

Voices of Senators: An Analysis of Political Rhetoric and Healthcare Access in Massachusetts and Mississippi

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Abstract

Political rhetoric is a seemingly inseparable part of life in the United States. However, many of us do not understand the actual impact of politics on us. Substantial research is lacking regarding individual players within this system and the subsequent roles of officials' behaviors and rhetoric. Undoubtedly, the Affordable Care Act (ACA) has yielded significant positive trends in health insurance access nationwide. Yet, many states have displayed varying results for citizens' health insurance coverage. Various factors contribute to these different outcomes. As such, many scholars point to Medicaid expansion, access to information regarding the ACA, health insurance qualifications, and socioeconomic barriers as factors that can impact health insurance access.

My study examines how senators from Massachusetts and Mississippi discussed the Affordable Care Act (ACA) from 2009 to 2010 and considers the health implications of their rhetoric. My aim is not to establish a causal relationship between the senator's ACA rhetoric and subsequent insurance coverage in each state but rather to suggest the possibility of such a relationship. For this analysis, I examine the ACA rhetoric of three Massachusetts senators (Edward (Ted) Kennedy (D), Scott Brown (R), and Paul Kirk (D) and two Mississippi senators (Roger Wicker (R) and Thad Cochran (R). These two states were chosen for their distinction in coverage results and their respective ranks in healthcare overall.

To answer this research question, I conducted a content analysis of media sources from 2009-2010 that featured Massachusetts and Mississippi senators discussing the ACA. In addition to the content analysis, I provide information about health insurance

rates within these states before and after ACA implementation (2009 and 2015), interpreting rhetoric's role in legislation and implementation of the ACA on insurance coverage.

Introduction

Politics and its subsequent rhetoric and media coverage have become an ever-growing entity in the United States, full of various actors. Recently, many Americans feel that political rhetoric has become increasingly calculated, charged, and, as many citizens see it, polarized. In the past, the Democratic and Republican parties were not so starkly at odds with each other. They were able to come together for bipartisan support, uniting for the common good of American citizens. Simultaneously, modern media and technology have allowed citizens to witness hearings, judicial rulings, and congressional meetings while interacting with politicians' social media accounts, reading media sources with firsthand interviews, and more. This has undoubtedly revolutionized how Americans consume politics and ideology, resulting in a change to how citizens form their opinions on such matters. It also begs the question as to what extent the political rhetoric of these actors has impacted Americans across the country. The healthcare system is a significant topic of interest in the politics of the United States in the twenty-first century. For instance, healthcare affordability was a top concern for voters in the 2024 election. Healthcare in the United States, from the 1950s until 2010, faced very few legislative proposals that have passed aimed at improving the costs of healthcare for Americans.

My research examines how political rhetoric, including both negative and positive opinions relating to the Affordable Care Act, may play a role in or impact Americans' access to health insurance via the bill. Massachusetts ranks number one in the US for healthcare by the Commonwealth Fund, whereas Mississippi ranks last for healthcare. I have completed my research through various analyses of state news outlets, Senate meetings, and the senator's statements via multiple sources. The senators of Mississippi during the ACA were Roger Wicker (Republican) and Thad Cochran (Republican). The senators of Massachusetts will be analyzed as well; however, due to special elections held due to senators' passing, three senators will be investigated, as there was a change in the seat during a vital time during the ACA's passage. The senators from Massachusetts are Edward Kennedy (Democrat), Scott Brown (Republican), and Paul Kirk (Democrat).

The past decade within the United States has been substantially marked by politics, with great respect to the rhetoric and commentary of politicians. Some may say that the passage of the Affordable Care Act marked this uptick in rhetoric and intensified debate among government officials. That said, with the ACA in mind, the reasoning was based on preventing people from going without medical necessities due to a broad spectrum of barriers such as cost, accessibility, privilege, and outright denial of health insurance coverage equating to these barriers. Most recently, the shooting of a healthcare insurance CEO, Brian Thompson of United Healthcare, and the subsequent reaction to

his death by the American public and media, has proven yet again the significance of healthcare access in this country. A great deal of the public rallied behind Mr. Mangione, who was charged with the crime, sending thousands of dollars to his legal funds as prosecutors seek the death penalty. Many people cite the extreme profits of Thompson and the health insurance companies' widespread denials of medical procedures as a basis of understanding of the murder. The ACA is far from perfect, as many Americans still face barriers to affordable and adequate healthcare, but since its passage, it has helped millions of uninsured Americans access medical coverage, allowing them to afford necessary treatments and medications. For those barely above a lackluster measure of poverty, it has provided something this country had not done before the ACA passage: a means of being insured so that a simple checkup or diagnosis does not send them into debt, homelessness, or even bankruptcy.

This research is vital because it investigates the people responsible for the laws that dictate whether citizens can access healthcare. Senators, in particular, have a significant role in this as they represent states within Congress. For the ACA to be passed, it had to go through these houses and then was sent to the Supreme Court three times. Politicians' rhetoric impacted the passage of ACA legislation in each state, especially with regard to Medicaid expansion as well as forming public opinions of the bill. Thereby, shaping healthcare access for state residents. The ACA faced much criticism and support from both political parties, insurance companies, and citizens of the US. It still faces a great deal of publicity today, being a major political talking point over a decade later. This research aims to analyze the political rhetoric by the respective Mississippi and Massachusetts senators during the ACA's passage to extrapolate if there is a some form of connection or association between rhetoric and influence on the citizens of these states' healthcare access via the ACA.

Literature Review

My literature review is intended to advise the research question along with providing ample understanding of why my question is being asked. I am looking into the role of political rhetoric by state senators in Massachusetts and Mississippi surrounding the passage of the Affordable Care Act (ACA) along with the subsequent insurance coverage results among the states' citizens. I have grouped these into three main sections. The first is the background information and the provisions set by the ACA, coinciding with the evidence-based need for such legislation. The second section will cover health outcomes and healthcare insurance rates in the United States after the ACA was instituted as federal law. Lastly, the review will discuss a section dedicated to the role of political rhetoric in shaping policy outcomes and legislative decisions, as well as state-based results of the insurance rates of the citizens within these areas. Each section will draw from various scholars who have completed research on the topics.

