The Enabling Factors & Barriers to the Passage of the Immigrant Children's Health Improvement Act:
A Florida Case Study

Sarah Bond
Advisors: Professors Nathan Boucher & Dirk Philipsen

Public Policy Honors Thesis – Final Draft
Duke University
Durham, North Carolina
November 2020

Acknowledgements

I am incredibly grateful for the guidance and support that I have received throughout the process of writing this thesis. First, I would like to thank my advisor, Professor Nathan Boucher, and my thesis seminar professor, Professor Dirk Philipsen. My conversations with each of you consistently pushed me to think outside the box and expand the depth of my analysis, greatly improving the quality of this work. Special thanks also to Alicia Groh, from the Duke Reader Project, whose insights greatly improved the effectiveness of how I present my findings; Andrea Thoumi, from the Duke Margolis Center for Health Policy, for inspiring me to pursue this thesis; all legislators, lobbyists, and policy advocates who participated in interviews with me, without whom this research would not have been possible; and my family and friends for all the support over the last year. I would also like to thank the Sanford School of Public Policy for funding this project through the TRE Honors Research Fund and EADS Endowment Program.

Table of Contents

Abstract

More than 50% of first-generation immigrant children do not have health insurance. Lack of insurance directly contributes to worsened access to health care and worsened health outcomes. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) prevented legal permanent residents (LPRs) from accessing federal benefits until they had lived in the United States for at least five years. In 2009, PRWORA's impact was lessened by the Legal Immigrant Children's Health Improvement Act (ICHIA), part of the Children's Health Insurance Program Reauthorization Act (CHIPRA), allowing states to eliminate the five-year wait period for LPR pregnant women and children to be eligible for Medicaid/CHIP. 35 states passed the ICHIA for LPR children and/or pregnant women, while 15 states maintain the wait period for all. Existing literature shows which states implemented the ICHIA but says little about why some states have passed it and others have not. This paper aims to fill that gap by using Florida as a case study, a state in which the ICHIA was proposed unsuccessfully for six years before being passed in 2016. Based on legislative proceedings and interviews with key informants, I identified three key barriers (fiscal impact to the state, the perceived value of self-sufficiency, and anti-immigrant sentiment), and three enabling factors to the ICHIA's passage (strong Latino Republican caucus, a low fiscal impact, and a unified lobbying coalition). By understanding the enabling factors and barriers in Florida, other states may learn how they can overcome obstacles to expanding immigrants' access to health insurance.

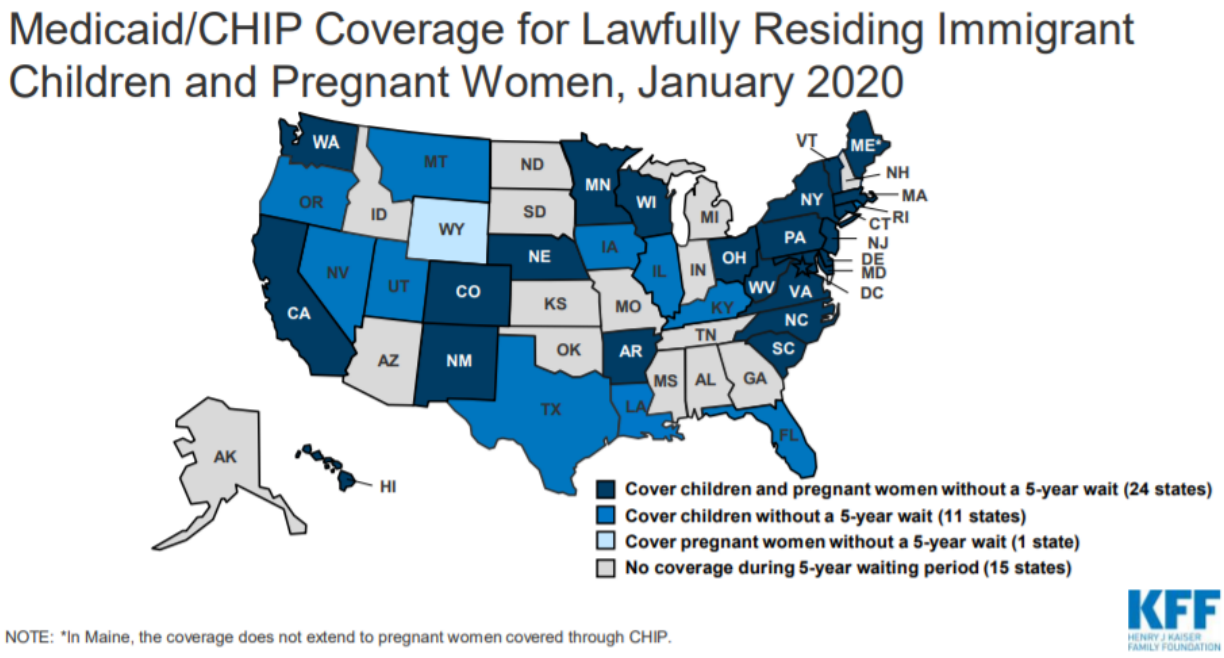
Introduction

More than 50% of first-generation immigrant children in the U.S. do not have health insurance, while only 14.3% of U.S. native-born children face this problem (Bronchetti 2014). This disparity in health insurance is notable because it contributes to worsened access to health care for immigrant children (Flores et al. 2017). Lack of access to health care a) contributes to poor health outcomes for immigrants, b) increases exposure of the public to communicable disease, c) increases expensive emergency care visits, and d) limits the ability of immigrants to contribute to the economy (Viladrich 2012). Immigrants face several barriers to equitable access, including fear of deportation, cultural/language differences, and laws which explicitly aim to limit immigrants' access to care (Philbin et al. 2018).

One such law explicitly aimed at reducing immigrants' access to health insurance is the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Since this act's passage, legal permanent residents (LPRs) have been unable to access federal benefits, including Medicaid, until they have lived in the United States for five years. Proponents of PRWORA argued that this legislation would reduce the so-called "welfare magnet" that drew immigrants to the United States, increase their self-sufficiency, and lower immigrants' burden on the public benefits system (U.S. Congress, House, No. 114, 1996). As a result of PRWORA's passage, uninsurance rates among immigrants increased (Kaushal and Kaestner 2005) and utilization of health services declined (Cho 2011). Although PRWORA was ultimately signed into law, it faced significant criticism during Congressional proceedings (U.S. Congress, Senate, 1996) and at least 21 states responded to its passage by instituting their own programs to provide immigrants access to public health insurance (Bronchetti 2014).

In 2009, the impact of PRWORA on immigrants was lessened by the Legal Immigrant Children's Health Improvement Act (ICHIA), a part of the Children's Health Insurance Program Reauthorization Act (CHIPRA), which allowed states the option of eliminating the five-year wait period for LPR pregnant women and children to be eligible for Medicaid/CHIP. After this act's passage, 24 states (including the District of Columbia) allowed both lawfully residing immigrant children and pregnant women to be covered without the five-year wait. In addition, eleven states allowed only children to avoid the wait and one state allowed only pregnant women to avoid the wait. Fifteen states maintain the wait period for all LPRs (see Figure 1). States that have implemented the ICHIA have experienced a 24% increase in insurance coverage for immigrant children (Saloner, Koyawala, and Kenney 2014).

Figure 1. (Brooks et al. 2020)



Although existing literature documents which states have and have not implemented the ICHIA and why the federal government included it in CHIPRA, there is a gap in the literature regarding why some states have passed it and others have not, and why some states initially

failed to pass the ICHIA but later did so. I focus on the latter case, specifically within the context of the state of Florida. Florida is the optimal state in which to examine the enabling factors and barriers for the ICHIA's passage for three reasons: 1) Like most states that have not passed the ICHIA, it has been consistently led by a Republican-dominated legislature and Republican governor since 2009. This means that findings from Florida are more likely to be applicable to states where the ICHIA has not yet passed. 2) In Florida, the ICHIA was proposed annually for six years (2010 – 2015) before it was ultimately passed for children in 2016. Those six failed proposals serve as tools for understanding the barriers that states face in passing the ICHIA, while the successful passage in 2016 provides insight into the enabling factors that allowed Florida to overcome such barriers. 3) Florida has recordings of all legislative proceedings that took place surrounding this legislation, resulting in a rich data source for analysis. By analyzing the state of Florida, I provide insight into the enabling factors and barriers that this state faced when passing the ICHIA and assess how these can be applied in other states where the ICHIA has not yet passed.

Research Questions

For this paper, I explored the overarching research question of: What are the enabling factors and barriers to the state-level passage of the Immigrant Children's Health Improvement Act in Florida? To answer this question, I examined the following two sub-questions: 1) Why did the ICHIA fail to pass in Florida prior to 2016? And 2) What changed to permit the ICHIA's passage in Florida in 2016?

Literature Review

The Value of Public Health Insurance for Children

Health insurance is valuable for improving equity and efficiency. On the one hand, health insurance improves equity by ensuring that people can afford receiving health care. In doing so, people who have health insurance are more likely to utilize health services and to have better health outcomes. In fact, immigrant children without access to Medicaid/CHIP were found to be 60% less likely to access a doctor within 12 months compared to immigrant children with access to health insurance (7.5% vs. 19%, respectively) (Bronchetti 2014) and 40 times more likely to lack a usual source of preventative care (20% vs. 0.5%, respectively, $p < .01$) (Flores et al. 2017). In addition, children without health insurance were nearly half as likely as children who recently obtained health insurance to have an excellent or very good health status (46% vs. 27%, respectively; $p = .01$) (Flores et al. 2017). Lack of access to health care raises human rights concerns. Many international conventions, covenants, and treaties have declared health as a human right, with the 1946 WHO Constitution stating, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" ("Human Rights and Health" 2017) Although the United States does not declare health as a human right, this ideal and the promotion of equity remain important reasons for why public health insurance is valuable.

In addition to promoting access to health care to improve equity, provision of public health insurance promotes efficiency by increasing the use of preventative services and decreasing the use of costly emergency services. In fact, Flores et al. found that providing health insurance to Medicaid/CHIP-eligible uninsured children saves $2,866 per child, suggesting that America could save $8.7 – $10.1 billion annually by providing health insurance for all uninsured

children (Flores et al. 2017). These cost savings were found by determining the difference between the mean annual healthcare costs of an insured child versus those of an uninsured child. Nathaniel Hendren and Ben Sprung-Keyser argue that the benefits of Medicaid expansion can be furthered by considering not only the cost savings from reduced childhood hospitalizations, but other benefits to government, like the value of child lives saved as a result of their access to health insurance and the increased productivity of these children when they become adults (Hendren and Sprung-Keyser 2020). By taking these benefits into account, the value that health insurance creates in increasing access to preventative care far exceeds the cost of paying for such services.

Immigrants' Unique Barriers to Accessing Health Care in the United States

The five-year wait period for legal permanent residents to access Medicaid and CHIP is only one of many unique barriers that immigrants face to accessing health care in the United States. Extensive literature documents other barriers to health care access, including fear of deportation, cultural differences, and other laws which explicitly aim to reduce immigrants' access to care.

The United States' increasingly restrictive immigration policy instills fear within immigrants, not only from entering the country, but from accessing health care. One example of such restrictive policy is section 287(g) of the Immigration and Nationality Act, which permits local law enforcement officials to act as Immigration and Customs Enforcement agents, responsible for routinely enforcing federal immigration policy within their communities. According to Rhodes et al., Hispanic/Latina mothers were more likely to access prenatal care late and inadequately in counties which had implemented 287(g) than in counties which had not (Rhodes et al. 2015). Similar results regarding restrictive immigration policies' negative

relationship with immigrants accessing health care have been found in studies following the implementation of Arizona's SB 1070 and California's Proposition 187. Arizona's SB 1070 was a piece of state legislation that allowed law enforcement to detain individuals unable to prove their citizenship upon request. Toomey et al. (2014) found that after this act's passage, adolescents and mothers were less likely to use preventative health care and public assistance. California's Proposition 187 was proposed in 1994 and, if enacted, would have required physicians to report undocumented immigrants to immigration officials. Although not ultimately passed, Berk and Schur (2001) found that its proposal increased fear for undocumented immigrants to access health insurance, with 39% of undocumented immigrants expressing anxiety about using medical care due to their undocumented status. Documented immigrants are not spared from these fears despite having documentation of their legal status. Rather, they are afraid that accessing health care benefits could put their legal status at risk or make it more difficult to become a citizen in the future (Ku and Jewers 2013).

