

# **THE SKY IS NOT FALLING: A GUIDE TO ARKANSAS BUDGET POLITICS**



*By Marc Kilmer*  
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The disagreement over the future of Medicaid funding in Arkansas between Governor Asa Hutchinson and conservative legislators appears unlikely to be neatly resolved. If legislators do not agree to fund Hutchinson's plan to continue Obamacare's optional Medicaid expansion (which was once named the "private option" and which we now call "Arkansas Works"), what will happen?

Some observers compare this situation to the result of budget confrontations at the federal level: namely, a government shutdown. However, Little Rock is not Washington, D.C. The Arkansas budget process operates differently than the federal budget process. A close look at Arkansas's system of government budgeting reveals that there is no reason to fear bad consequences from a budget impasse in Little Rock. Although some advocates of Medicaid expansion will argue that lawmakers are morally obliged to vote for all proposed spending bills, this line of argument is mistaken. In fact, there are good reasons to think that an outcome that ends Arkansas's Medicaid expansion would benefit Arkansas.

## **THE SUPERMAJORITY REQUIREMENT**

Arkansas's constitutional requirements for spending approval are unusually demanding: the state Constitution requires a 75% supermajority, in both the House and Senate, to approve any spending bill worth more than \$2.5 million. There are some exceptions to this rule, as the state Constitution explains: namely, "monies raised or collected for educational purposes, highway purposes, to pay Confederate pensions and the just debts of the State."<sup>1</sup> This constraint is designed to promote consensus; it avoids letting a relatively small legislative majority – one which has not attained consensus supermajority status – impose expensive spending programs on the entire state. Those who do not like this aspect of Arkansas's government are prone to call it a "quirk"<sup>2</sup> – in fact, however, it is not a bug but a feature.

Of course, this supermajority requirement can make it difficult to gain approval for controversial spending measures. Bitter and protracted fights in Arkansas over Medicaid expansion have culminated in the most controversial and difficult to resolve issue in Arkansas politics today. But the fact of disagreement among legislators does not demonstrate that a legislative minority is required to

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conform to the wishes of the majority – no matter how badly the majority wishes this were true.

### **STATE GOVERNMENT CANNOT AND WILL NOT SHUT DOWN**

Governor Hutchinson has aggressively urged legislators to approve Arkansas Works. Nonetheless, it appears increasingly likely that three-quarters of the General Assembly will not vote during the fiscal session to support the continued extension of Obamacare's optional Medicaid expansion.<sup>3</sup> This disagreement may cause a budget impasse, but it will not cause a state government shutdown.

At the federal level, Congress must either approve 12 spending bills (separately or as part of an omnibus package) to send to the President by the end of the fiscal year, or it must pass a Continuing Resolution to fund the government for a set period of time. If it does not carry out one of these options or the president does not sign the legislation Congress produces, large segments of the federal government will shut down.

That is how it works in Congress, but that is not how it works in the Arkansas General Assembly. In Arkansas, legislators vote on hundreds of different bills every year that fund hundreds of different parts of state government. Unless a spending bill addresses one of the small number of constitutionally-specified exceptions to the general rule described above, that bill must receive 75% approval – from both the state House and state Senate – to pass into law. If there is no dual 75% vote, then that particular part of the government would, theoretically, shut down. (It is important to point out, however – as discussed in more detail below – that this has never happened in Arkansas history.) This means that – unlike the federal budget system – there can be no widespread shutdown just because one bill fails.

Unfortunately, some people like to use the specter of a government shutdown to raise the rhetorical stakes in the state budget process, arguing that the entire state government is at risk of shutting down when policymakers cannot reach consensus on one bill. This tactic has the virtue of alarming others; it has the vice of inaccuracy. In fact, there is no reason to accept the linkage between spending on Medicaid that helps the truly needy – those who cannot support themselves – and Medicaid expansion that extends benefits to the able-bodied.

Some have succumbed to the temptation of hyperbolic language in the disagreement over Arkansas Works. For example, over at the *Arkansas Times*, David Ramsey has written that opponents of Medicaid expansion “are so committed to eliminating health insurance for 267,000 low-income Arkansans that they are willing to shut down the government to make it so.”<sup>4</sup>

Such hyperbole may excite its intended audience, but it is unconnected to reality. If legislators and the Governor cannot agree on Medicaid funding, it will – at worst – affect people on Medicaid and the administrators whose job it is to distribute Medicaid benefits. It will not affect non-Medicaid state agencies or services.