ACA Background and Necessity of Healthcare Reform

The passage of the Affordable Care Act is widely regarded as one of the most influential pieces of legislation concerning healthcare reform in the United States. The bill, signed into law by President Obama in March of 2010 (Lee, 2010), was 906 pages (Gluck, Emmanuel, et al., 2020) and has grown since additional segments were added. The call for healthcare reform had long plagued the nation and was a core component of Obama's campaign. Each of these works plays a significant role in understanding the legislation and the need for the ACA. It also serves to understand the role of healthcare insurance in producing health outcomes, as this can be utilized to propel the need for the legislation further.

The book by Gluck and Emanuel demonstrates that the United States healthcare system desperately needed reform. Research by the National Academies Press finds that health insurance itself plays a critical role in the health outcomes of the American people. The study, one being the National Health Interview Study in 1992, was compiled by the Institute of Medicine (US) Committee on the Consequences of Uninsurance, alongside the US Preventive Services Task Force (USPSTF), which conjoined several other population-based surveys conducted within the past decade. The work concluded through thousands of adults that those without health insurance face higher mortality rates (National Academies Press, 2002). It was also found that uninsured adults show less preferable health outcomes than their insured counterparts. Those that lack insurance have higher rates of disease or inadequate treatments for severe or chronic conditions and lack access to proper preventative screenings for diagnoses such as hypertension, mammograms for cancer detection, and access to a primary care provider (PCP) (National Academies Press, US, NCBI, 2002). These results offer one of many facets that comprise the need for the ACA (National Academies Press, US, NCBI, 2002).

The ACA itself was a tumultuous piece of legislation that faced many barriers when signed into law. If it were not for key actors such as Max Baucus, a senator from Montana who headed the Senate Finance Committee, the ACA might not exist. His famed *white papers* provided a great deal of information pertaining to health insurance disparities and the rates of uninsured people. He found that 16.7 percent of the 2009 population was uninsured (Gluck, Emmanuel, et al. 2020). His papers paved the way for the ACA, as many legislative provisions were directly drawn from his works. As President Obama signed the bill into law, he made notes and thanked people such as Baucus and Ted Kennedy (Lee, 2010).

Also presented in understanding the ACA are the specific legislative drawings and their rationale. Before the ACA, many Americans who were employed and were lower-to middle-class individuals or families went without healthcare coverage despite their being employed and working hard in these positions. The barriers faced by Americans in holding healthcare insurance were widespread and impacted various people regardless of their socioeconomic status, minority status, health or disability status, or even sexuality. Before the ACA's section that prohibited denial based on preexisting conditions, health status, sexual relations, and other minority-based statuses, millions of people were denied insurance. Insurance companies could deny a client having cancer, diabetes, pregnancy, asthma, arthritis, and sexual relations with those of the same

gender due to the AIDS crisis (Gluck, Emmanuel, et al. 2020). Not only could someone be denied these conditions, but insurance companies could charge higher premiums based on these factors. This further perpetuated discrepancies seen in those people already at a disadvantage, as higher costs when you are ill are comparable to exploitation since these people are already facing more costs than their healthy, able-bodied peers since they require more treatments (National Academies Press, US, NCBI, 2002). Insurance companies before the ACA were responsible for thousands of people being without proper coverage, going into excessive medical debt and subsequent bankruptcy, being denied care, being overcharged, and being discriminated against for uncontrollable conditions (Gluck, Emmanuel, et al. 2020).

These pieces have explained the various clauses of the ACA, the research-based evidence of the need for healthcare reform, and the correlation between the status of the insured or uninsured and health outcomes for adults. It is also evident from these pieces that the ACA was revolutionary in that it was the most significant bill toward healthcare reform in decades. The ACA encountered a plethora of criticism from various people and groups, politically and from insurance companies. It also displays the multiple events during the legislative process that were key to understanding the ACA and eventually leading to the bill being passed on March 23rd, 2010, after several trips to the Supreme Court, hours of congressional debate, criticism, and numerous changes to its provisions to receive bipartisan support (Gluck, Emmanuel, et al. 2020).

Resulting Insurance Coverage Rates from the ACA and Health Outcomes

The following determinations are drawn from the work within *Healthcare Utilization as a Proxy in Disability Determination: Chapter 3: Changing Patterns of Health Insurance and Healthcare Delivery* (National Academies Press 2018). Each work informed my own understanding of what the ACA was made to accomplish for those in the US, specifically for historically underserved populations. This research is used to analyze the effects of the ACA upon disabled individuals and their access to proper care and treatment under the provisions of the legislation. A major aiding factor, for those with disabilities, of the ACA is that denial based on preexisting conditions was prohibited (National Academies Press, 2018). The ACA allowed people to access specialists and PCPs previously inaccessible to many Americans. Despite this work revolving around those with disabilities, it provides insight into the fact that many people who had disabilities before the ACA were denied insurance coverage for their preexisting conditions, an idea that has plagued much of this research.

Also of importance is the work surrounding the role of the ACA upon low-income people. Because a major component of the ACA's goal was increasing coverage for the uninsured, a central focus of research thus far involves the coverage results for low-income people. The work, *The Affordable Care Act's Impacts on Access to Insurance and Health Care for Low-Income Populations* in particular, finds both positive trends in minorities' access to health insurance and that even with the increased Medicaid and Medicare provision, 9 percent of the population lacks healthcare coverage by falling through the 'coverage gaps' or the lines that determine the eligibility for federal insurance programs (138% of the federal poverty level (FPL)). This work is critical

because it shows that 20 million Americans now qualify for insurance that they were without before due to the ACA (Kominski et al., 2016). Minority insurance rates also improved following the ACA's passage (Kominski et al., 2016). States that have not expanded their coverage are primarily southern states, often holding Republican majorities in their legislatures (Tolbert et al., 2024). Medicaid expansion is crucial to understanding the ACA, as it goes hand in hand with its implementation goals. The ACA, when initially signed, allowed for Medicare expansion. Expanding Medicaid essentially allows a larger group of low-income people to qualify for health insurance issued by the government. Increasing coverage to more than the given 138 percent of the federal poverty level seeks to cover more people who do not qualify for insurance and cannot afford their own (*Medicaid Expansion & What It Means for You*, n.d.).