Another barrier that immigrants face to accessing health care in the United States is that cultural differences – predominantly language differences – may result in confusion regarding the U.S. health care system. When such a barrier exists, patients are unable to adequately convey their needs to health providers and providers are not able to communicate next steps to patients. Additionally, patients who do not speak English well are less likely to seek primary or other care (Ku and Jewers 2013). Not only might the language be new, but the entire U.S. health care system is also likely new to immigrants. The United States' health care system's rules are uniquely worded and distinctive from other countries. Navigating differences, such as privatized healthcare, add to the difficulty in accessing care (Ku and Jewers 2013). Though immigrants are

a population unlikely to be familiar with the U.S. health care system, few health literacy interventions exist to combat this problem (Fernández-Gutiérrez et al. 2018).

While these barriers impact immigrants' health indirectly, a third barrier, health care policy, directly aims to decrease immigrants' access to health care. For example, the state of Arizona mandates that state health employees report suspected undocumented immigrants (Philbin et al. 2018). In this way, the state directly discourages undocumented immigrants from accessing health services. Not only do health policies limit undocumented immigrants' access to health care and health insurance, but they also limit the access of legal permanent residents. Since the 1996 passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), legal permanent residents (LPRs) have been unable to access federal benefits, including Medicaid, until they have lived in the United States for at least five years (Philbin et al. 2018). This five-year wait period is the primary barrier to health care that this thesis addresses.

Passage of PRWORA in 1996

PRWORA was passed and enacted in 1996 with the stated goals of reducing United States residents' dependency on welfare and discouraging immigrants from migrating to the United States for welfare benefits. Though the act had a broad range of implications, it specifically targeted the reduction of immigration to the United States by implementing a five-year wait period for legal permanent residents to access benefits. One of the founding reasons for the enactment of such a policy was the perception, by some, that welfare acted as a magnet, attracting immigrants to the United States, and taking American tax dollars away from citizens (Viladrich 2012). Another stated motivation was to increase self-sufficiency among immigrants; Title IV of PRWORA explicitly states that part of the United States' immigration policy is that "…aliens within the Nation's border not depend on public resources to meet their needs…" (U.S.

Congress, House, No. 114, 1996). Furthermore, Title IV argues that PRWORA is designed to reduce immigrants' burden on public benefits.

Though PRWORA was signed into law in 1996, it was not without its critics. During Congressional proceedings, many witnesses described why they were opposed to this legislation. Arguments that arose often fell into the categories observed by Anahí Viladrich in his examination of frames used to support unauthorized immigrants' deservingness of U.S. health benefits. Relevant frames include the "effortful immigrant," a "surveillance" account to protect American citizens, and a "maternalistic" frame (Viladrich 2012). The "effortful immigrant" argument was utilized frequently by critics of PRWORA, who argued that it was wrong for immigrants to work hard, pay taxes, participate in the armed forces, but not receive medical benefits (U.S. Congress, House, No. 115, 1996). The "maternalistic" frame was also used, as many critics pointed out that PRWORA would hurt children (U.S. Congress, House, No. 115, 1996). Some opponents of PRWORA took this argument a step further, stating that this legislation's passage would not only hurt immigrant children, but American children too (U.S. Congress, Senate, 1996). This illustrates Viladrich's "surveillance" frame – showing that aiding immigrants acts as a form of defense for the American public because access to health care reduces the spread of contagious diseases. Other arguments that do not fall into Viladrich's frames were also used by witnesses in Congressional proceedings. One common argument was that LPRs "played by the rules," indicating that they are legally in the United States and should not be penalized for following the law (U.S. Congress, House, No. 115, 1996). Another argument was that this provision would not actually reduce costs, but simply shift costs to states that have a high number of immigrants (U.S. Congress, House, No. 115, 1996). Additional criticisms emerged after PRWORA's passage. For instance, Fix and Passel opposed the

argument that welfare acts as a magnet to immigrants – pointing out the fact that most immigrants come to the United States for jobs, not public health insurance (Fix and Passel 2002).

Due to PRWORA's passage, uninsurance rates among immigrants increased, resulting in lower access to health care services and worsened health outcomes. In fact, uninsurance rates increased most among unmarried, low-educated foreign-born women and their children. Among this group, the proportion of those uninsured increased by 9.9 – 10.7 percentage points due to PRWORA's passage (Kaushal and Kaestner 2005). As a result of immigrant women having lower access to health insurance, some studies have found that utilization of health services declined, worsening health outcomes for mothers and infants (Cho 2011). Large disparity also exists between uninsurance rates among immigrant children and their peers native to the U.S. as a consequence of PRWORA – over 50% of first-generation immigrant children are uninsured, while only 14% of U.S. native-born children lack insurance (Bronchetti 2014). Additionally, enrollment in public insurance declined among eligible immigrants following PRWORA's passage (Kandula et al. 2004).

In response to PRWORA's passage, many states began funding their own programs to provide immigrants access to public health insurance. Within two years of PWORA's implementation, six states had created their own programs to cover prenatal care for federally ineligible lawful immigrants (Green et al. 2016). States also created programs to fill the gap in coverage for immigrant children – 21 states had produced a mechanism to provide insurance coverage for immigrant children by 2004 (Bronchetti 2014). By expanding insurance eligibility to immigrant children, states increased Medicaid / SCHIP enrollment by 23% (Bronchetti 2014), resulting in augmented utilization of health services. In states that provided public insurance, immigrant children were 8.9% more likely to have a usual place of care and 34.1% less likely to

visit the emergency room (Bronchetti 2014). This means that immigrants had increased access to preventative care as a result of the provision of health insurance.

Passage of CHIPRA in 2009

The 2009 bipartisan passage of CHIPRA offered states a greater opportunity to expand insurance coverage to LPR children and pregnant women. The ICHIA was included as a part of CHIPRA, and it allows states the option of eliminating the wait period for pregnant women and children who are LPRs and meet the Medicaid and CHIP eligibility requirements. In states that pass the ICHIA, the federal government matches the funds needed to cover immigrant children and pregnant women to limit the cost to the state (Green et al. 2016). Since the passage of this act, 24 states have adopted the ICHIA for both lawfully-residing immigrant children and pregnant women (including the District of Colombia), 11 states have adopted it for children only, and 1 state has adopted it for pregnant women only (Brooks et al. 2020).

Prior to this act's passage, debate occurred among proponents and critics of the act. On the one hand, critics of CHIPRA used many of the same arguments that had been invoked in PRWORA's favor in 1996. For instance, critics worried that expanding health insurance to legal immigrants would act as a burden to the benefits system and could result in a slippery slope in which illegal immigrants are also covered (US. Congress, House, 2009). Critics also used the argument of "America first," advocating for the money that would be used for legal immigrants to instead go to expanding Medicaid for American citizens. This argument was prevalent in the Hatch amendment, which though ultimately not included, would have allowed legal immigrant children and pregnant women to enroll in Medicaid/CHIP only after 95% of Americans eligible for Medicaid/CHIP were enrolled (U.S. Congress, Senate, 2009). President George W. Bush

also criticized the ICHIA – vetoing CHIPRA in 2007 because he saw it as the "federalization of health care" (Olivares 2012).

Though CHIPRA certainly had its critics, its proponents were more numerous and support for the legislation was bipartisan. Supporters invoked many of the same arguments that were utilized in opposition to PRWORA in 1996. For instance, much emphasis was placed on the fact that this law would cover legal immigrants, who did not violate U.S. immigration laws (U.S. Congress, House, 2009). Additionally, emphasis was placed on the fact that this law benefited children's health. For example, Senator Charles Grassley, a Republican from Iowa, used Bush's own campaign words against him, demonstrating the irony that a candidate who had advocated for increasing health insurance for poor children would deny CHIPRA, an act that would achieve that very purpose (Olivares 2012). Likewise, the act received very little criticism based on anti-immigrant rhetoric, as proponents continually drew critics' attention to helping all children and away from the fact that the act also helped immigrants (Olivares 2012). Critique toward insurance for pregnant women was also avoided by utilizing the "maternalistic frame," emphasizing the fact that immigrant mothers would give birth to citizen children – meaning that coverage to pregnant women ultimately would improve the health of citizen children (Viladrich 2012). Finally, advocates pointed out that 23 states already covered this population, which demonstrated states' support for the legislation (U.S. Congress, Senate, 2009).

As a result of CHIPRA's passage, insurance coverage and health outcomes have improved for immigrant children. In fact, states that have implemented the ICHIA have experienced a 24% increase in insurance coverage for immigrant children (Saloner, Koyawala, and Kenney 2014). Because of the increase in insurance coverage, the health care needs of these children have been better met (Saloner, Koyawala, and Kenney 2014).

Enabling Factors & Barriers to State-Level Passage

Although existing literature documents which states have and have not implemented the ICHIA and what impact the ICHIA has had in the states in which it is passed, there is a gap in the literature regarding why some states have passed it and others have not. Some inferences may be made that the logic for lack of implementation is similar to the logic that was applied in the passage of PRWORA, while the logic for implementation is more akin to that of the proponents of CHIPRA's passage at the federal level. However, those inferences cannot be confirmed without analysis of the debates that occurred at the state-level surrounding implementation of the ICHIA. For that reason, I conducted a case study on the state of Florida that analyzes why Florida was not able to pass the ICHIA prior to 2016, and what changed in 2016 that enabled the state to do so. My goal is that the findings from this thesis can be used to enable passage of the ICHIA in states where it has not yet passed, to ultimately expand immigrants' access to health care.

State Profile of Florida

Population

To examine the enabling factors and barriers for the passage of the ICHIA in Florida, it is first important to understand the context in which this legislation was passed and how the state of Florida compares to other states in America. Florida has the third largest population nationwide, with 21.5 million people residing in the state (see Figure 2). Of this population, 20.5% are immigrants, the fourth largest percentage nationwide and the third highest absolute value, behind California and New York. Florida also has the sixth largest percentage of Hispanics or Latinos in its population, with 24.6% of the population being Hispanic or Latino. These statistics are

significant to the ICHIA, given that this legislation applies to LPRs, many of whom are Hispanic or Latino.

Figure 2. Florida Population Statistics ("U.S. Census Bureau QuickFacts: Florida" 2019)

Population	21,477,737 people
Race	77.3% White 16.9% Black 0.5% American Indian or Alaskan Native 3.0% Asian 0.1% Native Hawaiian and Other Pacific Islander 2.2% Two or More Races
Ethnicity	26.4% Hispanic or Latino
Foreign-Born Persons	20.5%

Politics

Another important contextual factor about the state of Florida is its politics. Though often referred to as a battleground or purple state at the national level, Florida's state-level politics have consistently been dominated by the Republican party. In fact, Florida's governor has been a Republican since 1999 and the state legislature has been majority Republican since 1996 ("Former Florida Governors" 2020; "State Partisan Composition" 2020). This means that since CHIPRA's passage in 2009, Florida's government has always been controlled by the Republican party and never by the Democratic party. Twenty-five other states have also not been controlled by the Democratic party since 2009. Of these states, fourteen have not eliminated the five-year wait period for either LPR children or pregnant women, five have eliminated the wait period for LPR children only, one has eliminated the wait period for LPR pregnant women only, and three have eliminated the wait period for both LPR children and pregnant women (see Appendix 1). This means that Florida's political context is similar to fourteen out of fifteen states that have not yet passed the ICHIA, making findings from this thesis more directly applicable to such states.

Health Insurance for Children in Florida

Florida has the second highest number of uninsured children nationwide, with 343,000 children lacking access to health insurance in 2019 (see Figure 3). Rates of uninsurance vary based on race and ethnicity. In fact, Hispanic children are nearly 1.5 times more likely to be uninsured than the state average (9.6% uninsured vs. 7.6% uninsured, respectively). Florida is also one of 12 states nationwide that has not expanded Medicaid, meaning the state maintains a coverage gap between low-income people eligible for Medicaid and those eligible for marketplace subsidies ("Status of State Action on the Medicaid Expansion Decision" 2020; Garfield, Orgera, and Damico 2020). This context is significant because it impacts the arguments used in favor and against the ICHIA. A large number of uninsured children indicates that health insurance for children should be improved, while not expanding Medicaid indicates that the state may be opposed to other forms of expanding access to health insurance.