### **WHAT HAPPENS IF NO SPENDING BILL IS PASSED**

In the past, legislators and the governor have been unable to reach agreement on certain spending bills. These isolated events did not lead to catastrophe. Instead, they led to a legislative special session to consider retooled spending bills. In 2003, for instance, the General Assembly adjourned its regular session without passing funding bills that supported a variety of state agencies. Governor Huckabee then called a special session shortly thereafter in which legislators passed dozens of bills to fund the government without any disruption of state government. When some particular spending bill cannot garner 75% consensus in both houses, it seems almost inevitable that the legislature will eventually choose to pass a new and different version of the bill, rather than choosing to completely jettison the portion of the government funded by the bill. (It seems almost inevitable because this is what has always, without fail, happened in the past.)

In 2013, public legislative disagreement over funding the Arkansas private option became sharp and intense. Some speculated that the entire budget of the state’s Department of Human Services (DHS) was in jeopardy, hypothesizing that the entire department might shut down if legislators blocked Medicaid expansion. Ultimately Governor Beebe got his way and legislators approved the private option.

At the time, however, key supporters of the private option signalled they did not want to take the entire DHS budget hostage to get their way. Senator Jonathan Dismang, the private option’s lead Senate sponsor, said, “I have no interest in turning the DHS budget into an all or nothing political game. If the DHS

appropriation cannot attain the needed votes with the private option included, then it will be pulled, amended, and voted separately.”<sup>5</sup>

It is a pity that Dismang’s 2013 sentiment is not more widely shared among Arkansas’s policymakers today: Arkansas deserves more public officials with this kind of problem-solving attitude, especially during the current dispute over Arkansas Works. Funding for this program can be separated from the larger DHS budget and approved – or rejected – separately, just as spending on DHS is currently split among many funding bills. To accomplish this goal, the Budget Committee would simply have to produce a DHS funding bill that does not contain funding for Arkansas Works, so that the funding for Arkansas Works could ultimately be voted on separately.

The new fiscal year starts July 1. If legislators and the Governor disagree on Arkansas Works in the fiscal session, there will be plenty of time before July to call a special session to address funding for the Department of Human Services. Indeed, Gov. Hutchinson has already publicly speculated about the possibility of multiple special sessions during the first half of 2016. Indeed, because the recently completed special session did not address the managed-care issues on Gov. Hutchinson’s initially proposed agenda, a special session that would take place shortly after the fiscal session appears increasingly likely.

More recently, Speaker of the House Jeremy Gillam has also signalled that he is open to the possibility of scheduling a vote during the fiscal session to fund a slimmer Department of Human Services spending bill – one without Arkansas Works funding – if an initial funding vote on Arkansas Works fails. As he explained to the Arkansas Project recently:

“The way this is going to happen is that we’re going to vote on whatever comes out of the Senate. The members need to be prepared to make that vote, one time, and then we’re going to move on. I want the members to be ready – I want them to do their homework and be ready to go vote. If we take the vote and it doesn’t pass the first time, I’m moving on. If several members come to me and request a second vote without Arkansas Works, I’ll do that.”<sup>6</sup>

Showdowns over Medicaid funding are certainly not confined to Arkansas. Mississippi, for instance, saw a similar dispute over funding Medicaid expansion in 2013. In that case, Gov. Phil Bryant called a special session because legislators refused to pass Medicaid expansion. Ultimately, legislators rejected expansion but they were able to pass legislation to fund their Division of Medicaid.<sup>7</sup>

***The bottom line is that policymakers who oppose Medicaid expansion have every legal, political, and moral right to disapprove expenditures for it.*** If enough lawmakers refuse to sign a check for Medicaid expansion, it strengthens their bargaining position. Of course, it is hard to predict precisely where the exercise of this strategy will lead. This strategy may lead to separate budget approval for Medicaid expansion as compared to Medicaid for the truly needy. This strategy may lead to reforms in Medicaid expansion that its expansion's advocates have been previously unwilling to accept. The one certainty is that this strategy will lead to vicious attacks from boosters of Medicaid expansion who will argue that a vote against funding Medicaid expansion really means an unwillingness to fund any part of the Department of Human Services. ***Those who are willing to vote against funding a DHS bill on the grounds that it funds expansion must be prepared to aggressively defend themselves and explain what they are trying to accomplish.***

#### WHAT HAPPENS IF MEDICAID EXPANSION IS DEFUNDED

There is now a reasonable possibility that Arkansas will defund Medicaid expansion. Dire predictions are being made about what happens then, just as there are dire predictions about any political outcome some people do not want. In reality, the negative consequences of ending Medicaid expansion are almost certainly vastly overstated.