As mentioned in the above section, it is understood that health is a core component of individual well-being and self-sufficiency. Providing insurance aims to mitigate the discrepancies that have only grown as a result of being uninsured, which is a phenomenon that is often increased through statuses such as being low-income, impoverished, or disabled. For a disadvantaged person, who may already face an increased risk of illness, disease, chronic conditions, and mental illness stemming from their environment and circumstances, not having insurance only increases their levels of poverty. The costs of preventative treatments and access to proper care throughout their lifetimes are often lacking. Because of this, the out-of-pocket cost of a sudden need for immediate treatment for a severe ailment will be nearly impossible for these persons to cover. The ACA sought to aid people nationwide; though explicitly speaking, it also sought to help underserved groups that lacked necessary medical services.

What we know less about than ACA healthcare coverage outcomes is how political rhetoric shapes public policy outcomes, specifically the passage of the ACA. No direct study I have found confirms a correlation between a state's senators' views on the ACA and the access of said state's citizens to healthcare insurance. Understanding the roles of these senators is crucial in my research because I want to analyze why there are lower insurance coverage rates in a given state and if the senator's position on the ACA can impact this. Whether varying degrees of healthcare insurance coverage are due to a lack of adherence to Medicaid expansion, a lack of information about qualifying for health insurance, disapproval or challenging of the ACA, or negative opinions of the legislation is crucial to helping states achieve similar positive outcomes from public policy such as the ACA.

Political Rhetoric in Shaping Policy Outcomes

Research suggests that state government opposition to the ACA was fueled by 'rhetorical federalism.' This term implies that state government officials cloaked their disapproval of the ACA using so-called federalism, insinuating that local governments and leaders within these states deserve state rights, reserved powers, and state sovereignty (Leonard, 2011). Those who opposed the ACA found that the federal government was extending its reach and powers by implementing federal healthcare system regulations, which, in their view, were prohibited, wrong and harmful to state governments and their respective decisions (Leonard, 2011). Rhetorical federalism is the usage of state opposition to sweeping federal policies in a highly vocal manner and, in this case, was used as a means of the anti-health reform perspective by state

governments. Their resistance was compelled by the ideas of a state's right to perform and implement its separate healthcare systems and accessibility to insurance without the federal government's participation and intervention (Leonard, 2011). Many states, forty to be exact, planned or proposed legislation nullifying federal legislation enacted by the ACA (Leonard, 2011). After Obama signed the bill, twelve state attorneys general challenged the bill's constitutionality under the 10th Amendment's reservations of powers clause. The role of rhetorical federalism was heavily felt while passing the ACA (Leonard, 2011). The amount of state opposition resulting from the political ideas of states' rights constitutes an alleged breach of reserved powers and the respective holders of such powers (Leonard, 2011). This research emphasizes that state resistance, though not consistently successful in opposing or restricting federal policies, has a significant effect on public opinion and on the future reforms that may be presented. This research highlights the intricacies of federal power and state autonomy in health policy and emphasizes its imperative role in implementing the ACA.

Massachusetts & Healthcare Insurance Coverage

In Massachusetts, healthcare reform was completed locally before it was transferred into federal policy via the ACA. Massachusetts did this reform in 2006, with Medicaid expansion, employer-based insurance availability, and coverage choices (Gruber, 2010). When Massachusetts instituted its reform, it significantly lowered the rate of uninsured people (Gruber, 2010). Many pointed to the state during the federal drafts of the ACA, drawing from their model of healthcare reform. The research points to the idea that Massachusetts was, in fact, ahead of the rest of the nation in terms of healthcare reform and providing its citizens with insurance, resulting in higher coverage in the state. The studies found that the number of uninsured people in the state decreased by an estimated 50% to 60% after its implementation (Gruber, 2010). Despite many pointing to the issue of private insurance rates decreasing under the ACA, in Massachusetts, the opposite trend was seen, with these employer-provided insurance options increasing under the mandate, disproving the fears of state-based insurance excluding the prevalence of private insurers. Also seen in this study was an increase not only in insurance rates but also in access to healthcare itself. As mentioned before, increasing access to insurance and healthcare substantially improves people's health outcomes, detailing the importance of healthcare coverage. This research shows the need for healthcare reform across the country in a manner that is equally implemented regardless of a state's political ideologies or controls within the legislature.

Results of The ACA in the Gulf Coast States

This research primarily provides a perspective into healthcare in historically underserved states. With Mississippi ranking last in the nation for healthcare, it is crucial to understand why and how this came to be (Radley et al., 2023). This research investigates coverage in the states with coasts along the Gulf and studies the trends observed in rural versus urban locations within these states (Min & Hudson, 2019). This research is vital to the question posed above, as it serves as a basis for why there exists a need to investigate political rhetoric regarding the ACA and healthcare reform. It

allows scholars to question the rhetoric of politicians who serve them about access to healthcare within their respective states. It begs the question of whether or not senators' views on the ACA can be attributed to the helping or harming of its citizens regarding healthcare access and insurance coverage.

This research finds that within these states—Alabama, Florida, Mississippi, Louisiana, and Texas—the overall country's results differed from those in these states regarding insured and uninsured people—the ACA, without question, increased coverage nationwide and was found to increase coverage in rural populations overall (Min & Hudson, 2019). However, in Gulf Coast states, this trend was the opposite (Min & Hudson, 2019). It is also worth noting that in comparing trends in these states to overall trends, these states fared worse overall in coverage increases. In rural areas, insurance coverage did not grow as much as in urban areas. Specifically, rural areas in Alabama and Mississippi saw a more significant increase in coverage, whereas in metropolitan areas, this was not observed, with fewer coverage gains seen (Min & Hudson, 2019). In Florida, Mississippi, and Texas, urban areas saw the rate of the insured increase within metropolitan areas (Min & Hudson, 2019).