Figure 3. Florida Children's Health Insurance ("Children's Health Coverage in Florida" 2020)

Sources of Health Insurance.	40% Employer-Sponsored 41% Medicaid/CHIP 8% Direct Purchase 2% Other Public
Uninsured	7.6% (343,000 children)
Uninsured, by Race & Ethnicity	9.6% Hispanic 8.4% Asian/Native Hawaiian/Pacific Islander 7.6% Black 6.2% White Alone (not Hispanic) 8.1% Other
Medicaid Expansion	No

Hypothesis & Observable Implications

Regarding my first sub-question, of why the ICHIA did not pass in Florida prior to 2016, I hypothesized that arguments would be similar to those used in favor of PRWORA's passage in 1996 and in opposition to CHIPRA's passage in 2009. These arguments included reducing the "welfare magnet" that draws immigrants to the U.S. (U.S. Congress, House, No. 114, 1996), putting "America first" (U.S. Congress, Senate, 2009), and avoiding the socialization of health care.

In contrast, I hypothesized that the factors that changed in Florida in 2016 would be similar to those arguments which enabled CHIPRA's passage in 2009. As discussed previously, these arguments included the use of several frames, such as the "maternalistic frame," the "effortful immigrant" frame, and the "surveillance" frame (Viladrich 2012). Other arguments included an emphasis on the legality of LPRs (U.S. Congress, House, 2009) and the fact that the ICHIA is a health policy, not an immigration policy (Olivares 2012). I hypothesized that the "surveillance" frame, in particular, could be used to address the barrier of "America first" because the provision of health insurance to immigrants acts as a form of defense for the general American public from disease (Viladrich 2012). Thus, implementing the ICHIA is a way of putting "America first" by ensuring the health and safety of citizens. I also hypothesized that the "welfare magnet" argument could be disputed by emphasizing the fact that immigrants generally come to the United States for jobs, not for public health insurance (Fix and Passel 2002). In addition to these arguments, I predicted that lobbying firms and state legislators played a key role in changing people's minds surrounding the ICHIA.

Methodology

Data Collection

In order to better understand the enabling factors and barriers to state-level passage of the ICHIA, I conducted a qualitative case study on the state of Florida, using data from legislative proceedings and interviews with key stakeholders to answer two sub-questions: 1) Why did the ICHIA not pass in Florida prior to 2016? And 2) What changed to enable the ICHIA to pass in 2016? Florida was chosen as a strong case study for investigating the enabling factors and barriers into the ICHIA for three main reasons:

1) Most states that have not passed the ICHIA have been consistently dominated by the Republican party – meaning they have been led by a Republican governor and a Republican majority legislature for most years since 2009 (see Appendix 1). Given Florida has had a Republican governor since 1999 and the state legislature has been majority Republican since 1996, results on the enabling factors and barriers are more likely to be applicable to states in which the ICHIA has not yet passed ("Former Florida Governors" 2020; "State Partisan Composition" 2020).
2) Given that the ICHIA was proposed for six years (2010 – 2015) prior to its passage in 2016, analysis can be performed regarding what barriers were present in the years in which it could not pass and what changed to enable its ultimate passage in 2016.
3) Florida's government maintains strong records of state legislative proceedings via the Florida House and Senate websites and The Florida Channel. This makes it easier to access data regarding the ICHIA and analyze it in the context of this analysis.

Legislative Proceedings

Florida has strong records of legislative proceedings, with all proceedings recorded and available to the public via The Florida Channel. This is important because it allowed analysis of the arguments in favor and in opposition to the ICHIA in Florida. It also allowed identification of lobbyists and policy advocates involved in the legislation's passage. To find the relevant videos on The Florida Channel, I first learned the dates of relevant legislative proceedings through the Florida House of Representatives and Senate websites. These websites provided complete bill histories, including each date the legislation was debated in a committee or on the House/Senate floor. Some years, the ICHIA died in committee before ever being debated. As a result, videos are not available from 2010, 2011, or 2013 (see Appendix 2). After finding the relevant sessions, I recorded and transcribed the audio, using NVivo Transcription.

While watching the videos depicting the legislative proceedings was useful for identifying key arguments used, the videos do not show the full picture surrounding the legislation. Though the videos include many lobbyists and policy advocates who express their support of the ICHIA, they do not include explanations of why they supported it. In addition, no lobbyists against the ICHIA appear in the videos, even though there must have been opposition for the bill not to pass six years in a row.

Interviews

Given these limitations of the legislative proceedings, I interviewed key stakeholders to supplement the information learned from the videos and transcripts. I identified key stakeholders in two ways. First, I identified sponsors of the legislation on the Florida House of Representatives and Florida Senate websites. Second, I identified lobbyists and policy advocates working on the ICHIA through the videos of the legislative proceedings on The Florida Channel.

Once I had identified the key stakeholders, I found their contact information online. I then sent then sent them messages via email or LinkedIn, explaining my study and requesting an interview with them (see Appendix 3). When I received an affirmative response to my email, I sent the key informant a written copy of the consent (see Appendix 4) and a preview of the questions I would ask them (see Appendix 5). I sent the questions ahead of time, so informants would be able to refresh their memory to the events surrounding the ICHIA. Once a participant had consented, I conducted an approximately 30-minute telephone or Zoom interview with each key informant, which was focused on the enabling factors and barriers for the ICHIA's passage. Each interview was audio recorded. After the interview was complete, I transcribed the recordings using NVivo Transcription for analysis.

Data Analysis

To analyze my data, I performed a content analysis in which I identified key themes and coded for the existence of those themes in each legislative proceeding and interview. At the beginning of my analysis, I generated a list of case study propositions based on the themes I had identified in my literature review and organized them into two categories: barriers to the ICHIA's passage prior to 2016 and factors that enabled the ICHIA's passage in 2016. Barriers included strong anti-immigrant sentiment, fear of the "welfare magnet," and the desire to put "America first," while enabling factors included use of the "effortful immigrant" and "surveillance" frames (see Appendix 6).

During the data collection process, I realized this division was not effective for analysis. I had originally hypothesized that new arguments in favor of the ICHIA would arise as time went on, enabling the legislation to pass. However, in reality, the arguments remained the same over time and other factors enabled the ICHIA's passage. For that reason, I divided themes into three

categories, instead of two: 1) arguments used in favor of the ICHIA, 2) barriers to the ICHIA's passage prior to 2016, and 3) factors that enabled the ICHIA's passage in 2016. Data from the legislative proceedings was used to inform arguments used in favor, while data from interviews was used to inform enabling factors and barriers. I added propositions to each of these categories as new themes arose.

Results

Legislative Proceedings

The ICHIA was proposed annually in Florida from 2010 – 2016. In 2010, 2011, and 2013, the bill died before ever being debated, and as a result, there are no videos from those years. There are videos from proposals in 2012, 2014, 2015, and 2016, with a total of 14 videos of legislative proceedings in which the ICHIA is debated (see Figure 4).

Figure 4. Legislative Proceedings Results

Year	Chamber / Bill #	# of Videos
2016	*House* - HB 89	6
	Senate - SB 248	3
2015	*House* - HB 829	0
	Senate - SB 294	2
2014	*House* - HB 7	1
	Senate - SB 282	1
2013	*House* - HB 4023	0
	Senate - SB 702	0
2012	*House* – n/a	0
	Senate - SB 1294	1
2011	*House* - HB 795	0
	Senate - SB 656	0
2010	*House* - HB 1545	0
	Senate - SB 2082	0
TOTAL # OF VIDEOS		14

Initially, I had hypothesized that enabling factors for the ICHIA's passage would align with a change in the arguments used during legislative proceedings, and this change in arguments would overcome barriers, such as key groups in opposition to the legislation. However, that was not the case. Rather, the same arguments were used in years in which the ICHIA proposal was unsuccessful (2010 – 2015) and the year in which the ICHIA proposal was successful (2016). The legislative proceedings also did not shed light on barriers that prevented the ICHIA's passage, given that zero lobbyists,

policy advocates, or legislators spoke in opposition of the legislation during these proceedings. Therefore, the videos of legislative proceedings were most useful in determining arguments used in favor of the ICHIA and identifying key informants for interviews.

Arguments Used in Favor of the ICHIA's Passage

Initially, I had hypothesized that the use of arguments, such as the "effortful immigrant" and "surveillance" frames, and the strong emphasis on the fact that this legislation would benefit only legal immigrants and only children, would serve as enabling factors for the ICHIA's passage. While some of these arguments were used, they cannot be classified as enabling factors of the ICHIA's passage because the arguments used did not change substantially from years in which the ICHIA proposal was unsuccessful (2010 – 2015) to 2016, when the ICHIA proposal was successful (see Figure 5). Given that distinction, this section highlights the primary arguments used in the ICHIA's favor, rather than the factors which enabled its passage. Key arguments used in support include an emphasis on children, a low fiscal impact for the state of Florida, an emphasis on the legality of these children and the concept of the "effortful immigrant" (see Appendix 6). Interestingly, the "surveillance" frame, or the idea that aiding immigrants acts as a form of defense from disease for the American public, did not appear during legislative proceedings.

Figure 5. Arguments Used in Favor of the ICHIA's Passage[1]

	2012	2014	2015	2016
Emphasis on children	X	X	X	X
Low fiscal impact for Florida	X	X	X	X
Emphasis on legality	X	X	X	X
Effortful immigrant	-	-	-	X
Surveillance	-	-	-	-

Emphasis on Children

In legislative proceedings from 2012, 2014, 2015, and 2016, sponsors and lobbyists placed a strong emphasis on the fact that this law benefits children. Arguments in support of children were twofold in that they emphasized both the morality and the practical benefits of providing health insurance to children. The moral argument was emphasized through personal stories. For example, the House sponsor of the ICHIA, Representative Diaz, shared a story of a mother who came into his office. The woman was a victim of domestic violence, whose biggest concern about leaving her abuser was that if she left him, her kids would be without health care. This fear is a direct result of the fact that the children receive health care under the father's coverage. In addition to sharing others' stories, Diaz emphasized the moral argument by sharing personal anecdotes from his own life. He emphasized that as a father, he could not imagine being unable to access a doctor or medical care for his children, stating "*I looked at that innocent child and said that I need to do better for him…I can't fathom not being able to call my kid's doctor when he has a sore throat or 104 fever or any other condition…"* While these moral arguments

[1]In 2010, 2011, and 2013, ICHIA proposals died in committee before they were ever debated, so there are not videos available for those years. Key themes were coded for their existence in the legislative proceedings. See Appendix 6 for quotes from legislative proceedings in which these arguments are used.

were designed to pull on legislators' heart strings, they were complemented with arguments emphasizing the practical importance of providing children with health care. For instance, Diaz emphasized that health insurance provides children with access to preventative care, which will benefit them over their entire lifespan. Through this argument, Diaz demonstrates that preventative care for children will benefit Florida in the long run by providing the state with a healthy workforce in the future.

Low Fiscal Impact for Florida

This practical argument about prevention was furthered through comparing the cost of preventative services and the cost of emergency services. Emergency services are far more expensive and are the only services LPR children can be provided by the state if they lack health insurance. Thus, legislators were able to argue that providing health insurance made fiscal sense for the state. In addition to emphasizing the role of prevention, legislators highlighted that the federal government would foot the majority of the bill – in 2012, the federal government would have provided a 70% match for this program and by 2016, that rate was increased to a 95% match. By highlighting this detail, proponents of the ICHIA aimed to show that implementation of this bill would not have a high fiscal impact for the state of Florida due to provision of federal assistance.

Emphasis on Legality

Much of today's anti-immigrant rhetoric focuses on a goal of reducing undocumented immigration and ensuring that immigrants come to the United States in a legal manner. To overcome anti-immigrant sentiment, legislators and lobbyists therefore placed a strong emphasis on the fact that the ICHIA would only benefit documented or "legal" immigrants, not undocumented immigrants. For instance, in 2016, Representative Diaz stated "*I am the child of*

immigrants and people that came to this country for all the right reasons and went about the process the right way. And currently, the system…penalizes those that are going through the proper immigration process." With this argument, Diaz emphasizes the fact that documented and undocumented immigrants had equal right to access health care prior to the ICHIA's passage and that this was not fair, given that documented immigrants immigrated in the "right way." In that way, he aimed to sway conservative legislators, who are strongly opposed to undocumented immigration and in favor of law and order.

"Effortful Immigrant"

While the effortful immigrant argument is utilized far less frequently than the previous three arguments, the argument suggests that it is wrong for immigrants to work hard, pay taxes, participate in the armed forces, but not receive medical benefits. During legislative proceedings in 2016, Representative Diaz emphasized how hard his family had worked to get to the United States and how much effort they put into creating better lives for their families once they arrived in the United States. In particular, Diaz evokes the idea of the "American Dream," describing that his grandparents came to the U.S. with high aspirations and goals to be achieved, which would have been greatly inhibited if they lacked access to health insurance for their children.