Consider Tennessee, which disenrolled 200,000 residents from Medicaid in 2005 after budget cuts. In the aftermath, 63% of these former recipients – about 125,000 people – increased their employment, meaning they (for instance) became employed or increased the number of hours they worked. Job-search behavior increased and disability applications fell. *Perhaps most importantly, nine out of ten of these 125,000 disenrolled recipients obtained employer-sponsored health insurance.*<sup>8</sup>

Although we cannot be certain just what would happen in Arkansas if Medicaid expansion is terminated, it is certainly reasonable to forecast a similar outcome. What is certain is that the Tennessee experience should serve as a warning to those inclined to give credence to prophets of doom who forecast disaster scenarios for current private option recipients if Medicaid expansion ends.

The private option extends coverage to childless, able-bodied adults. ***Given Tennessee's experience, it is reasonable to predict that when able-bodied Arkansas enrollees lose Medicaid benefits, huge numbers of them could acquire***

***employer-sponsored health insurance without the burden Medicaid expansion places on taxpayers.*** Regrettably, a significant number of self-styled “conservative” Arkansas legislators act as if they do not understand that the private sector can furnish goods like health insurance, at zero cost to taxpayers, without creating additional government programs.

Arkansas faces several difficulties, but a lack of employers offering employment is not one of them. Of course, this is not to say that policymakers should ignore the drag on job creation that Medicaid expansion creates. In fact, data from states that expanded Medicaid compared to data from states that did not expand Medicaid shows non-expansion states are growing faster.<sup>9</sup>

Obamacare has many work disincentives; Medicaid expansion is one of them. Ending Medicaid expansion might not only help move current recipients into work, but could also produce wider benefits for the entire Arkansas economy.

### **THE INCREDIBLE SHRINKING BUDGET HOLE**

Outside of the impact on current private option recipients, ending Medicaid expansion would have an impact on the budget. We have seen varying estimates of the size of what has been called the “budget hole.”

One extreme estimate has been provided by Rep. Charlie Collins, who has argued that the state would need to make up \$350 million annually if the private option goes away. This is a groundless figure, in part because the majority of costs in Collins’s calculations are based on assumptions that state taxpayers will have to subsidize every hospital in the state – a duty never imposed on state government in Arkansas history.<sup>10</sup>

It is reasonable to assume a short-term budget hole if the state ends Medicaid expansion. (It is also reasonable to assume a long-term budget surplus once Medicaid expansion ends, given the hundreds of millions of dollars in state obligations that expansion creates.<sup>11</sup>) Rep. Lane Jean, chair of the General Assembly’s Budget Committee, has provided a realistic estimate: he estimates the “budget hole” would be \$122 million for the fiscal year that begins July 1.<sup>12</sup> Although a budget shortfall is no walk in the park, there is little reason to think that Jean’s figures would cause the kind of budget cataclysm that some have predicted.

The state of Arkansas’s revenue surplus is currently estimated to be approximately \$36 million this year. Given recent reports of unexpectedly high

state revenues from recent tax payments,<sup>13</sup> it is reasonable to assume the \$36 million surplus estimate is a conservative one. (Over the last ten years, the average yearly surplus has been approximately \$150 million.) ***What this means is that, when we subtract the surplus figure from Rep. Jean’s “budget hole” estimate, the real “budget hole” is probably in the neighborhood of \$85 million – and could reasonably be predicted to be much less.*** Notably, the entirety of that remaining budget hole could be filled by (for instance) the funds that Gov. Hutchinson proposed to use last year to spend \$87 million in taxpayer money to lure Lockheed-Martin to build a plant in Camden.<sup>14</sup> It is a fair point to note that one-time money cannot solve a long-term fiscal obligation, but it is also a fair response to note that the state of Arkansas has available assets which dwarf \$85 million and can easily be reassigned during the legislative session. When faced with a budget hole, advocates of Medicaid expansion will threaten gigantic cuts in vital programs, argue that an apocalypse is approaching, and pretend that no other options are available: fiscal conservatives shouldn’t fall for this ploy. When Gov. Hutchinson recruits DHS Director Cindy Gillespie to argue that ending the private option “puts children at risk,”<sup>15</sup> this serves as a regrettable echo of former Gov. Beebe’s scare tactics, in which he sent out hapless bureaucrats to issue groundless predictions about how ending the private option would “likely result in closing prison beds, laying off officers.”<sup>16</sup>

Furthermore, if ending Medicaid expansion causes either higher spending or a reduction in revenues to the extent Arkansas suffers a “budget hole,” the state has a process in place to deal with this situation. Under the Revenue Stabilization Act, agency programs are categorized by priority – the RSA uses grades A, B, and C. (Category A is the highest priority, followed by B, and then followed by C.) If there is a budget shortfall, programs are cut back by category starting with those of lowest priority, category C, first.