In contrast, rural regions of these states saw little to no change in the insured rates (Min & Hudson, 2019). Louisiana is an outlier because it expanded Medicaid in 2017 (Min & Hudson, 2019). As previously mentioned, prior research has shown that Medicaid expansion has improved insurance coverage rates. Many may find that the easy answer to why this is lies in socioeconomic factors. This would be an easy idea for this question since these states have higher levels of uninsured people compared to national statistics, higher levels of poverty, and lower educational attainment. Yet, as explained in this research, the answer lies in a culmination of these aspects and policy shortcomings in covering people within these states. Specifically, expanding Medicaid is a high predictor of coverage rates within a given state. The people within these Gulf States often experience higher rates of poverty than the rest of the nation, which, as shown previously, allows people to fall into the coverage gaps of Medicaid lines and poverty levels. Because these areas display higher poverty rates, more of their citizens fall into this gap. These rural areas are showing opposite trends. Many find they lack access to the information they need to determine if they qualify for this insurance. Which is not available to them because of a dilapidated state of resources that provide services in getting health insurance, and the boundaries of who is covered are lesser than elsewhere in the US.

Overall, the ACA did increase coverage nationwide; however, Gulf Coast states fared worse in their increasing coverage (Min & Hudson, 2019). The trend of rural areas seeing more significant increases in coverage than urban areas on a national level was not found in these states, with rural areas showing higher rates of insurance being granted under the ACA than metropolitan areas (Min & Hudson, 2019). The research holds that socioeconomic factors likely play a role (Min & Hudson, 2019). However, more so than that, the policy issues that inform these states, with many not expanding Medicaid, are a vital portion of improving coverage rates. The lack of Medicaid expansion can be attributed to lower insurance rates, as without expansion, many lower-class people can fall through the 'coverage gaps' of Medicaid expansion whilst also being unable to afford their private insurance. Another factor is likely the access to information about Medicaid and health insurance, especially in rural areas. Without

specific guidance, those in these areas may be unaware they qualify for insurance. Coupled with the rhetoric of politicians deeming the ACA harmful, it leaves many defenseless in attaining health insurance coverage.

Methodology

The design for this study involves a content analysis of senators from two different states during the time period of 2009 to 2010. Furthermore, the rhetoric of these senators I have analyzed in terms of respective opinions and commentary from the senators surrounding the ACA. Additionally, the results of insurance coverage rates before and after the ACA and its implementation (which did not take full effect until late 2013 and early 2014) will be analyzed to help provide context on whether a correlation can be drawn between the rhetorical opinions of senators upon the ACA and the rates of citizens being covered by healthcare insurance. The senators and states that will be studied are Mississippi and Massachusetts, as Mississippi is ranked last in the nation for healthcare, whereas Massachusetts is ranked first (Radley et al., 2023). The senators of these states are chosen as they were in office during the passage of the ACA. Those from Massachusetts are Edward Kennedy (D), Scott Brown (R), and Paul Kirk (D). Three are included, as Kennedy's passing proved significant in this process. Roger Wicker (R) and Thad Cochran (R) were Mississippi senators at the time of the ACA. Their rhetoric will be garnered from several sources, including CSPAN, an online library of senators and other government officials' hearings, speeches, and news interviews dating back to this era. Newspaper articles from various publishers will also be utilized, with selective keyword searches later described below.

The reasoning for the following design ensures that the focus area is not too broad, does not become arbitrary in choosing what pieces will be selected, and is specific enough through its approaches to the topic this research seeks to understand. The rationale behind this research is that, as it currently stands, most ACA-related research tends to focus on insurance rates within a given area or population due to the ACA. This is understandable, considering that a primary goal of the ACA was to increase health insurance coverage rates throughout the United States. However, little research is available on whether or not political rhetoric affects a given law or policy, public opinion, and the outcomes of such legislation. The driving factor behind this research is identifying the roles of political rhetoric within the passage of the ACA, a highly politicized piece of legislation that spent much time in Congress and the Supreme Court. It continues to be a talking point of politics even fifteen years later.

This question is increasingly vital concerning the current state of healthcare within the US. With most voters citing healthcare policy as an essential concern in the 2024 election (Jones), it seems reasonable that healthcare policy is critical to many citizens in the US. By understanding the value of political figures, in this case, senators, it aims to analyze the role, if any, that senators' rhetoric and opinions play within a given state's ACA implementation and subsequent rates of state citizens being insured versus uninsured within a given state. It is hoped that through this study, the influence of state senators' perspectives on legislation as a whole will be highlighted and understood. In a broader context, this study means to underline the extent, if any, to which politicians' opinions can affect the outcomes of citizens.

Variables, Measurements, and Data Analysis

This research used both qualitative and quantitative data. Quantitatively speaking, the rhetoric's usage of opposing opinions and positive support will be measured by their frequency within congressional hearings and state newspapers relating to the topic. For instance, if four of these articles from state newspapers within Massachusetts cite that the senators supported the passage of the ACA, it will then be reasoned that the amount of senator support of the ACA within Massachusetts is four state newspapers recognizing this fact. My data includes pulling direct quotes from interviews, newspaper articles, videos, and reports for a given senator to ensure a reasonable conclusion of whether the senator agrees or disagrees with the legislation. I could also be studying the congressional hearings during the implementation of the ACA, focusing on a handful of senators' comments during these meetings, and then reasonably following whether the senators had a negative or positive view of the ACA. The votes cast by the senators in support of the ACA will also be utilized.

Also included within this study will be rates of insurance within a given state before and directly after the passage of the ACA as a means to display results of not only the ACA but also to hopefully serve as a possible correlation between senators' rhetoric and the outcomes of the ACA within a given state. The variables of this study are multi-faceted, of course, the state senators themselves. From Massachusetts, this will include Edward (Ted) Kennedy (D), Scott Brown (R), and Paul Kirk (D). Roger Wicker (R) and Thad Cochran (R) are the Mississippi senators used in this study. The other variable is insurance rates within these states before and after the federally implemented ACA.

Criteria of Source Selection

The selection of this material will be refined by narrowing it to two states, Massachusetts and Mississippi. Furthermore, this content will be from 2009 to 2010 to ensure fairness in this content analysis. The criteria for selection are that, first, the rhetoric must have occurred in the proper date range; it must be from state senators of Massachusetts and Mississippi and not fall outside of these requirements. Also critical is that the selected data is relevant to the research question. Only those pieces of content that meet these ideals will be utilized. Comments from senators outside of 2009 to 2010, not within the respective states, or commentary that lacks relevance to ACA will not be chosen. This selection criteria will prevent the infiltration of irrelevant and useless data to persuade any research findings. It also creates an easily replicable research question. It validates the research itself, as posing too broad of a question or data set can make it difficult to answer and replicate a research question. The searches for this data will include specific keywords to find the necessary information. Such words are both on the general internet and, more specifically, in state newspapers, videos of the respective senators speaking on the ACA, and searches on the database of CSPAN. Keywords used in searches are listed in Table 1.