Interviews

In addition to their use in informing key arguments used in favor of the ICHIA, the legislative proceedings were useful for identifying key informants to interview. By watching the proceedings, I identified 94 potential informants – 50 legislators who had sponsored the legislation over the years and 44 lobbyists and policy advocates who had waved in support of the legislation during legislative proceedings (see Figure 6). I searched for the contact information of all potential informants and found email addresses or LinkedIn contacts for 63 out of 94 people

and contacted all 63 people. Of those 63 people, 6 agreed to participate in interviews – two legislators, three lobbyists, and one policy advocacy group. Barriers to the ICHIA's passage prior to 2016 and enabling factors for the ICHIA's passage were identified through these interviews.

Figure 6. Identification of Key Informants

	Chamber	# of Legislative Sponsors[2]	# of Lobbyists & Policy Advocates who Waved in Support[3]
2010	House	**House:** 1 **Senate:** 1	N/A
2011	House	**House:** 1 **Senate:** 1	N/A
2012	House	**House:** n/a **Senate:** 1	5
2013	House	**House:** 14 **Senate:** 5	N/A
2014	House	**House:** 9 **Senate:** 4	15
2015	House	**House:** 8 **Senate:** 3	12
2016	House	**House:** 30 **Senate:** 3	25
TOTAL # OF UNIQUE INDIVIDUALS		50	44

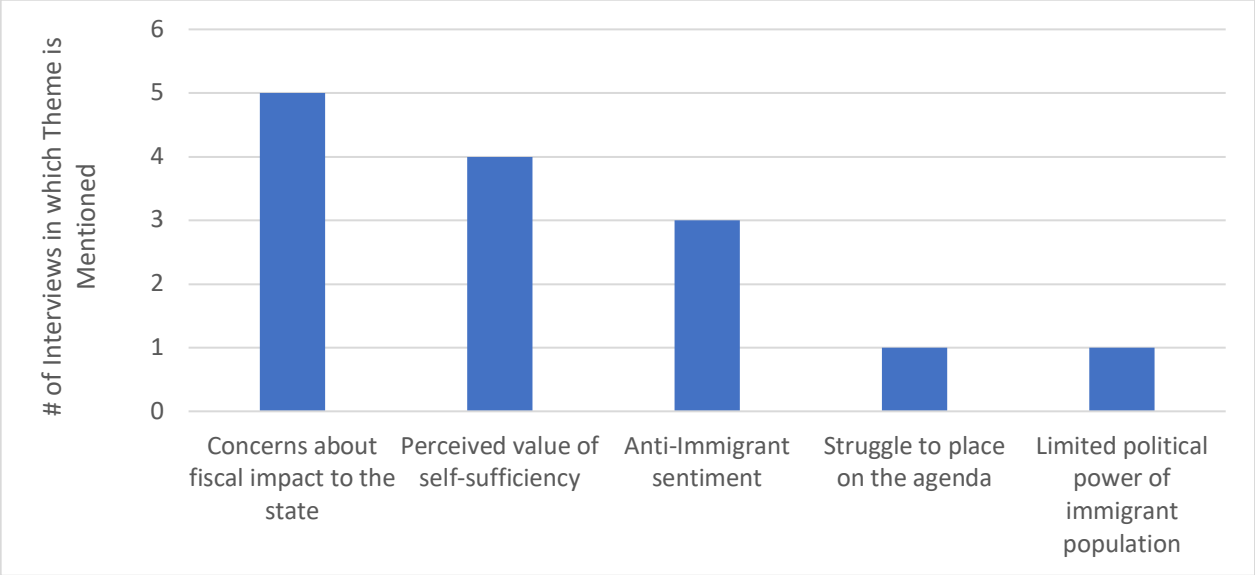
Barriers that Prevented the ICHIA's Passage Before 2016

Information on the barriers that prevented the ICHIA's passage before 2016 is limited because the opposition was largely underground. As described in an interview with a Florida lobbyist, *"It looks pretty bad to be opposed to children getting health coverage, whoever they*

[2] See Appendix 2 for full list of legislative sponsors.
[3] To "wave in support" means that lobbyists or policy advocates appeared during a legislative proceeding and wanted the ICHIA to pass but did not want to take up the legislators' time by speaking during the meeting. In fact, one lobbyist explained that his organization waved in support because "We think that there was support for the bill and that our testimony may not have been as necessary, but we wanted to also be on the record to let folks know what we do support it."

are, so it [the opposition] was behind the scenes." Although information on the barriers preventing the ICHIA's passage is limited, available information points to five reasons that the ICHIA was not passed prior to 2016: 1) concerns about the fiscal impact to the state of Florida, 2) desire to promote self-sufficiency, 3) anti-immigrant sentiment, 4) impact on electability, and 5) the limited political power of the immigrant population (see Figure 7). Interestingly, the "welfare magnet" argument, which argued that providing welfare benefits to immigrants would attract additional immigrants to the state of Florida, was not mentioned.

Figure 7. Barriers to the ICHIA's Passage[4]



Concerns about Fiscal Impact to the State

A high estimated fiscal impact served as a major barrier to the ICHIA's passage, mentioned in 5/6 interviews with key informants. When initially proposed, the state Medicaid

[4]A total of 6 interviews were performed. Key themes were coded for their existence in the interview – if a theme was present one or more times in single interview, it was counted once. See Appendix 7 for quotes from key informants on each of the barriers.

agency estimated that the ICHIA would cost Florida $500 million, as stated in an interview with a Florida legislator and during 2016 legislative proceedings. A Florida legislator stated that one reason that this fiscal impact was originally estimated to be so high was that the revenue estimating conference included undocumented immigrants in its costs, despite the fact that this legislation only applies to legal permanent resident children.

This high estimate served as a significant barrier for two main reasons. First, the state legislature is required to pass a balanced budget, meaning the state's costs cannot exceed its revenues. Given this requirement, one Florida legislator stated that, *"…anything that has dramatic fiscal impacts usually is very tough to pass,"* with another going so far as to say an unpredicted fiscal impact or an unfunded mandate acts as the "*kiss of death"* (see Appendix 7). The second reason that this fiscal impact acted as a barrier was because the state of Florida is fiscally conservative. One Florida legislator stated that part of the reason for this conservativeness is that Florida must maintain a high amount of money in reserves in case of natural disasters, given the prevalence of hurricanes in the state.

Perceived Value of Self-Sufficiency

The second most frequently mentioned barrier, mentioned in 4/6 interviews, was the perceived value of increasing self-sufficiency, meaning minimizing people's dependence on governmental benefits. For instance, one Florida lobbyist stated that many state legislators "…*embraced the social responsibility and thought it was doing a disservice to people by making it easier to access federal benefits.*" The same idea was referenced by a Florida legislator who stated other members of the legislature believed in the ability of people to "*…pick themselves up by their bootstraps.*" This mindset served as a barrier to the ICHIA's passage because this legislation acts as a form for the government to support children, rather than incentivizing

parents to find a way to support their children themselves. Legislators also referred to the misconception that passing the ICHIA was a form of Medicaid expansion, an act which had a negative connotation in Florida because it was also seen as increasing dependence on governmental benefits.

Anti-Immigrant Sentiment

Anti-immigrant sentiment refers to widespread public opposition to immigration, particularly toward undocumented immigrants, and it was mentioned in 3/6 of the interviews. This sentiment served as a barrier to the ICHIA in three ways. First, it served as a barrier to the passage of the ICHIA as written, in that anti-immigrant groups lobbied against its passage. According to one key informant, anti-immigrant groups successfully lobbied legislators with the power to set committee agendas, and as a result, kept the relevant committees from voting in favor of the ICHIA.

Second, the misconception that the ICHIA would include undocumented immigrants hindered its passage because some Republican members and leadership worried about how supporting the legislation would impact their support among some voters. This idea was made evident in an interview with a Florida lobbyist, who described that one key reason the ICHIA did not pass prior to 2016 was the fear that legislators had of being labeled as supporters of undocumented or “illegal” immigrants. Specifically, this lobbyist described that one legislator who initially supported the ICHIA was accused of supporting health care for illegal aliens by a different representative running for the same Senate seat. Because of the backlash that this representative received based on this rumor, he withdrew his support from the ICHIA for two years.

Third, anti-immigrant sentiment prevented the ICHIA from going further, in providing health insurance to pregnant women or to undocumented immigrant children. This is because legislators perceived that providing insurance to undocumented children or to LPR adults would not be politically feasible based on their perception of their constituents' positions. This point was described in an interview with a Florida lobbyist, who described that Florida opted not to include LPR pregnant women because they knew it was unlikely to pass, and a narrow focus would permit at least LPR children to gain health insurance.

Additional Barriers

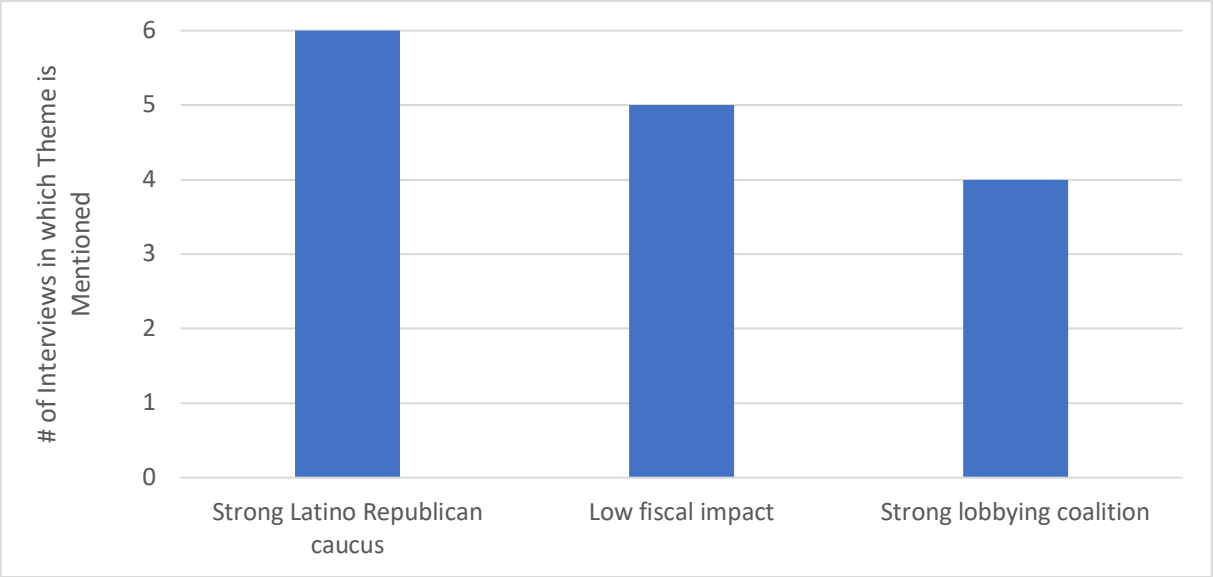
Two additional barriers were each raised by key informants. One barrier was the struggle to place the ICHIA on the agenda of committees. A lobbyist stated, "*With all issues, there is a core group of legislators that determines what moves forward…So the opposition is focused on those key people keeping it out of committee.*" This point was evident in the legislative proceedings, given that the ICHIA never failed because of legislators' votes in opposition, but because it died in committees where it was not placed on the agenda.

Another barrier mentioned by a Florida lobbyist was the limited political power of the affected population. Given that legal permanent residents are not yet citizens, they are ineligible to vote. Thus, it is more difficult for this group to show their support for the legislation and more difficult to motivate politicians to vote in favor.

Enabling Factors for the ICHIA's Passage in 2016

When asked what changed to enable the ICHIA's passage in 2016, key informants pointed to three main factors: 1) a strong Latino Republican caucus, 2) low fiscal impact, and 3) a strong lobbying coalition (see Figure 8).

Figure 8. Enabling Factors for the ICHIA's Passage[5]



Perseverance of a Strong Latino Republican Caucus

The most frequently mentioned enabling factor was the perseverance of a strong Latino Republican caucus in Florida. For instance, one Florida lobbyist explained that in other states, Latinos are more often Democrats, "…*but in Florida, they're Republicans so although they may be conservative on some issues, they care about immigrant children and that makes it easier to move other Republican members*." This factor is important because it explains why Florida, a

[5] A total of 6 interviews were performed. Key themes were coded for their existence in the interview – if a theme was present one or more times in single interview, it was counted once. See Appendix 7 for quotes from key informants on each of the barriers.

state that has consistently been led by Republican governors and Republican-dominated state legislatures, was able to pass the ICHIA, while many other consistently Republican states have not been able to do so. This strong Latino Republican caucus was present in all years in which the ICHIA was proposed but served as an enabling factor because of the perseverance and tenacity of this group. One Florida legislator described that each legislator is only able to sponsor six legislative bills per year, so "*If you keep sponsoring the same bill that has no chance of passing, it's easy to give up. But every year we got closer. I knew this was going to be a legacy type bill, that could help impact the lives of tens of thousands of kids for decades to come, so for me, it was worth it to keep trying."* This quote shows that the persistence and refusal to give up by the sponsors of this legislation, who for most years were Latino Republicans, served as a key factor for this bill passing. While useful as an explanatory factor in Florida, the unique nature of Florida's Republican party may limit the replicability of the ICHIA's passage in other consistently Republican states, where such a strong Latino Republican caucus is not present.

