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VOTERS WANT TO EXPAND MEDICAID:

Data for Progress
State-level Polling

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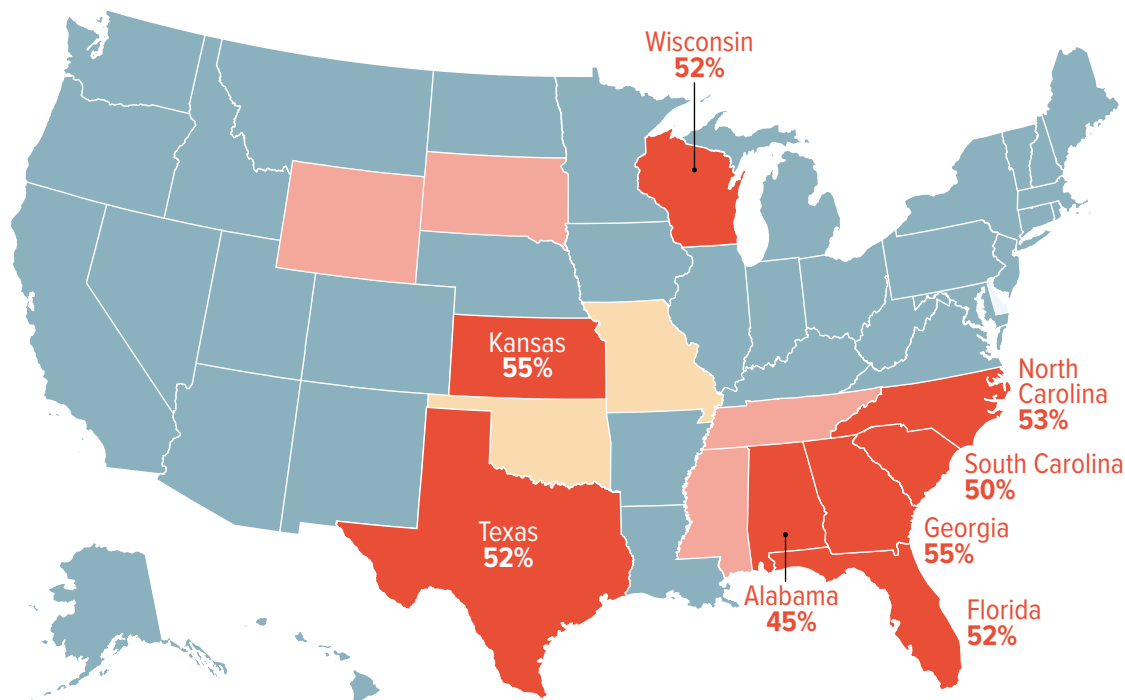
Seven justices led by Chief Justice John Roberts, thwarted the implementation of a key provision of the Affordable Care Act by knowingly weakening America's Medicaid program and ensuring fewer Americans would have health insurance in their 2012 decision, *National Federation of Independent Business (NFIB) v. Sebelius*. Nearly a decade later, the impact of their decision remains devastating.

According to the Kaiser Family Foundation, some 2 million people would have been eligible for Medicaid if not for SCOTUS' ruling, and notably, the nation's hospital closure crisis has also concentrated in states that refused to expand coverage under the ACA. Research shows that increasing Medicaid eligibility decreases the rate of incarceration of Black children. States that expanded Medicaid saw their rates of infant mortality drop at rates surpassing those states that did not expand the program. This trend was particularly pronounced amongst Black infants. Medicaid expansion even led to a reduction of poverty. Finally, states that expanded Medicaid realized financial savings — suggesting that the refusal to expand Medicaid actually impaired the ability of states to budget, running counter to one of the more frequently used arguments against expansion.

As of 2016, nineteen states still refused to expand Medicaid. As Sarah Kliff reports for the *New York Times*, the Trump Presidency, a period when Democrats have been closed out of federal power, has seen intense state level energy directed to expand Medicaid. Activist groups notched major victories in Maine, Missouri, Idaho, Utah, Nebraska, and Oklahoma, using ballot initiative processes to force the issue. This story shows how activists committed to building a more egalitarian country can persist and win major victories, even in the face of massive and sustained opposition from the Republican Party. Now, with implementation forthcoming in Missouri and Oklahoma, only 12 holdouts remain.