Table 1. Keywords used in compiling data

Key Word Searches					
Senator	Wicker (R) MS	Cochran (R) MS	Kennedy (D) MA	Brown (R) MA	Kirk (D) MA
Key Words	ACA, Roger Wicker, Vote on ACA, 2009, 2010, Interviews, MS Newspaper Roger Wicker, MS, Wicker Interviews on ACA, Wicker vote in ACA, Wicker commentary 2009-2010	ACA MS, Thad Cochran, Cochran Vote on ACA, 2009 Cochran interviews, 2010 Interviews, MS newspaper on Cochran 2009-10', Thad Cochran Interviews, Cochran ACA	Edward Kennedy ACA, Ted Kennedy ACA 2009, 2010, Kennedy MA ACA, Kennedy Healthcare reform, Kennedy's passing and ACA, Kennedy ACA Senate majority	Scott Brown ACA, Scott Brown Massachusetts , Brown ACA, Brown ACA 2009-2010, Brown's ACA opinion, Scott Brown Interviews,	Paul Kirk ACA, Paul Kirk Healthcare Reform, Paul Kirk (2009-2010) comments on ACA, Paul Kirk on ACA, Paul Kirk Interviews

Data

I have included four sources for each senator seen in the charts below that include senators' from both Massachusetts and Mississippi and their opinions of the ACA . Of these four sources, data types range from video segments of Senate debates, local state-based newspaper articles, other news media sources found relevant, and voting behaviors on healthcare reform-related bills. The sources I chose are aimed at creating uniformity in data selection criteria. The sources were gathered through their relation to the abovementioned keyword searches. Other data pieces listed are the resulting coverage rates of respective state citizens of a given state before and after the passage of the Affordable Care Act. As noted by the US Census Bureau and various research studies, the ACA has undoubtedly displayed positive trends concerning lessening the number of uninsured people. By creating the tables below, I intend to provide a simplified analysis of relevant content that sheds insight into the senator's rhetoric,

opinions, perspectives, and commentary on the Affordable Care Act. From these tables, I then concluded whether or not a given senator supports or opposes the bill. As such, I reasonably understand that senators supporting the bill include Ted Kennedy and Paul Kirk. Those in either full or partial opposition to the bill include Scott Brown. Roger Wicker and Thad Cochran, each of whom identify as Republicans, with former senators in support of the bill being Democrats. I include more contextual evidence of why it was concluded that a senator supported or opposed the bill.

The research on healthcare insurance coverage rates is also included below. These results were compiled from the US Census Bureau, specifically the American Community Survey (ACS). The years chosen here differ from the range within the content analysis itself because it took several years after the ACA was signed into law by Obama to be fully enacted and felt by US citizens for varying reasons, explained further below. As such, the two years that are compared are 2009, before the ACA, and 2015, a year after the provisions of the ACA were entirely in effect. This was done to formulate a better understanding of the impact of the legislation on American citizens. It took several years for the bill to be fully in effect, and 2015 was chosen to reflect this and the full impacts of the legislation on the population and healthcare insurance rates. Table 2 will reflect the coverage rates in both states before and after the ACA. Table 3 will reflect content analysis of sources and results of whether or not the senator can reasonably be found to support or oppose the bill.

Massachusetts Rhetorical Trends in Content Analysis

Democratic senators from Massachusetts, Paul Kirk and Ted Kennedy, mainly supported the ACA. Specifically for Kennedy, he was a lifelong supporter of healthcare reform and universal healthcare (Levey & Fiore, 2009). This unwavering support of the bill can be traced back to the 80s, long before the ACA was even considered, as well as throughout his career, as he was a major player in getting various healthcare reform-related bills signed, such as HIPAA standards, the ADA, and helping create community health centers for low-income people (Evans & Schiff, 2009). Kennedy was unfortunately diagnosed with a highly lethal brain tumor shortly before Obama entered office and began the drafting process of the ACA. Yet, this did not stop Kennedy from playing a pivotal role in the bill's passage. Obama cited him and noted his "wisdom and encouragement even during his illness" when the bill was signed into law. He was thanked multiple times by various government officials throughout the process of passing the bill (WBUR, 2009). Senate Majority Leader at the time was Harry Reid, who praised Kennedy's "commitment to justice, equality, and freedom—and an American icon." Kennedy was even honored by those on the other side of the aisle, such as Mitt Romney, who "recognized his lifelong contributions to the government and healthcare reform" (WBUR, 2009). Even in his final days battling cancer, he would have his wife compile news regarding the ACA for him to read, making calls to those in Washington trying to help in any way possible (Fiore & Levey 2009). His son Patrick stated that "He has lived for this day when America would finally extend this right to every citizen. There no doubt if he could, he would be here in the thick of this" (Fiore & Levey 2009). Kennedy stated, "I have enjoyed the best medical care money (and a good insurance policy) can buy... Every American should be able to get the same treatment that US

senators are entitled to.” Noteworthy is that Kennedy’s death both proved to cause issues in the passage of the ACA and helped to push it further. The issue that ensued after his passing was that a Massachusetts Senate seat was now empty, as Kennedy had filled it for nearly 60 years. This meant that an interim senator, Paul Kirk, was appointed in his place for the time being, though this was not without challenges by Republicans. However, despite this, many pointed to his passing as a catalyst for getting the ACA passed with bipartisan support, finding it the best way to honor Kennedy (MackAskill, 2009).

Despite being challenged in court, Paul Kirk was eventually seated as a senator in Kennedy’s place until an election could be held properly. Kirk considered Kennedy a lifelong friend he admired and aligned with on many issues. Kirk said that his “senate vote in Kennedy’s place was not about partisan politics; instead, it was to aid those without life-saving healthcare because of the lack of affordable and accessible healthcare.” In his recorded votes on healthcare reform-related bills, 2 out of 3 were scored as favorable, including his vote favoring the ACA itself (healthreform.org, n.d.). As the bill was signed into law, Kirk reflected that it was “unfortunate that Kennedy could not cast his vote himself,” knowing that he would be proud to know that his state provided the crucial 60th vote to pass the ACA (Oakes 2009). Kirk’s appointment was met with challenges, as Republicans argued against his appointment, finding it was illegal because an emergency should have been declared 145 days before Kennedy’s passing, citing the need for an appointment of a new senator (Thys 2009). However, despite the challenges, Kirk was sworn in.