Low Fiscal Impact for Florida

While the argument of the low fiscal impact for Florida was used in all the recorded legislative proceedings, the dollar value of that impact changed over time, and this change was mentioned in 4/6 interviews. As described in the 2016 legislative proceedings, when initially proposed, the bill was estimated to cost the state $500 million, but when it passed in 2016, that cost had dropped to $0. A Florida legislator described that this was because the federal government provided a 95% match to the state, and the portion that the state would pay represented funds shifted from emergency Medicaid dollars. This shift from emergency funding illustrates the monetary value in providing immigrants with access to health insurance to pay for

preventative care. Multiple stakeholders interviewed highlighted this change in fiscal impact as the most important change that occurred to enable the passage of the ICHIA in 2016.

Strong Lobbying Coalition

In addition to cooperation across party lines in the legislature, cooperation was key among different lobbying groups in Florida. One interviewee, for example, described that both liberal and conservative lobbying groups came together in support of the legislation, and that the unified desire to improve children's access to health coverage sparked a strong cooperative effort that was key to the ICHIA's passage. Another Florida lobbyist described that given the large size of the coalition, it was able to divide up tasks, with some groups taking the most vocal, public stance in favor of the ICHIA, while other lobbying groups did more work behind the scenes. This behind-the-scenes work was particularly evident in one interview when the lobbyist described how a personal conversation was able to overcome a political barrier that the ICHIA had faced. More specifically, a state senator who withdrew his support from the ICHIA due to fear of losing supporters based on a potential misperception that he was supporting health care for undocumented immigrants. By describing how she had stood up for that politician in the press, this lobbyist convinced the state senator to put the ICHIA on the agenda in 2015 and again in 2016 (see Appendix 8). This division of labor and bipartisan unity resulted in a strong coalition, which in turn served as a key enabling factor for the ICHIA's passage.

Discussion

Applicability of Findings in Other States

The results of this research are important because they can be used to better understand the barriers that the fifteen states that have not yet passed the ICHIA currently face, and the enabling factors that could potentially overcome those barriers. Results from Florida are

particularly applicable to these other states given their similar political contexts – like Florida, 14/15 states that have not yet passed the ICHIA have not been controlled by the Democratic party since 2009 and 12/15 are led by both a Republican governor and a Republican-dominated state legislature.

Barriers

Concerns about Fiscal Impact

One key barrier to the ICHIA's passage from 2010 – 2015 was the large estimated fiscal impact of $500 million. This high fiscal impact was particularly important given Florida's balanced budget amendment, which requires that the state's annual costs must not exceed its annual revenues (National Conference of State Legislatures 2010). The requirement for a balanced budget is not unique to Florida. Rather, all states besides Vermont are required to balance their budgets (National Conference of State Legislatures 2010). Given this need for a balanced budget, fiscal impact is likely to be a barrier in other states as well. It is therefore imperative that these states weigh the fiscal benefits of insured children being able to access preventative care over emergency services, with the costs of providing said insurance.

Perceived Value of Self-Sufficiency

In the United States, the value of self-sufficiency and the idea that people are capable of "pulling themselves up by their bootstraps" is widely present in political rhetoric, and this emphasis on self-sufficiency served as a barrier to the ICHIA's passage in Florida prior to 2016. To understand how this barrier may be applied in other states, it is important to understand the meaning of this term and how it has been used in American politics. As mentioned in an interview with a Florida lobbyist, there are two main schools of thought surrounding social services – there are those who believe people are where they are because they choose to be and

those who believe the government has a responsibility to help families become self-sustaining. These two schools of thought are well documented in the literature, with Daugherty and Barber (2001) describing the distinction between proponents of free will, who believe that circumstances are based on individual choices, and advocates of determinism, who believe people arrive where they are due to conditions of their lives. There are also distinctions in how self-sufficiency is defined, in that in a policy context, it is defined as being able to leave welfare and secure jobs, while in a social context, more factors may be at play, including the psychological elements of feeling agency and being willing and able to achieve goals (Hong et al. 2010). These distinctions in definition of self-sufficiency and methods of achieving it often vary on partisan lines. In fact, a study conducted by the Pew Research Center (2017) found that 71% of Democrats believed the government should do more to help the needy, while only 24% of Republicans agreed. This polarization of beliefs surrounding self-sufficiency is important because it shows that this value of self-sufficiency, and the idea that the government does not need to intervene, will likely be higher in states that have a Republican governor and Republican-dominated legislature. Given that 12 out of 15 states that have not yet passed the ICHIA have both a Republican governor and a Republican-dominated legislature, the value of self-sufficiency will likely serve as a significant barrier to the ICHIA's passage.

Anti-Immigrant Sentiment

Views on immigration have also become increasingly polarized in recent years. In fact, in the study conducted by Pew Research Center (2017), 84% of Democrats agreed that immigrants "strengthened the country with their hard work and talents" while only 42% of Republicans agreed with this statement. This increase in anti-immigrant sentiment surged following the terrorist attack on the World Trade Center on September 11, 2001 and has continued to grow

during the Trump presidency (Young 2017). In fact, during this administration, President Trump signed multiple laws into effect that play on this anti-immigrant sentiment, including the Muslim Ban, which banned entry into the U.S. from seven Muslim-majority countries, and an expansion of the Public Charge Rule, which now includes use of non-emergency Medicaid for non-pregnant adults over age 21 and SNAP food assistance in the consideration of immigrants' green card applications (National Immigration Law Center 2019; Artiga, Garfield, and Damico, n.d.). Given that anti-immigrant sentiment and policies have increased since 2016, it is likely that the ICHIA will be even more difficult to pass now than it was then.

Enabling Factors

Strong Latino Republican Caucus

The most frequently mentioned enabling factor for the ICHIA's passage in Florida was its strong Latino Republican caucus. Unlike in other states, where immigrants are often more left-leaning, Florida's Cuban Americans have consistently voted Republican (Portes and Rumbaut 2014). This connection between a large immigrant population and the passage of the ICHIA is not unique to Florida. Rather, states that have passed the ICHIA, for both children and pregnant women or for children only, have a higher median immigrant population than states that have not passed the ICHIA (see Appendix 9). This is important because it shows that states which have not yet passed the ICHIA, but do have large immigrant populations, are outliers. Future research should examine the political leaning of the immigrant populations in these states to determine the likelihood that this group could impact the ICHIA's passage.

No Fiscal Impact

Another frequently cited enabling factor was the dissolution of fiscal impact from its original estimation of $500 million to $0 for the state of Florida. This cost diminished because of

three factors: 1) rectifying a mistake in the included population, 2) increasing federal matching dollars, and 3) shifting funds from Emergency Medicaid to Kidcare. These three mechanisms for lower fiscal impact are not unique to Florida. First, this fiscal impact was initially estimated to be so high because it included undocumented immigrants in its cost estimate, even though the written legislation never included this group. This mistake highlights the importance of educating legislators and cost estimators about the legislation, to ensure all parties are clear on the exact impact of the legislation and do not have any misconceptions that may hinder the likelihood of passage.

Second, all states are eligible for federal matching dollars, but the value of that match varies across states, based on the amount each state spends on Medicaid and the average per capita income for each state relative to the national average. In 2021, Florida's matching rate will be 73% ("Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier" 2020). Eleven of the fifteen states that have not yet passed the ICHIA will have matching rates that are higher than Florida's, ranging from Michigan's matching rate of 75% to Mississippi's matching rate of 84%. This is important because it shows that the federal government would pay a large portion of the costs associated with providing health insurance to LPR children and/or pregnant women, rather than the state fronting that cost.

The third way in which cost declined was through the shifting of funds from Emergency Medicaid to Kidcare. The House of Representatives Staff Analysis estimated that 42.42% of Emergency Medical Assistance for Noncitizens (EMA) spending from 2014 – 2015 was for children who were in the five-year wait period and would have qualified for CHIP or Medicaid coverage, meaning that the cost associated with EMA would decline by 42.42% if the ICHIA was implemented. This decline in funding for EMA then could be used to fund the ICHIA

("House Bill 89" 2016). This value of preventative care has been well cited. For instance, Flores et al. found that providing health insurance to Medicaid/CHIP-eligible uninsured children saves $2,866 per child, suggesting that America could save $8.7 – $10.1 billion annually by providing health insurance for all uninsured children (Flores et al. 2017). These cost savings were found by determining the difference between the mean annual healthcare costs of an insured child versus those of an uninsured child. The results of this research show that the ICHIA would prove cost-effective in an annual budget analysis. Additionally, investment in children's health improves the overall economy by increasing participation of parents in the labor market now and increasing the supply of healthy laborers in the future (Belli, Bustreo, and Preker 2005). States that have not yet passed the ICHIA should consider these benefits when weighing the legislation's passage.

Strong Lobbying Coalition

The importance of leadership outside the legislature has also been highlighted in the literature. For instance, John Kingdon describes that issues come on the agenda when three streams converge – the problem stream, the political stream, and the policy stream. A strong lobbying coalition is important to this process because it advocates for proposals, thereby influencing the policy stream, and acts in the political stream by negotiating between different groups of people (Kingdon 2011). In Florida, the strong lobbying coalition played a major role in the political stream by highlighting to legislators why the ICHIA should be passed in the state, and by connecting members from the Republican and Democratic parties to work together on the legislation. Other states that have not yet passed the ICHIA should consider the power of lobbying firms and policy advocates if trying to place the ICHIA on the agenda and if trying to pass it.

Limitations

The biggest limitation to this study is its small sample size. Though all legislative sponsors, lobbyists, and policy advocates who waved in support of the ICHIA were contacted, only six agreed to participate in interviews. This small sample size could result in selection bias, with the people agreeing to participate in interviews being materially different from those who did not agree to be interviewed. Future research can address this limitation by expanding the lens from legislators and lobbyists in the state of Florida to legislators and lobbyists in other states where the ICHIA has passed.

Another limitation to this study is that it focuses only on the state of Florida. Each state is a unique context, so findings from Florida will not be entirely applicable to any other state. Despite the fact that no other state is exactly like Florida, Florida is highly applicable to other states where the ICHIA has not yet passed, given its history of consistently having a Republican governor and Republican-dominated state legislature, and its shift from not passing to passing.

Conclusion

The Immigrant Children's Health Improvement Act is an important piece of legislation because it expands access to health insurance for immigrant children, and expanding access to health insurance has been proven to better health outcomes and lower health care costs. Despite the potential benefits of this legislation, fifteen states have yet to pass it. These states can learn from the barriers and enabling factors that Florida faced. For instance, one significant barrier that Florida faced in passing the ICHIA was concerns about the fiscal impact of this legislation. That barrier was overcome by assessing the cost savings that the state would experience by increasing access to preventative care and accounting for the federal matching rate. Another barrier that the

state faced was difficulty in placing the legislation on committee agendas. This barrier was also overcome through the efforts of a strong Latino Republican caucus and a unified lobbying coalition. States that have not yet passed the ICHIA should look to Florida's example to understand such barriers and enabling factors.

Although literature suggests that the expansion of public health insurance has positive effects, those effects occur as a result of enrollment in public health insurance, not merely expansion in eligibility. Despite the fact that the ICHIA expanded eligibility in 2016, the number of uninsured children in Florida rose by 55,000 from 2016 – 2019, up to a total of 343,000 uninsured children in 2019, the second highest number in the country (Alker and Corcoran 2020). Given that the ICHIA was passed in Florida in 2016, it may seem surprising that children's health insurance began to decline in the same year. Thus, it is also important to consider the broader context. 2016 was the year in which Donald Trump was elected President of the United States. His anti-immigrant rhetoric and policies have had a chilling effect on immigrants' enrollment in health insurance and use of health services (Barofsky et al. 2020; Lowrey 2017). Cuts in funding for outreach and enrollment and increases in red tape barriers have also contributed to lower enrollment in Medicaid and CHIP (Alker and Corcoran 2020). It is important to note that these elevated uninsurance rates occurred during a time when the economy was booming. More children are likely to be uninsured now, given the job loss associated with the COVID-19 pandemic, and the resulting loss in employer-sponsored health insurance.