Status of State Action on the Medicaid Expansion Decision

■ Adopted and implemented ■ Adopted but not implemented ■ Not implemented

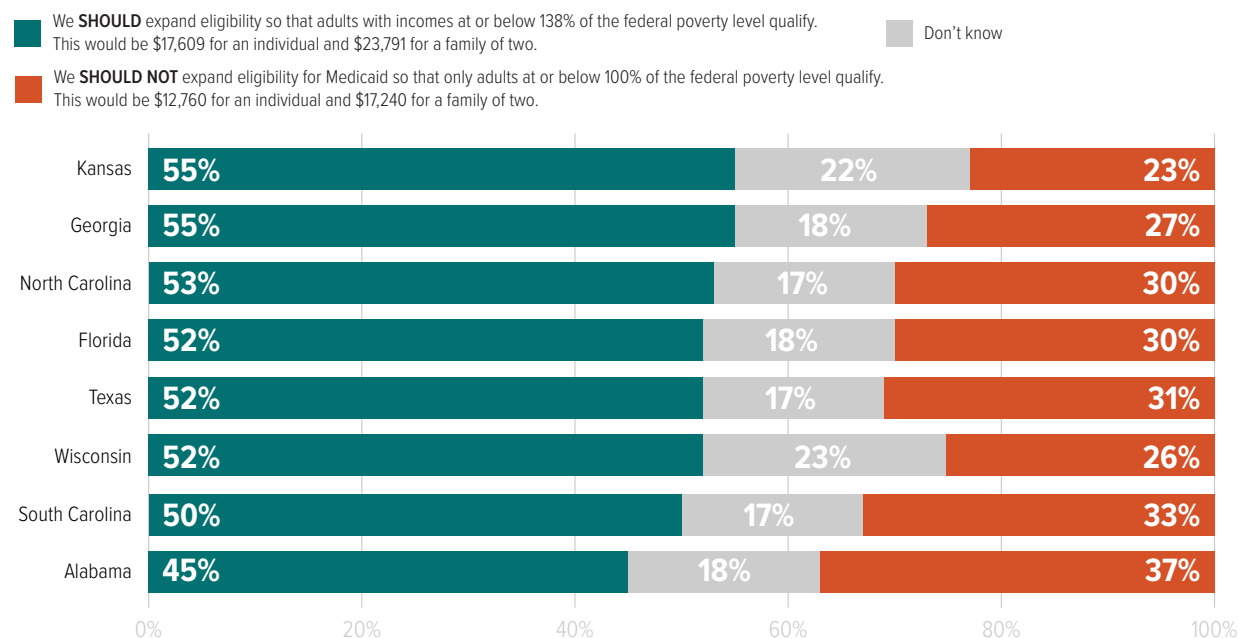


As part of a series of surveys fielded at the end of October into early November, 2020, Data for Progress tested support for expansion of Medicaid in eight of these 12 states. Specifically, we polled likely voters in Alabama, Florida, Georgia, Kansas, North Carolina, South Carolina, Texas, and Wisconsin. **In all eight states we find high levels of support for Medicaid expansion.**

We find majority support for Medicaid expansion in Georgia (55 percent), Kansas (55 percent), North Carolina (53 percent), Florida (52 percent), Texas (52 percent), Wisconsin (52 percent), and South Carolina (50 percent). In Alabama we find plurality support for Medicaid expansion (45 percent).

Voters Support Expanding Medicaid

When thinking about Medicaid, a government program that provides health insurance to lower income Americans under the age of 65, what comes closer to your view?



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Medicaid expansion stands out as both a political success—in the face of Republican obstinacy at the federal and state level the program endures—and as a piece of public policy that dramatically improved health outcomes. Medicaid expansion provides us with a blueprint for what a reformist approach to ensuring universal health insurance in the United States could look like. It also offers a clear alternative to constructing convoluted market mechanisms such as the exchanges or reimposing the individual mandate—a provision that, in the end, was not even necessary to ensure the functionality of the ACA. Rather than relying on private markets to provision something as crucial as health insurance, the state itself should take on this responsibility, with a focus on addressing the needs of the most disadvantaged at risk first.

Medicaid expansion represents a way to improve the material conditions of working and poor Americans, even if avenues at the federal level may be restricted. As Cornell Professor Jamila Michener [argued on the Data for Progress blog](#), Medicaid expansion is both a question of racial justice and a policy connected to democratic citizenship.

“Medicaid matters for the quality of American democracy. Because Medicaid has striking racial disproportionalities and it affects numerous forms of political action, the prospects for racial justice in the United States — a goal that demands both material and political equality — are tied up with the fate and trajectory of Medicaid,” Michener wrote.

Democrats now hold a narrow majority in the Senate. For the *New York Times*, Sarah Kliff [outlines](#) ways that, using the reconciliation process, Democrats could address the Medicaid coverage gap, such as increased subsidies so those affected could purchase private plans. Congress could also increase the incentive for states to expand Medicaid. Democrats should also not be afraid to go bigger and ought to consider funding another increase in the eligibility threshold of Medicaid, such as to 200 percent of the federal poverty line.

These potential moves at the congressional level can augment and bolster advocates at the state level currently working to expand Medicaid. Though many Republican politicians may oppose giving people health insurance, the majority of likely voters in the states they govern disagree.

Methodology

From January 10 to January 12, 2021, Data for Progress conducted a survey of 583 likely voters in Wisconsin using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 4.1 percentage points.

From October 27 to November 1, 2020, Data for Progress conducted a survey of 926 likely voters in Texas using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 3.2 percentage points.

From October 27 to November 1, 2020, Data for Progress conducted a survey of 880 likely voters in South Carolina using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 3.3 percentage points.

From October 27 to November 1, 2020, Data for Progress conducted a survey of 908 likely voters in North Carolina using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 3.3 percentage points.

From October 27 to November 1, 2020, Data for Progress conducted a survey of 1036 likely voters in Georgia using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 3.0 percentage points.

From October 27 to November 1, 2020, Data for Progress conducted a survey of 1202 likely voters in Florida using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 2.8 percentage points.

From October 27 to November 1, 2020, Data for Progress conducted a survey of 1045 likely voters in Alabama using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 3.0 percentage points

From October 22 to October 27, 2020, Data for Progress conducted a survey of 1157 likely voters in Kansas using SMS and web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 2.9 percentage points.

QUESTION WORDING

When thinking about Medicaid, a government program that provides health insurance to lower income Americans under the age of 65, what comes closer to your view?

- ▶ We should expand eligibility so that adults with incomes at or below 138% of the federal poverty level qualify. This would be \$17,609 for an individual and \$23,791 for a family of two.
- ▶ We should not expand eligibility for Medicaid so that only adults at or below 100% of the federal poverty level qualify. This would be \$12,760 for an individual and \$17,240 for a family of two.
- ▶ Don't know