The last senator of relevance in Massachusetts is Scott Brown, who defied the odds and won a Senate seat as a Republican in historically Democratic Massachusetts. Brown ran on the premise he would be the “41st vote” against the ACA, defeating the democratic majority for the bill to be passed (Rudin & Vassiladis 2009). His win in this state was viewed as the public censure of the ACA and held symbolic weight, as Kennedy had held the seat for decades as a Democrat. In the majority of sources analyzed for Brown, he had been entirely against the ACA, finding that because Massachusetts already had a rate of 94% health insurance coverage, resulting in healthcare reform that had previously been completed before the ACA, Massachusetts “should not be made to pay” for other states’ shortcomings in reforming healthcare (Oakes 2009). He also cites debt, taxation, the economy, and employment for being against the ACA. In the Senate debate in Massachusetts, Brown continued to be against the ACA, stating that the costs were excessive and the legislation was made through “backroom deals” (CSPAN 2010).

Mississippi Rhetorical Trends in Content Analysis

Since both Mississippi senators were Republicans during the debates about the legislation, one may guess that they did not support the bill. This may be true, but that is not to say that the senators were against healthcare reform altogether. For instance, Thad Cochran called for “bipartisan support of the bill and to set aside finger-pointing along with the blame game.” Finding that “the president has proposed several bipartisan ideas that were developed on both sides of the aisle” (Vicksburg Post, 2009). The source is that of a Mississippian newspaper, which refers to Cochran as a “voice of

reason.” Despite this perceived support of the bill and calling for both political parties to come together to support the ACA, his support is inconsistent, as noted within other media sources. Cochran’s voting records exemplify this, as he voted against 13 bills related to healthcare reform and the ACA (healthreform.org n.d.). On the historic Christmas Eve Senate vote in 2009 for the ACA, with a 60-39 majority, Cochran and Wicker were found to have voted against the bill (Gulflive 2009). Cochran’s campaigning points include his stances on various issues, such as healthcare reform and the ACA. Cochran “continues to fight against Obamacare, voting 102 times against it” or it being repealed in the Senate. Cochran claims that Obamacare denies healthcare choices, stifles economic mobility, and costs Americans jobs (ThadForMississippi). However, it was found online that the commonly cited claim that the ACA removed choices and individual policy plans has been disproven. As found in an independent fact-checking organization, “It’s true that insurance companies discontinued health plans that had covered millions of people who had bought them directly rather than through an employer. That’s because those plans didn’t meet the coverage standards of the new law” (Robertson 2014).

Roger Wicker, also a senator during the ACA debates, was against the ACA. His reasoning is very similar to Cochran’s argument against the bill. Wicker had long disagreed with the legislation, citing that Medicare would be harmed due to spending cuts and would make healthcare less adequate. Cochran claims that it would harm rural communities, elders, and in-home healthcare workers and cites that “even Southern Democrats have been against this” (CSPAN 2009). Also worth noting is his belief that colleagues like Olympia Snowe are against the bill. Most noteworthy, however, is that at the time of this particular content, Wicker had “not yet finished reading the bill in its entirety but “intends to (CSPAN 2009). Wicker also had subpar voting habits regarding support for healthcare reform bills. In an eight-year span of voting on fourteen bills, thirteen of his votes were deemed unfavorable for healthcare reform (healthreform.org n.d.) In a column on his government website, Wicker cites once again that “the bill would harm the economy by increasing the debt.” He finds that the debate regarding the ACA is one of the more important ones of this lifetime and calls for a bipartisan bill that does not break the bank, add to an already crushing debt, or drive more people into unemployment (Wicker government website, 2009). In a statement after the bill made it through the Senate, garnering enough votes, Wicker states, “Higher taxes, more spending, and cuts to Medicare are not the reforms Americans want. This bill is a colossal mistake. It should be scrapped so that we can start over and get this right (Magnolia Tribune 2009).”

Table 2. Content Analysis for Senator's Support of ACA

Senator	Positive Sources	Negative Sources	Total Sources
Kennedy (MA)	4	0	4
Kirk (MA)	4	0	4
Brown (MA)	0	4	4
Cochran (MS)	1	3	4
Kirk (MS)	0	4	4

Table 3. Coverage Rates

Coverage Rates			
Uninsured Residents	Pre-ACA (2009)	Post-ACA (2015)	Difference
Massachusetts	4.3%	2.8%	-1.5
Mississippi	17.6%	12.5%	-5.1%

Conclusion

Considering all of the above data, it must be synthesized conclusively. However, it needs to be restated that this research has not been completed to draw a direct correlation or causation between rhetoric from the senators of Mississippi and Massachusetts and healthcare insurance coverage rates. This research was completed to analyze the rhetoric of senators in two drastically different states regarding healthcare rankings and insurance rates (Radley et al., 2023) during one of the most significant pieces of legislation in the United States in modern history. This research aims to display a possible association between the rhetoric of senators surrounding the ACA and rates of health insurance coverage before and after the legislation was implemented. This research cannot draw a direct correlation between rhetoric and outcomes of the ACA. This research is hoped to inspire future research on whether or not a causal relationship can be established between senator rhetoric and legislative outcomes. Future research should focus on finding linkages between government officials' opinions and commentary on a given bill and the actual outcomes of a piece of

legislation. This research can be emulated by expanding the data sets and including more longitudinal data or by analyzing other states within the US.

There is no question that the Affordable Care Act (ACA) has resulted in positive trends in citizens gaining access to health insurance. However, the role of politics within this legislation is not yet fully understood, which this research hopes to help explain. Political banter infiltrates US citizens' daily lives everywhere, and this was no different with the ACA. It is one of the most debated and controversial pieces of legislation in decades. Debates surrounding the ACA lasted years, with many politicians spending countless hours debating on the house floors. This discussion around the ACA has still not gone away, as it is consistently brought up as a talking point even over a decade later in political talking points and issues. The legislation went to the Supreme Court multiple times, and more than half of the US states challenged the bill after it was signed into law (Gluck, Emmanuel et al., 2020). The bill finally passed the required votes in the Senate on Christmas Eve of 2009, which, according to Senate history, the Senate had not been in session nor voting on this day for centuries, the last time being in 1895 (Associated Press 2009).