This broader context is important because it shows that one piece of legislation is not enough to address immigrants' unequal access to health insurance and health care. Rather, to realize the benefits, in improved equity and efficiency, that health insurance for immigrant

children can provide, broader policy action must occur. While passing the ICHIA is a step in the right direction of improving immigrant children's access to health care, Florida and other states should consider additional interventions that address immigrants' barriers to accessing health care. Health literacy interventions, for example, could be implemented to reduce the barrier of cultural and language differences. Increased funding for education efforts could improve understanding among immigrants regarding eligibility and enrollment procedures. On a broader scale, a more welcoming immigration policy would reduce the chilling effect that policies, such as the Public Charge Rule, have on immigrants accessing health services. As a new presidential administration begins in January, future research should be conducted examining the impact of new immigration and health policies on immigrants' enrollment in health insurance, usage of health care, and ultimately their health outcomes.

Works Cited

Alker, Joan, and Alexandra Corcoran. 2020. "Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade." *Center For Children and Families* (blog). September 29, 2020. https://ccf.georgetown.edu/2020/09/29/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade/.

Artiga, Samantha, Rachel Garfield, and Anthony Damico. n.d. "Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage," 13.

Barofsky, Jeremy, Ariadna Vargas, Dinardo Rodriguez, and Anthony Barrows. 2020. "Spreading Fear: The Announcement Of The Public Charge Rule Reduced Enrollment In Child Safety-Net Programs." *Health Affairs* 39 (10): 1752–61. https://doi.org/10.1377/hlthaff.2020.00763.

Belli, Paolo C, Flavia Bustreo, and Alexander Preker. 2005. "Investing in Children's Health: What Are the Economic Benefits?" *Bulletin of the World Health Organization*, 8.

Berk, Marc L, and Claudia L Schur. 2001. "The Effect of Fear on Access to Care Among Undocumented Latino Immigrants," 6.

Bronchetti, Erin Todd. 2014. "Public Insurance Expansions and the Health of Immigrant and Native Children." *Journal of Public Economics* 120 (December): 205–19. https://doi.org/10.1016/j.jpubeco.2014.09.011.

Brooks, Tricia, Lauren Roygardner, Olivia Pham, and 2020. 2020. "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey." *The Henry J. Kaiser Family Foundation* (blog). March 26, 2020. https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/.

"Children's Health Coverage in Florida." 2020. Georgetown CCF Data. October 2020. https://kidshealthcarereport.ccf.georgetown.edu/.

Cho, Rosa M. 2011. "Effects of Welfare Reform Policies on Mexican Immigrants' Infant Mortality Rates." *Social Science Research* 40 (2): 641–53. https://doi.org/10.1016/j.ssresearch.2010.10.004.

Daugherty, Robert H., and Gerard M. Barber. 2001. "Self-Sufficiency, Ecology of Work, and Welfare Reform." *Social Service Review* 75 (4): 662–75. https://doi.org/10.1086/323167.

"Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier." 2020. *KFF* (blog). January 9, 2020. https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/.

Fernández-Gutiérrez, M., P. Bas-Sarmiento, M.J. Albar-Marín, O. Paloma-Castro, and J.M. Romero-Sánchez. 2018. "Health Literacy Interventions for Immigrant Populations: A Systematic Review." *International Nursing Review* 65 (1): 54–64. https://doi.org/10.1111/inr.12373.

Flores, Glenn, Hua Lin, Candice Walker, Michael Lee, Janet M. Currie, Rick Allgeyer, Alberto Portillo, Monica Henry, Marco Fierro, and Kenneth Massey. 2017. "The Health and Healthcare Impact of Providing Insurance Coverage to Uninsured Children: A Prospective Observational Study." *BMC Public Health* 17 (May). https://doi.org/10.1186/s12889-017-4363-z.

"Former Florida Governors." 2020. *National Governors Association* (blog). 2020. https://www.nga.org/former-governors/florida/.

Garfield, Rachel, Kendal Orgera, and Anthony Damico. 2020. "The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid." *KFF* (blog). January 14, 2020. https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/.

Green, Tiffany, Stephanie Hochhalter, Krystyna Dereszowska, and Lindsay Sabik. 2016. "Changes in Public Prenatal Care Coverage Options for Noncitizens Since Welfare Reform: Wide State Variation Remains." *Medical Care Research and Review: MCRR* 73 (5): 624–39. https://doi.org/10.1177/1077558715616024.

Hendren, Nathaniel, and Ben Sprung-Keyser. 2020. "A Uni Ed Welfare Analysis of Government Policies," February, 89.

Hong, C.S., S.J. Atlas, Y. Chang, S.V. Subramanian, J.M. Ashburner, M.J. Barry, and R.W. Grant. 2010. "Relationship between Patient Panel Characteristics and Primary Care Physician Clinical Performance Rankings." *JAMA - Journal of the American Medical Association* 304 (10): 1107–13. https://doi.org/10.1001/jama.2010.1287.

"House Bill 89." 2016. 2016. https://www.flsenate.gov/Session/Bill/2016/89/.

"Human Rights and Health." 2017. December 29, 2017. https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health.

Kandula, Namratha R., Colleen M. Grogan, Paul J. Rathouz, and Diane S. Lauderdale. 2004. "The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants." *Health Services Research* 39 (5): 1509–26. https://doi.org/10.1111/j.1475-6773.2004.00301.x.

Kaushal, Neeraj, and Robert Kaestner. 2005. "Welfare Reform and Health Insurance of Immigrants: Welfare Reform and Health Insurance of Immigrants." *Health Services Research* 40 (3): 697–722. https://doi.org/10.1111/j.1475-6773.2005.00381.x.

Kingdon, John W. 2011. *Agendas, Alternatives, and Public Policies*. Longman.

Ku, Leighton, and Mariellen Jewers. 2013. "Health Care for Immigrant Families: Current Policies and Issues," June, 24.

Lowrey, Annie. 2017. "Trump's Anti-Immigrant Policies Are Scaring Eligible Families Away From the Safety Net." The Atlantic. March 24, 2017. https://www.theatlantic.com/business/archive/2017/03/trump-safety-net-latino-families/520779/.

National Conference of State Legislatures. 2010. "State Balanced Budget Requirements: Provisions and Practice." October 2010. https://www.ncsl.org/research/fiscal-policy/state-balanced-budget-requirements-provisions-and.aspx.

National Immigration Law Center. 2019. "One Year After the SCOTUS Ruling: Understanding the Muslim Ban and How We'll Keep Fighting It." *National Immigration Law Center* (blog). June 2019. https://www.nilc.org/issues/immigration-enforcement/understanding-muslim-ban-one-year-after-ruling/.

Olivares, Mariela. 2012. "The Impact of Recessionary Politics on Latino-American and Immigrant Families: SCHIP Success and DREAM Act Failure." *Howard Law Journal* 55: 35.

Pew Research Center. 2017. "The Partisan Divide on Political Values Grows Even Wider." *Pew Research Center - U.S. Politics & Policy* (blog). October 5, 2017. https://www.pewresearch.org/politics/2017/10/05/the-partisan-divide-on-political-values-grows-even-wider/.

Philbin, Morgan M., Morgan Flake, Mark L. Hatzenbuehler, and Jennifer S. Hirsch. 2018. "State-Level Immigration and Immigrant-Focused Policies as Drivers of Latino Health Disparities in the United States." *Social Science & Medicine* 199 (February): 29–38. https://doi.org/10.1016/j.socscimed.2017.04.007.

Portes, Alejandro, and Ruben G Rumbaut. 2014. *Immigrant America: A Portrait*. 4th ed. University of California Press.

Rhodes, Scott D., Lilli Mann, Florence M. Simán, Eunyoung Song, Jorge Alonzo, Mario Downs, Emma Lawlor, et al. 2015. "The Impact of Local Immigration Enforcement Policies on the Health of Immigrant Hispanics/Latinos in the United States." *American Journal of Public Health* 105 (2): 329–37. https://doi.org/10.2105/AJPH.2014.302218.

Saloner, Brendan, Neel Koyawala, and Genevieve M. Kenney. 2014. "Coverage For Low-Income Immigrant Children Increased 24.5 Percent In States That Expanded CHIPRA Eligibility." *Health Affairs* 33 (5): 832–39. https://doi.org/10.1377/hlthaff.2013.1363.

"State Partisan Composition." 2020. National Conference of State Legislatures. 2020. https://www.ncsl.org/research/about-state-legislatures/partisan-composition.aspx.

"Status of State Action on the Medicaid Expansion Decision." 2020. *KFF* (blog). October 21, 2020. https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/.

Toomey, Russell B., Adriana J. Umaña-Taylor, David R. Williams, Elizabeth Harvey-Mendoza, Laudan B. Jahromi, and Kimberly A. Updegraff. 2014. "Impact of Arizona's SB 1070 Immigration Law on Utilization of Health Care and Public Assistance Among Mexican-Origin Adolescent Mothers and Their Mother Figures." *American Journal of Public Health* 104 (S1): S28–34. https://doi.org/10.2105/AJPH.2013.301655.

"U.S. Census Bureau QuickFacts: Florida." 2019. 2019. https://www.census.gov/quickfacts/fact/table/FL/HEA775219#HEA775219.

U.S. Congress, House, Conference Report on H.R. 3734, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; Congressional Record Vol. 142, No. 114, 104th Cong., 1996. https://www.congress.gov/104/crec/1996/07/30/CREC-1996-07-30-pt1-PgH8829-2.pdf.

U.S. Congress, House, Conference Report on H.R. 3734, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; Congressional Record Vol. 142, No. 115, 104th Cong., 1996. https://www.congress.gov/104/crec/1996/07/31/CREC-1996-07-31-pt1-PgH9392.pdf.

U.S. Congress, House, Children's Health Insurance Program Reauthorization Act of 2009; Congressional Record Vol. 155, No. 8, 111th Cong., 2009. https://www.congress.gov/111/crec/2009/01/14/CREC-2009-01-14-pt1-PgH216-2.pdf.

U.S. Congress, Senate, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 – Congress Report; Congressional Record Vol. 142, No. 116, 104th Cong., 1996. https://www.congress.gov/104/crec/1996/08/01/CREC-1996-08-01-pt1-PgS9322-2.pdf.

U.S. Congress, Senate, Children's Health Insurance Program Reauthorization Act of 2009 -- Continued; Congressional Record Vol. 155, No. 16, 111th Cong., 2009. https://www.congress.gov/111/crec/2009/01/27/CREC-2009-01-27-pt1-PgS867-2.pdf.

"U.S. Immigrant Population by State and County." n.d. Migration Policy Institute. Accessed April 15, 2020. https://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-state-and-county.

Viladrich, Anahí. 2012. “Beyond Welfare Reform: Reframing Undocumented Immigrants’ Entitlement to Health Care in the United States, a Critical Review.” *Social Science & Medicine* 74 (6): 822–29. https://doi.org/10.1016/j.socscimed.2011.05.050.

Young, Julia G. 2017. “Making America 1920 Again? Nativism and US Immigration, Past and Present.” *Journal on Migration and Human Security* 5 (1): 217–35. https://doi.org/10.1177/233150241700500111.