This prioritization of state government functions is already part of the budget process. If there is a budget shortfall, the process created with the Revenue Stabilization Act nearly three-quarters of a century ago ensures that, even if there is a shortfall, most state agencies will be able to do business as usual, because budget decision-makers have already guaranteed that everything but the lowest-priority functions of government will continue unimpeded. More precisely (to repeat): in the event of a shortfall, only spending that is in the RSA’s lowest-priority category (typically, category C) will be reduced.<sup>17</sup>

In short, although some advocates of Medicaid expansion predict disaster if they do not get the political results they want, such claims are wildly overstated.

When it comes to accurate depictions of reality, left-wing journalists predicting “the cataclysm that awaits if we don't continue Obamacare's Medicaid expansion”<sup>18</sup> are missing the mark.

### **A BUDGET DECISION IS A POLICY DECISION**

Legislators are elected to the General Assembly in order to make decisions about the path of the state. Once a year, legislators are required to make choices about funding or not funding each part of state government. Some argue that these decisions are not really policy decisions, but this argument seems obviously false: legislators make decisions about state policies each time they vote on budget items.

In a recent interview, Senator Jonathan Dismang explained that, in the debate over the DHS budget, he expects a discussion on “the appropriateness of using the appropriations process to try to set policy that is not conforming to the majority of this body.”<sup>19</sup> In this context, past practice is one measure of appropriateness; historically, Arkansas legislators have used the budget process to make policy on a regular basis. Sometimes a minority of legislators have succeeded in this attempt; sometimes they have not.

For instance, in 2011, a minority of Republican legislators led a small revolt when they were asked to approve HB 1226, which funded the state Insurance Department. Three separate times, HB 1226 was brought up for consideration before the full House and failed. The legislators who voted against this bill in 2011, such as Reps. Duncan Baird, Nate Bell, Charlie Collins, and Jeremy Gillam, did not oppose the existence of the state Insurance Department. Rather, the repeated and persistent votes against it from these legislators and their colleagues seem to have been motivated by an attempt to use the appropriations process to try to set policy, even though their wishes did not conform to those in the majority in the House. In fact, during that session, that minority group of legislators achieved a policy victory through the budget process – namely, they blocked the spending of taxpayer money under the control of the Insurance Department to establish a state Obamacare exchange – when they reached an agreement with the Beebe Administration that no such spending would take place that year. This is an example of a successful use of the appropriations process by a legislative minority to set policy.

Other attempts to use the minority's holdout power in the appropriations process have been less successful. Sometimes this tactic succeeds; sometimes it fails. *Those legislators who are advocates of limited government and who believe*

*that Medicaid expansion poses a huge threat to their values are entitled to rely on the past practices of the legislature – which permits legislators to make choices about policy when exercising their spending authority.*

### **WHO BEARS RESPONSIBILITY FOR BUDGET DISAGREEMENTS?**

Everyone involved in the budget process bears some responsibility for budget disagreements. But because budget unanimity is not a moral duty, there is nothing wrong with budget disagreements. The budget process requires consensus from a supermajority. When 75% of the body must vote on budget items but votes are nowhere to be found, there will inevitably be institutional pressure to find a villain and point fingers. If 60% of lawmakers vote in favor of a spending bill and it fails, they may feel impelled to argue that it is somehow the moral responsibility of some part of the remaining 40% to help push the majority over the top. This is groundless: the 60% have exactly as much responsibility for that failure as the 40% do. Relatedly, most tax increases require a 75% supermajority for General Assembly approval: when a proposed tax increase only has 60% support in the legislature, this does not provide any reason for the other 40% of the members to pitch in and help push that tax increase over the top.