This research has allowed for an in-depth analysis of senator rhetoric and coverage rates within the respective states. The data shows that two senators who supported the bill were Ted Kennedy (D, MA) and Paul Kirk (D, MA). As for those who were found to not be in support of the ACA, Scott Brown (R, MA), Thad Cochran (R, MS), and Roger Wicker (R, MS). Worth noting about this is the fact that the senators who were in support of the bill were Democrats and those against it were Republicans within the pool of those analyzed. This can also be observed broadly within overall Senate votes toward the bill (healthreform.org, n.d.).

Massachusetts Results

The resulting rates of insurance within these states also display positive trends overall. However, with Massachusetts having already implemented its own means of reforming healthcare before the ACA, its insurance coverage rates were already high compared to Mississippi's and the baseline coverage rates seen in 2009. Both states displayed that uninsured people's rates decreased with the implementation of the ACA. These results differed, however, with Massachusetts's uninsurance rates decreasing from 4.3% to 2.8% from 2009 to 2015. This was a 1.5% decrease in those within the state who lacked healthcare insurance coverage. The senators who were alive during the opening of the ACA legislation were in significant support of the bill; however, with Kennedy's passing and the election of Scott Brown, a Republican, who defied the odds given Massachusetts historically being a democratic state, it is understood that his election played a role in the outcomes of this state. It could be hypothesized that because the Senate lost its majority for Democrats with the death of Kennedy and the election of Brown, the coverage rates are not as starkly favorable as they would have been had a Democratic senator been elected in Kennedy's place. This, however, can not be proven within this research alone, and more research would be required to say that for sure. Despite this, it may be that there is an association between support of the bill and healthcare insurance outcomes.

Mississippi Results

With Mississippi, there was also a positive trend in decreasing the number of uninsured people in the state at the times analyzed. It is worth noting that before the ACA, Mississippi had significantly higher uninsurance rates than Massachusetts. In 2009, the number of uninsured people in the state was 17.6%. 2015 provided that this percentage fell to 12.5%, a 5.1% decrease in those without healthcare insurance coverage. With both senators being firmly against the ACA, could it be tied to why there are still such high rates of uninsured people in comparison to the state of Massachusetts? Again, this research is unable to confirm this with certainty; however, statistically speaking and in conjunction with rhetoric, it could be argued that there is an association between hostile rhetoric surrounding the bill and resulting rates of coverage from the ACA and that there may be some form of association identifiable here. Especially in consideration of other research on Gulf Coast states healthcare coverage rates stemming from the ACA, which shows that these states, including Mississippi, differed in showing positive trends of coverage in comparison to the rest of the country.

Despite this research being unable to accurately pinpoint the correlation between senator rhetoric and ACA coverage outcomes, there could be an association between negative rhetoric and less substantial coverage rates resulting from the ACA. This research is not aimed at drawing this definitive causal relationship between these two factors. However, it is hoped that this research will inspire more research to establish a causal correlation between rhetoric and support for the ACA and subsequent resulting rates of health insurance coverage. Research shows Gulf Coast states, including Mississippi, have less positive insurance coverage outcomes than national statistics. There is also ample research surrounding federalism as a means of resisting federal legislation and countless studies on health insurance coverage due to the ACA upon varying demographics. However, as previously stated, there is no substantial research on whether or not there is a correlation between the rhetoric of senators surrounding the ACA and the outcomes of healthcare insurance coverage in their respective states. More research is encouraged to establish some form of accurate correlation or find a causal mechanism.

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References

Commonwealth Fund. (2023a). *Commonwealth Fund 2023 Scorecard on State Health System Performance*.

<https://interactives.commonwealthfund.org/2023/state-scorecard/Mississippi.pdf>

Commonwealth Fund. (2023b). *Commonwealth Fund 2023 Scorecard on State Health System Performance*. In *Commonwealth Fund*.

<https://interactives.commonwealthfund.org/2023/state-scorecard/Massachusetts.pdf>

C-Span. (2009a, October 27). Senator Paul Kirk on Health care. *C-SPAN.org*.

<https://www.c-span.org/program/us-senate/senator-paul-kirk-on-health-care/214538>

C-Span. (2009b, December 6). Senator Wicker on Health care. *C-SPAN.org*.

<https://www.c-span.org/program/washington-journal/senator-wicker-on-health-care/216438>

CSPAN. (2009a, December 6). *Senator Wicker on Health Care (0:00-5:02)* [Video].

C-SPAN.org.

<https://www.c-span.org/program/washington-journal/senator-wicker-on-health-care/216438>

CSPAN. (2009b, December 22). Senate debate on health care. C-SPAN.org.

<https://www.c-span.org/program/us-senate/senate-debate-on-health-care/217315#>

CSPAN. (2010, January 12). *Massachusetts Senate Debate: 3:17-12:01* [Video].

C-SPAN.org.

<https://www.c-span.org/program/public-affairs-event/massachusetts-senate-debate/217838>

Emanuel, E., Glock, A., Jost, T., & McDonough, J. (2020). *The Trillion Dollar Revolution: How the ACA Transformed Politics, Law, and Healthcare in America: Chapter 1 The Path to the Affordable Care Act*. PublicAffairs.

Evans, J., & Schiff, J. (2010, August 26). *A timeline of Kennedy's health care achievements and disappointments - KFF Health News*. KFF Health News.
<https://kffhealthnews.org/news/kennedy-health-care-timeline/>

Gruber, J. (2010). MASSACHUSETTS POINTS THE WAY TO SUCCESSFUL HEALTH CARE REFORM [Journal Article]. *Journal of Policy Analysis and Management*, 30(1), 184–192. <https://www.jstor.org/stable/40961591>

Health Insurance Coverage-Total Population- MS (2015) | KFF. (2024, October 24). KFF.

<https://www.kff.org/other/state-indicator/total-population/?dataView=0&Timeframe>

[e=7&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/other/state-indicator/total-population/?dataView=0&Timeframe=7&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

Health Insurance Coverage-Total Population-MA (2009) | KFF. (2024, October 24). KFF.

