**Appendix 1: Telephone survey instrument**

 I am conducting a study of the networks of people who are involved in state Medicaid policy. I would like to ask about your experience working on Medicaid-related legislation and your communications with other organizations.

 Using the list of groups and individuals on your handout, I want to ask a set of questions about your communications related to a single piece of legislation. These questions focus on a Medicaid policy authorization that had, or would have had, a significant impact on the Medicaid budget for state fiscal year 2012 or 2013. If there was no piece of legislation in your state that fits that description, I would like to ask about your involvement with the most recent annual Medicaid appropriations bill.

1. First, was there a major Medicaid policy authorization that you were involved with, this year or last year? If so, what was the name or bill number? If no bill fitting that description comes to mind, I would like to focus on the Medicaid appropriations bill for the upcoming state fiscal year. [Asked only of first respondent in each state.]
2. Now, focusing on your work on this one piece of legislation, please tell me whether you discussed the bill with any of these groups or people. I will step through this list one by one. For each group or person, please tell me whether you had any discussions with them about the legislation, either about content or strategy, including on the phone, in a formal or public meeting, or in an informal or private meeting. Please use the categories *none (0)*, *a few (1-5), many (6-10),* or *a lot (>10)*.
	1. State hospital association
	2. State nursing home association
	3. State association of community health centers
	4. Disability rights group or independent living association
	5. Dental association
	6. State Medicaid director
	7. Deputy Medicaid director or other senior Medicaid staff
	8. Health department secretary or other senior staff
	9. Governor's office
	10. Members of appropriations/finance committee(s)
	11. Members of House health committee
	12. Members of Senate health committee
	13. Legislative staff – budget or health policy
3. Who else did you work with in the advocacy or lobbying community on this bill? And how many times did you discuss the bill with them?
4. Looking back at the entire list of groups and people (including the ones we added, if any), to what degree did you agree with them about the contents of the bill? Please use a scale of 1-5, where 1 is disagree and 5 is completely aligned. I will step through the list and record your answers again.
5. Looking at the list of the groups and people you did talk to about the bill, please tell me who initiated most of those conversations, you or them? I will step through the list. [If “us” for agency members, always us?]
6. Regarding your conversations about this bill with agency staff, did your discussions primarily take place in an official or committee setting or an informal setting, or both?
7. Were any of these groups or people taking the initiative on the lobbying effort, or was the effort very fragmented?
8. Thank you. This is my last question. When you discussed the bill with the Medicaid agency, did you have the sense that they wanted to coordinate on advocacy strategy with you, or did they share information in order to change your advocacy emphasis? [Probes: If not on this bill, what about on other bills? If yes to either, how was that phrased? Who in the agency did that come from?]

**Appendix 2: Bureaucrats’ requests for lobbying by bill topic, interest group type, and state**

 Table A2.1 shows reported requests for lobbying by type of bill. For most bill types the proportion of reported requests for lobbying for that bill type is around .50. The only exception is the managed care category, which also has the smallest number of responses.

[Table A2.1: Reports of bureaucrats' *Requests* for lobbying by type of bill]

 Table A2.2 reports the number and proportion of requests for each of the group types surveyed. As the table makes clear, there were no notable differences in the rate of reported requests across different categories, with most showing rates close to the overall rate of .51. The only true outlier is the health plan or business group category, which included only 4 respondents.

[Table A2.2: Reports of bureaucrats' *Requests* for lobbying by type of group]

Figure A2.1 illustrates the frequency of requests by state, reflected as a proportion of requests reported out of lobbyists surveyed in each state.

[Figure A2.1: Proportion of reported bureaucratic *Requests* for lobbying

by lobbyists surveyed in each state]

**Appendix 3: Robustness checks coding implicit requests as “no request”**

For the models reported in this appendix, all “implicit request” observations are coded as “no request.” Table A3.1 corresponds to Table 4 in the manuscript, while Figures A3.1, A.3.2 and A.3.3 correspond to Figures 1, 2, and 3, respectively.

[Table A3.1. Logit models of explicit requests for lobbying on recent Medicaid bills]

[Figure A3.1: Change in probability of explicit Requests only for unit increases

in agency capacity at different levels of agreement (values centered at means)]

[Figure A3.2: Change in probability of explicit Requests only for unit increases

in legislative capacity at different levels of agreement (values centered at means)]

[Figure A3.3: Change in probability of Requests for unit increases in gubernatorial

power at different levels of governor-bureaucrat agreement (values centered at means)]

**Appendix 4: Analyses of indirect bureaucratic lobbying requests on the survey bill only**

[Table A4-1. Logit models of *Requests* for lobbying on the survey bill only]

Table A2.1: Reports of bureaucrats' *Requests* for lobbying by type of bill

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bill type | Number of bills in sample (1 per state) | Total individual responses | No request | Request | Proportion requests |
| Budget bill | 13 | 60 | 28 | 32 | 0.53 |
| Provider assessment | 4 | 13 | 5 | 8 | 0.62 |
| Managed care expansion | 2 | 9 | 7 | 2 | 0.22 |
| Other | 3 | 14 | 7 | 7 | 0.50 |
| Budget-related (e.g., provider reimbursement) | 3 | 10 | 5 | 5 | 0.50 |
| Total | 25 | 106 | 52 | 54 |  |

