

The Mass Political Implications of Medicaid Administrative Burden

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“There are lots of hoops to jump through”



Interaction with the administrative state affects political efficacy and participation

- Mixed findings about policy feedback effects of being a **policy recipient** (*positive*: Mettler 2005, Campbell 2003, Soss 2000; *negative*: Plutzer 2010, Soss 1999)
 - Most existing work looks at one snapshot in time and in one location, and/or assumes consistent levels of administrative burden
- Small positive **mass-level** effects of Medicaid expansion on voter registration and turnout (Clinton & Sances 2018)

I argue that **administrative burden** is a mechanism in the policy feedback loop, through which policies shape politics.

Research question

How did the administrative burden of **Medicaid** impact mass-level voter turnout in national elections in the aftermath of the implementation of the Affordable Care Act?

Expectation: Greater Medicaid administrative burden caused a decline in voter turnout.

- *Logic:* Interactions w/administrative state (via govt programs)—or their spillover effects on the mass public—influence attitudes about the govt, the program, and recipients, as well as political efficacy, which affect likelihood of voting.

Why Medicaid?

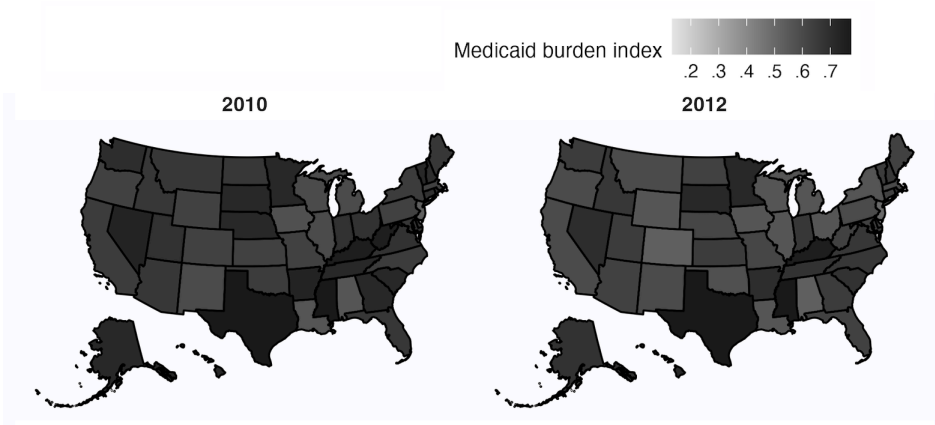
- Provides a basic need: health coverage
- Joint federal-state program administered largely by states → great potential for variation in administration
- ACA/Obamacare passed in 2010, implemented in 2014:
 - Option for state Medicaid expansion to individuals with $\leq 138\%$ FPL
 - Required *all* states to streamline enrollment and renewal processes
- Highly visible and traceable to government
 - 1 in 5 Americans *currently* enrolled
 - 2/3 of the public has been/is recipient or has/had someone close to them on Medicaid (Kaiser Family Foundation polls)

Measuring Medicaid administrative burden

Enrollment & Eligibility	Renewal & Online Account
Enrollment wait length (# months/12) Face-to-face interview at enroll, NP Asset test at enroll, NP Face-to-face interview at enroll, P Asset test at enroll, P No telephone application No online application No online app via mobile device Online app not mobile-friendly No mobile app for app submission No express lane eligib for enroll, CH No continous eligibility, CH No presumptive eligibility, CH No presumptive eligibility, P No presumptive eligibility, pregnant State real-time elig determin (1 - %) Work requirement to be eligible	Face-to-face interview at renew, NP Renewal freq, NP (1 - # months/12) No express lane eligib for renewal, CH Face-to-face interview at renew, P Renewal freq, P (1 - # months/12) No telephone renewals No state processing of auto-renewals No prepopulated renewal form No online renewal No online account Online acct not mobile-friendly Can't authorize 3rd party access online Can't upload verification docs online Can't go paperless

Notes: Data compiled from Kaiser Family Foundation. P=parents, NP = non parents, CH = children.