Appendix

Appendix 1. State Control by Party from 2009 – 2020

("State Partisan Composition" 2020)

KEY:

Neither = five-year wait maintained for children & pregnant women
Children Only = five-year wait eliminated for children only
Pregnant Women Only = five-year wait eliminated for pregnant women only
Both = five-year wait period eliminated for children & pregnant women

D = Democrat
R = Republican
S = Split

State	ICHIA Status	State Control by Party (includes both legislative chambers & governorship)											
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Alabama	neither	S	S	R	R	R	R	R	R	R	R	R	R
Alaska	neither	S	S	S	S	R	R	S	S	S	S	R	R
Arizona	neither	R	R	R	R	R	R	R	R	R	R	R	R
Georgia	neither	R	R	R	R	R	R	R	R	R	R	R	R
Idaho	neither	R	R	R	R	R	R	R	R	R	R	R	R
Indiana	neither	S	S	R	R	R	R	R	R	R	R	R	R
Kansas	neither	S	S	R	R	R	R	R	R	R	R	S	S
Michigan	neither	S	S	R	R	R	R	R	R	R	R	S	S
Mississippi	neither	S	S	S	R	R	R	R	R	R	R	R	R
Missouri	neither	S	S	S	S	S	S	S	S	R	R	R	R
New Hampshire	neither	D	D	S	S	S	S	S	S	R	R	S	S
North Dakota	neither	R	R	R	R	R	R	R	R	R	R	R	R
Okahoma	neither	S	S	R	R	R	R	R	R	R	R	R	R
South Dakota	neither	R	R	R	R	R	R	R	R	R	R	R	R
Tennessee	neither	S	S	R	R	R	R	R	R	R	R	R	R
Florida	children only	R	R	R	R	R	R	R	R	R	R	R	R
Illinois	children only	D	D	D	D	D	D	S	S	S	S	D	D
Iowa	children only	D	D	S	S	S	S	S	S	R	R	R	R
Kentucky	children only	S	S	S	S	S	S	S	S	R	R	R	S
Louisiana	children only	S	S	R	R	R	R	R	R	S	S	S	S
Montana	children only	S	S	S	S	S	S	S	S	S	S	S	S
Nevada	children only	S	S	S	S	S	S	R	R	S	S	D	D
Oregon	children only	D	D	S	S	D	D	D	D	D	D	D	D
Rhode Island	children only	S	S	S	S	S	D	D	D	D	D	D	D
Texas	children only	R	R	R	R	R	R	R	R	R	R	R	R
Utah	children only	R	R	R	R	R	R	R	R	R	R	R	R
Wyoming	pregnant women only	S	S	R	R	R	R	R	R	R	R	R	R
Arkansas	both	D	D	D	D	S	S	R	R	R	R	R	R
California	both	S	S	D	D	D	D	D	D	D	D	D	D
Colorado	both	D	D	S	S	D	D	S	S	S	S	D	D
Connecticut	both	S	S	D	D	D	D	D	S	S	S	D	D
Deleware	both	D	D	D	D	D	D	D	D	D	D	D	D
Hawaii	both	S	S	D	D	D	D	D	D	D	D	D	D
Maine	both	D	D	R	R	S	S	S	S	S	S	D	D
Maryland	both	D	D	D	D	D	D	S	S	S	S	S	S
Massachusetts	both	D	D	D	D	D	D	S	S	S	S	S	S
Minnesota	both	S	S	S	S	D	D	S	S	S	S	S	S
Nebraska	both	Excluded because the state has a unicameral legislature											
New Jersey	both	D	S	S	S	S	S	S	S	D	D	D	D
New Mexico	both	D	D	S	S	S	S	S	S	S	S	D	D
New York	both	D	D	S	S	D	D	S	S	D	D	D	D
North Carolina	both	D	D	S	S	R	R	R	R	S	S	S	S
Ohio	both	S	S	R	R	R	R	R	R	R	R	R	R
Pennsylvania	both	S	S	R	R	R	R	S	S	S	S	S	S
South Carolina	both	R	R	R	R	R	R	R	R	R	R	R	R
Vermont	both	S	S	D	D	D	D	D	D	S	S	S	S
Virginia	both	S	S	S	S	S	S	S	S	S	S	S	D
Washington	both	D	D	D	D	D	D	S	S	D	D	D	D
West Virginia	both	D	D	D	D	D	D	S	S	R	R	R	R
Wisconsin	both	D	D	R	R	R	R	R	R	R	R	S	S

Appendix 2. Timeline of ICHIA Proposals in Florida

Year	Chamber	#	Sponsors	Key Actions (* = video available of proceedings)
2009	House	n/a	n/a	n/a
	Senate	n/a	n/a	n/a
2010	House	HB 1545	**Juan C. Zapata (R)**	• Died in Committee on Health Care Services Policy
	Senate	SB 2082	**Nan Rich (D)**	• Died in Committee on Health Regulation
2011	House	HB 795	**Mark S. Pafford (D)**	• Died in Health & Human Services Access Subcommittee
	Senate	SB 656	**Nan Rich (D)**	• Died in Committee on Health Regulation
2012	House	n/a	n/a	n/a
	Senate	SB 1294	**Rene Garcia (R)**	• Favorable in Committee on Health Regulation* • Died in Budget Subcommittee on Health and Human Services Appropriations • Companion bill passed – SB 608, which added member of Florida Dental Association to board of directors of the Florida Healthy Kids Corporation, but did not address ICHIA
2013	House	HB 4023	**Jose Felix Diaz (R),** Daphne Campbell (D), Gyndolen Clarke-Reed (D), Manny Diaz Jr (R), Erik Fresen (R), Eduardo Gonzalez (R), Mia L Jones (D), Debbie Mayfield (R), Jeanette M Nunez (R), Mark S Pafford (D), Ronald Renuart (R), Jose Javier Rodriguez (D), Hazelle P Rogers (D), Alan B Williams (D)	• Died in Healthy Families Subcommittee
	Senate	SB 702	**Rene Garcia (R),** Anitere Flores (R), Eleanor Sobel (D), Darren Soto (D), Jeremy Ring (D)	• Died in Health Policy
2014	House	HB 7	**Jose Felix Diaz (R),** Daphne Campbell (D), Janet Cruz (D), Manny Diaz Jr (R), Joseph A Gibbons (D), Charles David Hood Jr (R), Jose Javier Rodriguez (D), Joe Saunders (D), Linda Stewart (D)	• Favorable in Health Innovation Subcommittee* • Died in Health Care Appropriations Subcommittee
	Senate	SB 282	**Rene Garcia (R),** Anitere Flores (R), Darren Soto (D), Arthenia L Joyner (D)	• Favorable by Health Policy* • Died in Appropriations Committee on Health & Human Services
2015	House	HB 829	**Mike La Rosa (R)**, Daphne Campbell (D), John Cortes (D), Robert Cortes (R), Fred Costello (R), Jose Felix Diaz (R), George R Moraitis Jr (R), Jose Javier Rodriguez (D)	• Died in Health Innovation Subcommittee

	Senate	SB 294	**Rene Garcia (R),** Anitere Flores (R), Eleanor Sobel (D)	• Favorable by Health Policy* • Favorable by Appropriations Subcommittee on Health & Human Services* • Died in Appropriations
2016	House	HB 89	**Jose Felix Diaz (R), David Santiago (R), Daphne Campbell (D),** Larry Ahern (R), Bruce Antone (D), Gyndolen Clarke-Reed (D), Robert Cortes (R), Fred Costello (R), Janet Cruz (D), Manny Diaz Jr (R), Joseph Geller (D), Eduardo Gonzalez (R), Gayle B Harrell (R), Mike La Rosa (R), Chris Latvala (R), Edwin Narain (D), Jeanette M Nunez (R), Mark S Pafford (D), Keith W Perry (R), Rene Plasencia (R), Sharon Pritchett (D), Kevin Rader (D), Holly Raschein (R), Jose Javier Rodriguez (D), Patrick Joseph Rooney Jr (R), Irving Slosberg (D), Victor Manuel Torres (D), Charles E Van Zant (R), Clovis Watson Jr (D), John Wood (R)	• Favorable by Health Innovation Subcommittee* • Favorable by Health Care Appropriations Subcommittee* • Favorable by Health & Human Services Committee* • Passed in House vote* • Died in Senate Health Policy • Companion bill passed – HB 5101
	House	HB 5101	**Matt Hudson (R)** and Health Care Appropriations Subcommittee	• Favorable by Appropriations Committee* • Favorable by House* • SB 2508 favorable by Senate* • Conference committee report adopted
	Senate	SB 248	**Rene Garcia (R),** Matt Gaetz (R), Darren Soto (D)	• Favorable by Health Policy* • Favorable by Appropriations Subcommittee on Health & Human Services* • Died in Appropriations • Companion bill passed – HB 5101

Appendix 3. Introductory Letter

*Subject***:** Undergraduate Honors Thesis – Immigrant Children's Health Improvement Act

Dear [*State Representative OR State Senator OR Lobbyist*],

I am a senior at Duke University, conducting research for an honors thesis in public policy on the enabling factors and barriers for the state-level passage of the Immigrant Children's Health Improvement Act (ICHIA). Florida passed the ICHIA via HB 5101 in 2016. By watching the associated legislative proceedings, I learned that you played a key role in promoting the ICHIA's passage.

As part of my research, I would like to interview you over the phone or via Zoom to learn about your perspective and experience with the passage of ICHIA. I will ask your permission to audio record our conversation, so I don't miss anything you share with me.

I very much hope that you will agree to be interviewed. Please do not hesitate to contact me with any questions you may have about this research project.

Thank you for your help!

Sincerely,
Sarah Bond

P.S. You can also contact my advisors, both professors at Duke University:
- Nathan Boucher (Sanford School of Public Policy, nathan.boucher@duke.edu)
- Dirk Philipsen (Sanford School of Public Policy, dirk.philipsen@duke.edu)

Appendix 4. Consent Script

Key Information	
Introduction	Hi. My name is Sarah. I'm a student at Duke University doing research for my Sr. Honors Thesis.
Purpose	I am studying the enabling factors and barriers for the state-level passage of the Immigrant Children's Health Improvement Act, otherwise known as the ICHIA.
Procedures	If you agree to participate, I will ask you questions about why the ICHIA [passed/did not pass] in your state and why you believe nationwide variability exists regarding this legislation. Our conversation should take approximately 30 minutes and will be audio recorded and transcribed. The recording will never be shared outside the research team (including myself, my advisor, and a Duke faculty member). In the meantime, I will store the recording on a password protected file at Duke and delete it once my research is complete.
Confidentiality	I plan on indirectly identifying you in my findings as [i.e. Florida State Representative Sponsor]. If this identification is not okay with you, please suggest alternatives. The information you share will not be used again for future research purposes.
Voluntariness	It is completely up to you whether to participate. You may skip questions or withdraw at any time for any reason.
Questions	If you have any questions about this research, please ask me now. If you have questions at a later time, you can contact me via email at sjb85@duke.edu or phone at 585-698-0256. You can also contact my faculty advisor, Nathan Boucher, via email at nathan.boucher@duke.edu. For questions about your rights, contact the Duke University Institutional Review Board at 919-684-3030 or campusirb@duke.edu.

Appendix 5. Interview Questions

1. I saw that you [*insert actions interviewee took regarding the ICHIA*]. Please describe the main reasons why you decided to take this action.
2. Why did the ICHIA not pass before [*the year it passed in that state*]? Please describe key people or groups that strongly opposed its passage.
3. What changed to enable the ICHIA to pass in [*the year it passed in that state*]? Which key people or groups that enabled its passage?
4. There is quite a bit of variability surrounding the ICHIA, in that 23 states have eliminated the five-year wait period for LPR children and pregnant women, 10 states have eliminated the wait for only children, 1 state has eliminated the wait period for only pregnant women, and 16 states maintain the wait period for all LPRs. Why do you think such variability exists?
5. Is there anything else you would like to share with me regarding the ICHIA?

Appendix 6. Arguments Used in Favor of the ICHIA's Passage

Note: In 2010, 2011, and 2013, ICHIA proposals died in committee before they were ever debated, so there are not videos available for those years.