Table A2.2: Reports of bureaucrats' *Requests* for lobbying by type of group

|  |  |  |  |
| --- | --- | --- | --- |
| Group type | No request  | Request | Total |
| Hospital association | 10 (.40) | 15 (.60) | 25 |
| Primary care association | 8 (.50) | 8 (.50) | 16 |
| Medical association | 4 (.40) | 6 (.60) | 10 |
| Other provider | 8 (.57) | 6 (.43) | 14 |
| Consumer group | 19 (.51) | 18 (.49) | 37 |
| Health plan or business group | 3 (.75) | 1 (.25) | 4 |
| Total | 52 (.49) | 54 (.51) | 106 |

 Table A3.1. Logit models of explicit requests for lobbying on recent Medicaid bills

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | (1) | *p*-value | (2) | *p*-value |
|  | bureaucrat-lobbyist agreement | 1.37(0.27) | 0.11 | 1.37(0.27) | 0.11 |
|  | agency capacity |  0.57\*\*\*(0.08) | 0.000 |  0.60\*\*\*(0.09) | 0.000 |
| H1 | bur.-lob. agreement \* agency capacity | 0.89(0.15) | 0.47 |  0.87(0.15) | 0.43 |
|  | legislative capacity |  0.28(0.31) | 0.26 | 0.47(1.04) | 0.73 |
| H2 | bur.-lob. agreement \* legislative capacity |  2.44(2.30) | 0.35 | 2.11(2.22) | 0.48 |
|  | gubernatorial power |  1.50\*(0.28) | 0.03 |  1.47\*(0.25) | 0.02 |
|  | average governor-bureaucrat agreement  | 0.69(0.28) | 0.36 |  0.64(0.27) | 0.29 |
| H3H4 | gubernatorial power \* avg. gov.-bur. agreement |  0.42\*(0.15) | 0.02 |  0.42\*(0.18) | 0.04 |
| controls | population (in thousands, logged) | --- |  | 0.91(0.49) | 0.87 |
| unified party control | --- |  | 0.63(0.23) | 0.21 |
|  | health interest group density | --- |  | 0.99(0.03) | 0.84 |
|  | constant |  0.62\*\*(0.09) | 0.002 | 2.23(11.89) | 0.88 |
|  | *N* | 106 |  | 106 |  |

 Coefficients are odds ratios. Standard errors, in parentheses, are clustered by state.

 \*\*\**p*<.001; \*\**p*<.01; \**p*<.05; +*p*<.10.

 Table A4-1. Logit models of *Requests* for lobbying on the surveyed bill only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | (1) | *p*-value | (2) | *p*-value |
|  | bureaucrat-lobbyist agreement |  2.48\*\*\*(0.60) | 0.000 |  2.63\*\*\*(0.73) | 0.000 |
|  | agency capacity |  0.50\*\*(0.10) | 0.001 | 0.57\*(0.15) | 0.03 |
| H1 | bur.-lob. agreement \* agency capacity |  0.83(0.13) | 0.24 |  0.78(0.14) | 0.16 |
|  | legislative capacity |  6.07(7.65) | 0.15 | 50.43(148.16) | 0.18 |
| H2 | bur.-lob. agreement \* legislative capacity |  1.15(1.14) | 0.89 |  1.22(1.74) | 0.89 |
|  | gubernatorial power |  2.57\*\*(.90) | 0.007 |  2.36\*\*(0.79) | 0.01 |
|  | average governor-bureaucrat agreement  | 0.81(0.36) | 0.63 |  0.82(0.35) | 0.64 |
| H3H4 | gubernatorial power \* avg. gov.-bur. agreement |  0.21\*(0.14) | 0.02 | 0.40(0.25) | 0.15 |
| controls | population (in thousands, logged) | --- |  | 1.76(1.46) | 0.49 |
| unified party control | --- |  | 0.50(0.37) | 0.35 |
|  | health interest group density | --- |  | 1.06(0.04) | 0.14 |
|  | constant |  0.24\*\*\*(0.06) | 0.000 | 0.0009(0.007) | 0.40 |
|  | *N* | 106 |  | 106 |  |

 Coefficients are odds ratios. Standard errors, in parentheses, are clustered by state.

 \*\*\**p*<.001; \*\**p*<.01; \**p*<.05; +*p*<.10.

Figure A2.1: Proportion of reported bureaucratic *Requests* for lobbying by lobbyists surveyed in each state



Figure A3.1: Change in probability of explicit Requests only for unit increases in agency capacity at different levels of agreement (values centered at means)



Figure A3.2: Change in probability of explicit Requests only for unit increases in legislative capacity at different levels of agreement (values centered at means)



Figure A3.3: Change in probability of Requests for unit increases in gubernatorial power at different levels of governor-bureaucrat agreement (values centered at means)