<https://www.kff.org/other/state-indicator/total-population/?dataView=0&Timeframe=13&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Health Insurance Coverage-Total Population-MA (2015) | KFF. (2024, October 24). KFF.

<https://www.kff.org/other/state-indicator/total-population/?dataView=0&Timeframe=7&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Health Insurance Coverage-Total Population-MS (2009) | KFF. (2024, October 24). KFF.

<https://www.kff.org/other/state-indicator/total-population/?dataView=0&Timeframe=13&selectedRows=%7B%22states%22:%7B%22mississippi%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Issues | Thad Cochran for Mississippi. (n.d.). <https://thadformississippi.com/issues/>

Jones, B. J. M. (2025, March 18). Healthcare remains important U.S. voting issue.

Gallup.com.

<https://news.gallup.com/poll/651755/healthcare-remains-important-voting-issue.aspx>

Lee, J. (2010, March 23). "On behalf of my mother." whitehouse.gov.

<https://obamawhitehouse.archives.gov/blog/2010/03/23/behalf-my-mother>

Leonard, E. (2011). Rhetorical federalism: The role of state resistance in Health Care Decision-Making. *The Journal of Law Medicine & Ethics*, 39(S1), 73–76.

<https://doi.org/10.1111/j.1748-720x.2011.00571.x>

Levey, N. N., & Fiore, F. (2009, July 26). Kennedy is making a final press for universal healthcare, from his sickbed - Los Angeles Times. *Los Angeles Times*.

<https://www.latimes.com/archives/la-xpm-2009-jul-26-na-kennedy26-story.html>

MacAskill, E. (2008, August 26). Democratic leaders cite Kennedy's death in push for healthcare reform. *The Guardian*.

[https://www.theguardian.com/world/2009/aug/26/edward-kennedy-healthcare-ref
orm](https://www.theguardian.com/world/2009/aug/26/edward-kennedy-healthcare-reform)

Magnolia Tribune. (2009, December 22). *Sen. Roger Wicker-Obamacare bill is a "colossal mistake."*

[https://magnoliatribune.com/2009/12/21/sen_roger_wicker_obamacare_bill_is_a
_colossal_mistake/](https://magnoliatribune.com/2009/12/21/sen_roger_wicker_obamacare_bill_is_a_colossal_mistake/)

Medicaid expansion & what it means for you. (n.d.). HealthCare.gov.

<https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>

Min, H., & Hudson, K. (2019). The impact of the Affordable Care Act on health insurance coverage in the Gulf Coast and the Rest of the United States by rural and urban areas. *DOAJ (DOAJ: Directory of Open Access Journals)*.

<https://doi.org/10.19204/2019/thmp3>

National Academies Press (US). (2002). *Effects of health insurance on health*. Care

Without Coverage - NCBI Bookshelf.

<https://www.ncbi.nlm.nih.gov/books/NBK220636/>

National Academies Press (US). (2018, March 1). *Changing patterns of health insurance and Health-Care delivery*. Health-Care Utilization as a Proxy in Disability Determination - NCBI Bookshelf.

https://www.ncbi.nlm.nih.gov/books/NBK500098/#_sec_000059

Npr. (2010, January 20). How Brown's Senate win may alter health care bill. *NPR*.

<https://www.npr.org/2010/01/20/122771693/how-browns-senate-win-may-alter-health-care-bill>

Oakes, B. (2009a, September 14). Sen. Scott Brown: 'I'm up against the machine' |

WBUR News. *WBUR.org*. <https://www.wbur.org/news/2009/09/14/scott-brown>

Oakes, B. (2009b, December 25). Interim Senator Kirk makes health vote in Kennedy's stead | WBUR News. *WBUR.org*.

<https://www.wbur.org/news/2009/12/25/kirk-health-care>

Robertson, L. (2014, April 11). "Millions" lost insurance - FactCheck.org. FactCheck.org.

<https://www.factcheck.org/2014/04/millions-lost-insurance/>

Sen. Paul Kirk votes on Obamacare. (n.d.). HealthReformVotes.org.

<https://www.healthreformvotes.org/congress/412381>

Sen. Roger Wicker votes on Obamacare. (n.d.). HealthReformVotes.org.

<https://www.healthreformvotes.org/congress/400432>

Sen. Scott Brown votes on Obamacare. (n.d.). MedicareVotes.org.

<https://www.medicarevotes.org/congress/412384>

Sen. Thad Cochran votes on Obamacare. (n.d.). HealthReformVotes.org.

<https://www.healthreformvotes.org/congress/300023>

Thadforms, B. (n.d.). *Issues | Thad Cochran for Mississippi*.

<https://thadformississippi.com/issues/>

The Associated Press. (2009, December 24). *Health care milestone: Senate approves landmark bill with Wicker, Cochran voting no*. GulfLive.

https://www.gulflive.com/mississippi-press-news/2009/12/health_care_milestone_senate_approves_landmark_bill_with_wicker_cochran_voting_no.html

Thys, F. (2009, September 24). As Kirk heads to Washington, Republicans head to court | WBUR News. *WBUR.org*.

<https://www.wbur.org/news/2009/09/24/gop-kennedy>

Tolbert, J., Bell, C., & Rudowitz, R. (2024, November 27). *Medicaid Expansion is a Red and Blue State Issue* | KFF. KFF.

<https://www.kff.org/medicaid/issue-brief/medicaid-expansion-is-a-red-and-blue-state-issue/>

Vicksburg Post Staff. (2009, September 13). *Step back: Americans want a health plan that works - The Vicksburg Post*. The Vicksburg Post.

<https://www.vicksburgpost.com/2009/09/13/step-back-americans-want-a-health-plan-that-works/>

Wbur. (2009, August 26). Remembering Sen. Edward Kennedy | WBUR News.

WBUR.org. <https://www.wbur.org/news/2009/08/26/kennedy-remembrances>

Wicker says cost of Democrats' health care plan will hurt economy. (2009, July 20).

U.S. Senator Roger Wicker.

<https://www.wicker.senate.gov/2009/7/wicker-says-cost-of-democrats--health-car>

[e-plan-will-hurt-economy](#)