Medicaid administrative burden levels across the states



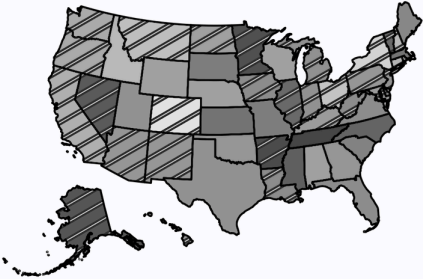
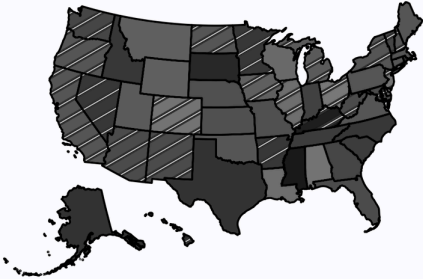
Medicaid administrative burden levels across the states

Expanded Medicaid? No Yes



Medicaid burden index 
.2 .3 .4 .5 .6 .7

2014

2016



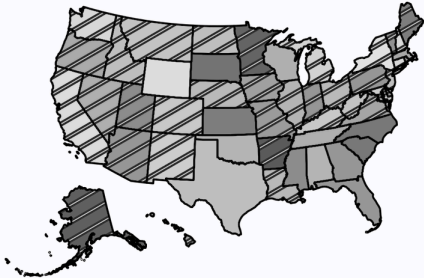
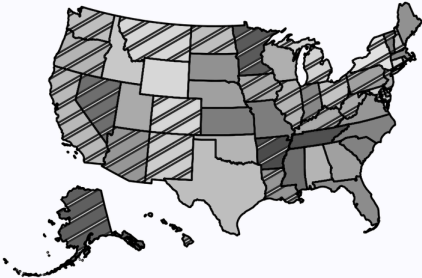
Medicaid administrative burden levels across the states

Expanded Medicaid?  No  Yes

Medicaid burden index 
.2 .3 .4 .5 .6 .7

2018

2020



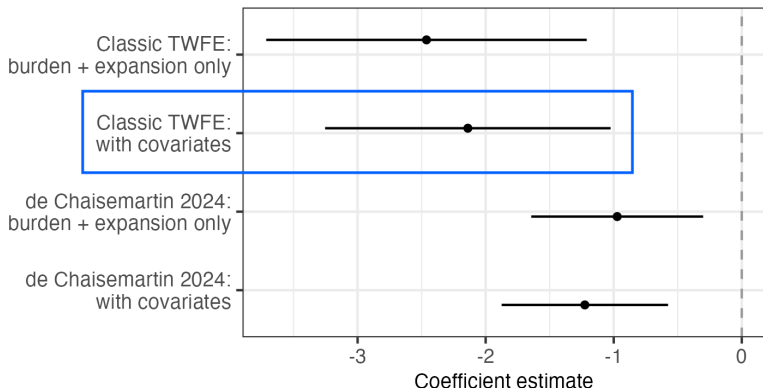
Methodological approach

- Generalized difference-in-differences design
 - Two estimators, separately: classic linear two-way fixed effects and de Chaisemartin and D'Haultfoeuille TWFE (2024) (non-binary treatment, may increase or decrease multiple times; heterogeneity-robust)
- Unit of analysis: border counties in given year from 2010-2020 (even)

$$Turnout_{cst} = \tau AdminBurden_{st} + \gamma_{cs} + \theta_t + \alpha \mathbf{X}_{cst} + \beta \mathbf{X}_{st} + \epsilon_{cst}$$

γ_{cs} : county fixed effects \mathbf{X}_{cst} : county-level: demographics, log voting age population, Dem vote share in previous presidential election, high Medicaid eligibility status + interaction with expansion status
 θ_t : year fixed effects \mathbf{X}_{st} : state-level: Medicaid expansion status, swing state in previous presidential election; in midterm years: presence of gubernatorial or Senate race or both

Effect of Medicaid administrative burden on turnout

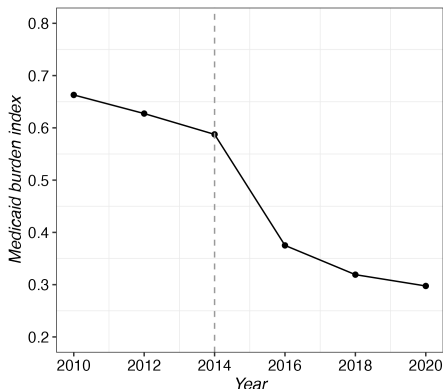


Interpretation: The effect of a county having the highest Medicaid burden level (index value of 0.77) versus the lowest burden level (index of 0.13) was a decline of 1.37%pts in turnout, *net of Medicaid expansion status and electoral administrative burden*

Discussion and Implications

- Lived experience with govt program administration is a critical pathway through which certain policies shape participation
- So what can government do?
 - **Federal level:** require streamlining of enrollment and renewal processes, e.g., the ACA; require fed oversight of significant state/local administration decisions
 - **State/local levels:** consider user experience when making program administration decisions

Average Medicaid burden over time



Thank you!

Please feel free to reach out at dost2@wisc.edu and/or check out the full paper (linked here) at www.meredithdost.com