Proposition	Definition	Source	2012 Legislative Proceedings	2014 Legislative Proceedings	2015 Legislative Proceedings	2016 Legislative Proceedings
			Hypotheses			
Emphasis on children	The emphasis on the fact that this law benefits children.	-Olivares 2012 -Viladrich 2012 -U.S. Congress, House, No. 115, 1996	"And there's no reason why, in the state of Florida, any child should go without any health insurance with this great program [Kidcare]." -Senate Sponsor	"…there are so many children that are all over this country and especially in Florida, that need kid care. A simple thing like tonsillitis can kill you if you can't get to a doctor…So kid care is vital to these children" -Florida lobbyist	"I'm committed and I think this committee is committed to funding this money to ensure that we take care of these children who have been waiting for far too long to access quality health insurance and to take care of their families." -Senate Sponsor	"And those type of preventative services promote health care for a whole lifetime, because if these issues are not addressed early on, these kids will have chronic issues forever. And that's beyond me as a parent. So like you who have children and nephews and nieces and grandkids, I think that you should all be very happy to support a bill that helps so many kids. We started off estimating that it would support… a few thousand kids, now we're at 17,000 kids…" -House Sponsor "I first learned about this bill as a young state representative when I had a mother come to my office two days before Christmas. She was a victim of domestic violence…And her biggest concern was, I'm in this country legally, but if I leave him, my kids are without health care" -House Sponsor "When I became a father, my life changed…I looked at that innocent child and said that I needed to do better for him. And one of the things as a parent that you have to do is make sure that your kid is healthy. And I can't fathom not having access to a doctor for my kids. I can't fathom not being able to call my kid's doctor when he has a sore throat or 104 fever" -House Sponsor

Proposition	Definition	Source	2012 Legislative Proceedings	2014 Legislative Proceedings	2015 Legislative Proceedings	2016 Legislative Proceedings
"Effortful immigrant"	The idea that it is wrong for immigrants to work hard, pay taxes, participate in the armed forces, but not receive medical benefits. It is strongly linked to the "American Dream," the idea that immigrants come to the U.S. with high aspirations and goals to be achieved, which may be inhibited by lack of access to health care.	-Viladrich 2012 -U.S. Congress, House, No. 115, 1996	n/a	n/a	n/a	"America is a special place because of the people that are its foundation, people that believe in family and hard work. And when my grandparents came to this country, people who had not done a lot in their young professional lives in Cuba … Everything was taken away from them…They did things that they never thought they needed to do in order to provide for their son, my father. And those sacrifices that they made would have been exponentially more difficult if they had to worry about their son's health and their son's health care." -House Sponsor
"Surveillance"	The idea that aiding immigrants acts as a form of defense for the American public from disease.	-Viladrich 2012 -U.S. Congress, Senate, 1996	n/a	n/a	n/a	n/a
Emphasis on legality / "Play by the rules"	This legislation is only applicable to documented immigrants. It does not apply to undocumented immigrants.	-U.S. Congress, House, No. 115, 1996 -U.S. Congress, House, 2009	"And within the strike all amendment, we made sure that only alien children who are lawfully present, lawfully present United States will be eligible for Medicaid and CHIP. Therefore, illegal or undocumented aliens will not be eligible." -House Sponsor	"I do want to point out something that that little girl whose mom came and spoke to me. She visited me before I came up here and she's never been to a doctor. She's in this country legally, like my kids are here legally. Her mom's here legally, like I'm here legally. There's no reason why she should not have seen	"And in the bill, it spells it out very clearly for those that may have some concerns, that you have to be legally residing child. And if you are undocumented or can't prove your status, you won't be able to apply for this program" -Senate Sponsor	"I am the child of immigrants and people that came to this country for all the right reasons and went about the process the right way. And currently, the system not only penalizes those that are going through the proper immigration process, but their kids today are entitled to the same care as the kids that are coming here illegally. And I think that our state believes in not only having a big heart… but it also believes in rewarding those that have done things the right way…" -House Sponsor

Proposition	Definition	Source	2012 Legislative Proceedings	2014 Legislative Proceedings	2015 Legislative Proceedings	2016 Legislative Proceedings
				a doctor. That's a real issue" -House Sponsor		
Additional Propositions Found Through Research						
Low fiscal impact to the state	The idea that provision of health insurance allows children to seek preventative care, rather than expensive emergency services. And the federal government will pay much of the cost.	Found through research process.	"Actually, we will get a higher match on the Medicaid dollars. We'll get the 70/30 match for these kids because it's an enhanced match rate for a new category of children. So that's good news. More money" -Florida Lobbyist	"…over 26 states have agreed to incorporate these kids into their programs… And they are saving money because they're not allowing these kids to go to the emergency room." -House Sponsor	"They estimate it will cost the state $4.8 million…but it'll go a long way to make sure that these kids have access to health coverage and keep them out of the emergency room…that's the most expensive point of entry..." -Senate Sponsor	"I present to you a bill that would not cost our state money. As a matter of fact, we get a 95% match from the federal government. And the portion the state will be paying is actually funds that will be shifted from a population that is currently utilizing emergency Medicaid dollars" -House Sponsor

Appendix 7. Barriers to the ICHIA's Passage Prior to 2016

Note: In 2010, 2011, and 2013, ICHIA proposals died in committee before they were ever debated, so there are not videos available for those years. In the 2012 and 2014 video, no arguments were raised against the legislation's passage.

Proposition	Definition	Source	Legislators	Lobbyists & Policy Advocates
Hypotheses				
Anti-immigrant sentiment (n = 3)	Widespread public opposition to immigration. This is related to the idea of "America first," a foreign policy stance emphasizing isolationism and American interests over foreign interests. It is also related to the slippery slope argument, which is the idea that the ICHIA now only includes LPR children but could	-"Views on Race & Immigration," 2019 -Olivares 2012 -Viladrich 2012 -U.S. Congress, House, No. 114, 1996 -U.S. Congress, Senate, 2009 -US. Congress, House, 2009	n/a	"No. There was no visible opposition…In general, nobody stood up and opposed this legislation. It was done behind the scenes and it was the anti-immigrant groups." "One of the representatives who was in the House at the time that debate took place was running against another Republican in the House for the first Senate seat. The other Republican accused him of supporting health care for illegal aliens, which was not true. That was a nasty campaign and he got really beat up about that, so he was very sensitive to being tied to that issue."

Proposition	Definition	Source	Legislators	Lobbyists & Policy Advocates
	include LPR adults or even undocumented immigrants in the future.			"There was a very principled debate on the floor about immigrant children, including undocumented immigrant children…When it went over to the Senate side, one of the Republican members and leadership was worried that it would look like they were doing something for 'illegals'…So while it was a great principled debate, it hurt that legislation . I think that was the idea." "I don't think we would have been able to do pregnant women...And it was sort of that idea that everybody wants to help kids, every legislator thinks they're a children's supporter. In Florida, there's a really strong anti-immigration thing going on and so I don't think we could see the pregnant woman covered any time soon."
Reduce "welfare magnet"	The idea that the United States should not attract immigrants to the country with potential welfare benefits.	-U.S. Congress, House, No. 114, 1996 -Viladrich 2012	n/a	n/a
Perceived value of self-sufficiency (n = 4)	The idea that welfare reduces self-sufficiency, and therefore should be reduced. This is related to opposition against socialized health care.	-Viladrich 2012 -U.S. Congress, House, No. 114, 1996 -Olivares 2012	In reference to many Republican legislators' mindsets: "Maybe you have a mindset that says, well, you know, my dad and my mom worked really hard and people should work really hard. But, you know, I always remind people that if you haven't walked a mile in someone's shoes, then you shouldn't judge them." "Republicans are usually not the first to expand Medicaid, especially after Obamacare passed. You know, there were there was a lot of mixing of the concepts and people thought we were 'expanding Medicaid' at a time where expanding Medicaid was a controversial thing."	"A lot of them [state legislators] embraced the social responsibility and thought it was doing a disservice to people by making it easier to access federal benefits." "In Florida, many people have the mindset that people are where they are because they choose to be."

Proposition	Definition	Source	Legislators	Lobbyists & Policy Advocates
Additional Propositions Found Through Research				
Struggle to place on the agenda (n = 1)	Electability indicates legislators' fear of how support for the ICHIA could impact their electability in future elections.	Found through research process.	n/a	"With all issues, there is a core group of legislators who determine what moves forward, what gets put on the agenda revision ...So the opposition is focused on those key people keeping it out of committee, because when we got a bill on the agenda in its committee, we would pass it." "He was the chairman of the health care committee in the Senate that year, that the ICHIA had to go through, so for at least one year, I want to say maybe two years, he wouldn't put it on the agenda…"
Fiscal impact to the state (n = 5)	The concern that implementing the ICHIA would result in a high cost endured by the state of Florida.	Found through research process.	"Yeah, I think that first the fiscal impact was a point of major contention the whole time the bill was being proposed. The revenue estimating conference…included all immigrant children, including...children who didn't have any documentation, which was an error. Obviously...they're not covered by the language, but...the division was not familiar with the federal legislation. So there was a lot of heartburn about how much it would actually cost." "Our state has a balanced budget amendment in its constitution. So, every year the legislature needs to balance the budget. And... anything that has dramatic fiscal impacts usually is very tough to pass."	"One thing that was really a hurdle we had to cross is… our Medicaid agency, when we first started it said it was going to cost ridiculous millions and millions of dollars. And that was again, pushed because of the strong opposition." "You know, one of the key barriers I remember maybe in the year before it reached final passage was a significant fiscal note that was assigned to the bill." "The only thing that the Florida legislative session has to do is pass a balanced budget. That's the only thing they're mandated by the constitution to do...So there was a misconception of how this was going to impact fiscally." "House leadership of the time was very fiscal is what was and currently still is, I would say, very fiscally conservative."
Limited political power of immigrant population (n = 1)	Legal permanent residents are not yet citizens and are therefore ineligible to vote.	Found through research process.		"Could you explain why it wasn't able to pass earlier? Sure, it was politics. The dynamics of the families that this issue impacted were not eligible to vote."

Appendix 8. Enabling Factors of ICHIA's Passage in Florida

Proposition	Definition	Legislators	Lobbyists & Policy Advocates
Low fiscal impact to the state (n = 4)	The idea that provision of health insurance allows children to seek preventative care, rather than expensive emergency services. And the federal government will pay much of the cost.	"We worked with the Agency for Health Care Administration…to get them to pull the numbers of how much there would be in savings if a bunch of kids who were getting funded through emergency care were instead being funded through Medicaid." "And ultimately, what I think carried the day and the thing that took us from maybe passing, to for sure passing, was being able to really figure out the fiscal impact and minimize it so that it would be cost neutral to the state."	"One thing that was really a hurdle we had to cross is that our Medicaid agency, when we first started, said it was going to cost ridiculous millions and millions of dollars. And that was again, pushed because of the strong opposition. But by the time, you know, we worked it down. You may have seen from the bill analysis; I think we actually saved money because people have access to care."
Strong Latino Republican caucus (n = 5)	States with a larger immigrant population are more likely to have passed the ICHIA.	"I think one very unique part of Florida is that you have a lot of Hispanics all across the state but the Cuban-Americans in particular are conservative, So, you have a lot of Republican elected Hispanics. And I think that helps with the passage of the bill…" "I think that this bill in particular was an exercise in tenacity. You know, it took many years for it to pass. I sponsored it three or four times before it passed. And in Tallahassee in particular, you know, you only have six legislative bills that you can sponsor. So…if you keep funding the same bill, that has no chance of passing, it's very easy to give up on it. But…every year we got closer. I knew that this was going to be like a legacy type bill, that that could help impact the lives of tens of thousands of kids for four decades to come. So for me, it was worth it to keep trying." "I think having a diverse legislature with representatives who come from immigrant families or who were once immigrants like myself, my family, I should say, most likely led to the smaller waiting periods. We have a very large Cuban, Colombian, and Venezuelan community, and if you have legislators that truly can empathize with what it means to struggle without access to health care, you know, they're more likely to fight to cut those unnecessary waiting periods."	"Unlike the rest of the South, there is a strong Latino Republican Caucus (twice been speakers of the house). Even in Texas, a lot of Mexican Americans are Democrats, but in Florida, they're Republicans so although they may be conservative on some issues, they care about immigrant children and that makes it easier to move other Republican members." "And some of the coalition's that we worked with had very tight connections and they actually were Hispanic. And so, it was Senator Garcia who sponsored the bill in the Senate. And he just really believed in this issue. Had an immigrant family and just was a really strong supporter of immigrant families." "We filed it every year and we kept pushing…Every year, we educate new legislators to get more people out." "So I think part of it is just the makeup of our populace and recognize that there are lots of folks who moved here from other countries living here legally, working, paying their taxes, doing whatever they can to make it. Many people, many of our own elected officials know. Right. And so that's I think that changes the dynamic of the conversation, because it's so much more relatable

Proposition	Definition	Legislators	Lobbyists & Policy Advocates
			issue to someone they know or someone they know within two or three degrees of separation."
Strong lobbying coalition (n = 3)	The emphasis on the fact that this law benefits children.	n/a	"Some of us [lobbyist firms] worked on children's issues and some of some of them might have been more conservative groups… And but we really decided that if we were going to get this pass, we needed to come together and really work together..." "We believe that all children, regardless of race, creed, immigration status, should have access to coverage in health insurance, and we are a state with a lot of immigrant children." "He was the chairman of the health care committee in the Senate that year, that the ICHIA had to go through, so for at least one year, I want to say maybe two years, he wouldn't put it on the agenda…I had been called by a reporter, PolitiFact, about the issue, asking me if the legislator had voted for health care coverage for illegals. I explained that no, it hadn't been and talked to the senator about it. I talked to him and said, look, I understand why you're worried about putting that on the agenda because you got beat up about it, but what you don't know is that I spoke up in your defense when all that was happening. So why don't you put this on the agenda and vote no" I think that at nonprofits also had a key role in passing this because they all got organized...Because of the collaboration, everybody was able to compile data and the same talking points and one pagers, etc.

Appendix 9. Median Size of States' Immigrant Populations by ICHIA Status
("U.S. Immigrant Population by State and County" 2020; Brooks et al. 2020)