaid expansion is not guaranteed by favorable policy reports, wealthy backing, or even the support of a government's

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[171] Patashnik, Eric M. *Reforms at Risk: What Happens After Major Policy Changes Are Enacted*. Princeton, NJ: Princeton University Press, 2008. https://press.princeton.edu/books/paperback/9780691138978/reforms-at-risk.

executive. Rather, interest group success in shaping policy must first meet the requirement of aligning favorably with contextual factors—factors that one may only be able to identify retroactively. Nevertheless, my research calls reformers or policy entrepreneurs to think strategically about lobbying for a given policy, focusing not only on organization, coalition building, and resources, but also on timing and political viability. As John Kingdon's famous theory on policy windows suggests, successful policy change may depend less on the novelty or actual substance of an idea or policy, and more on the strategic coupling of that policy to a favorable political moment.[172] My findings reinforce this position, showing that even well-resourced interest groups can increase their chances of policy success when their efforts align with broader political context.

Limitations

However, as with any qualitative research study, this thesis is subject to several limitations. Most notably, to evaluate interest groups' role in ACA implementation, my analysis relies almost exclusively on publicly available materials—such as media coverage, public statements, voting records, campaign finance data, blog posts, secondary scholarship, and more. While these materials nevertheless provided me with valuable insights into the political debates surrounding ACA implementation as well as interest group activity, they cannot fully account for the many informal, shadowy forms of lobbying that goes on behind closed doors—which could have influenced legislative decisions in ways that my analysis does not account for. Moreover, my research suffered from a lack of available data on grassroots groups such as the Tea Party and AFP, as many blog posts, facebook posts, and testimonies at committee hearings are no longer

[172] Kingdon, John W. *Agendas, Alternatives, and Public Policies*. Boston: TBS The Book Service Ltd, 1984.

available on the internet. Thus, this made it difficult to precisely describe grassroots groups' influence and degree of mobilization. Nevertheless, these limitations notwithstanding, by drawing on a diverse range of materials and situating my analysis in an established theoretical framework; this thesis offers a well-substantiated account of how contextual factors shaped interest group influence during ACA implementation.

Finally the decision to only focus on two states—Michigan and Missouri—means that my conclusions and findings are slightly bounded. While these states were selected for their political competitiveness and institutional similarities, they cannot capture the full range of variation across fifty states' implementation decisions regarding the ACA. However, by comparing how different interest groups succeeded or failed in similar policy debates across states, this research provides a useful framework for thinking about how interest groups might influence policy in other state-level contexts. Thus, while this thesis faces several limitations—most notably in data availability and generalizability—it nonetheless draws meaningful insights from a careful comparison of two states. Hence, this analysis offers a solid foundation for understanding how contextual factors shape interest group influence, and it may inform future research in other state-level policy settings.

Suggestions for Future Research

Future research could build on this thesis by expanding the scope to include a larger and more diverse set of states, particularly those with different partisan compositions. Incorporating more formal methods—such as interviews with key stakeholders, surveys of policymakers, or statistical models—could also offer more direct measures of interest group influence and reveal dynamics not captured through publicly available sources. Finally, exploring how interest groups

adapt their strategies over time in response to changing political opportunities would also deepen our understanding of the conditions under which they are most effective or ineffective. Thus, these directions would help refine theories of interest group influence and provide a more comprehensive picture of state-level interest group environments.

Closing Statement

To conclude, I want to note that while my research shows that elite interest groups often wield considerable influence, their success is never guaranteed. Rather, their policy success depends on timing and the broader political and institutional context. By tracing the uneven outcomes of ACA implementation, this research shows that even in a system often dominated by powerful actors, opportunities for reform remain possible. For advocates of reform, these findings offer a hopeful reminder: with the right strategy and awareness of political windows, meaningful policy change can still be achieved, even in the face of elite opposition.

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