Assuming the advocates of Arkansas Works do not get the votes of the 75% of the body of legislators they need, it is a near certainty that those who vote “no” will find themselves at the wrong end of a stream of pseudo-arguments. Some will argue that it is unfair for an arbitrarily small group of lawmakers to get their way because of a “quirk” in the Constitution. In fact, the nature of the legislative process is that an arbitrarily small group can get its way all the time. For instance, the bill that created Arkansas Works was assigned to the Senate Insurance and Commerce Committee; notably, its predecessor – the bill that created the “private option” – was assigned to the Senate Public Health Committee in 2013. Perhaps it is arguable that it is simply a coincidence that Senate decision-makers decided to chart a different legislative path for Medicaid expansion than they did in 2013; perhaps this change in venue had nothing to do with the fact that half of the members of the Senate Public Health Committee have signalled in recent weeks that they oppose the continuation of Medicaid expansion. But it is reasonable to consider the possibility that Senate decision-makers decided in 2016 to switch committee consideration from Public Health to Insurance and Commerce because they knew that the votes in Public Health to send the bill to the Senate floor were simply not there. The rules of the Senate were relied upon to reassign the bill to a new committee, a committee composed of a small group of lawmakers who decided to send it to the Senate floor; surely it is at least as defensible for a

considerably larger group of lawmakers to rely on the protections of the state Constitution in order to scuttle a spending bill that lacks the law's required support.

## CONCLUSION

There is no factual basis for predictions of gloom and doom. Those who advance their preferred political agenda by predicting a gigantic state budget deficit are suffering from a gigantic fact deficit. If fiscal conservatives successfully resist the Governor's desire to implement Arkansas Works, it will not result in a state government shutdown. Even if legislators do not pass one of the state's funding bills, this action will, at worst, have a relatively slight effect on state government functions.

The most likely outcome is that, before the next fiscal year begins in July, the Governor and legislators will work out their differences – as has regularly and routinely been done in the past. If Medicaid expansion is rolled back, the effect on recipients is unlikely to be catastrophic, as the experience of our neighboring state of Tennessee shows. Furthermore, any reductions in predicted revenue or spending that result from the end of Medicaid expansion will be handled in an orderly fashion under the Revenue Stabilization Act.

It is genuinely disturbing that some advocates of big government have now adopted a flatly majoritarian stance: namely, the idea that – when supermajorities are required – a simple legislative majority should be acceded to, that it is morally and politically wrong for legislators to be in the minority, and that disagreement by minorities as such is immoral and deserves to be stigmatized. In fact, diversity of opinion is as American as apple pie, and ***the attempt to argue that Arkansas's policymakers are morally obliged to give up whenever they are outnumbered is fundamentally un-American.***

In short, the sky will not fall if legislators do not reach a consensus on Arkansas Works. There is, as Ecclesiastes reminds us, nothing new under the sun here: any honest observer of the Arkansas legislature knows that we are in the midst of a kind of dispute that has happened before and will happen again. (Indeed, it seems reasonable to predict that, unless and until Medicaid expansion ends, we will continue to see exhausting disputes over this question pervade the Arkansas legislative process in 2017, and in 2018, and so on and on and on.) The nature of the legislative process is that it illuminates and resolves disagreements: it might be said that disagreement is just another word for “politics as usual.” The budget process can accommodate this disagreement between the Governor and

conservative legislators. There is no need to subscribe to doomsday scenarios designed to scare legislators into acting against the best interests of Arkansas's taxpayers.

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<sup>1</sup> Arkansas Constitution, Article 5, Section 39.

<sup>2</sup> See, e.g., this article in the *Arkansas Times*, in which both the author (David Ramsey) and former Gov. Mike Beebe both use the same expletive to describe Arkansas's constitutional spending constraint: "Capitol Scuttlebutt: The Legislature Takes Up the Private Option for Medicaid Expansion," February 19, 2014.

<http://www.arktimes.com/ArkansasBlog/archives/2014/02/19/capitol-scuttlebutt-the-legislature-takes-up-the-private-option-for-medicaid-expansion/>

<sup>3</sup> Although Gov. Hutchinson's plan to reform Medicaid expansion recently passed into law, the plan did not receive 75% support in either the House or the Senate. This figure is irrelevant to the passage of the reforms (because only a simple majority was required), but if legislative votes do not change when Medicaid expansion comes up for a vote, it will be impossible for the funding bill to pass.

<sup>4</sup> Ramsey, David, "Gov. Asa Hutchinson holds town hall on private option," *The Arkansas Times*, March 22, 2016.

<http://m.arktimes.com/ArkansasBlog/archives/2016/03/22/gov-asa-hutchinson-holds-town-hall-on-private-option/>

<sup>5</sup> Tolbert, Jason, "Private Option Funding and the DHS Budget," *Talk Business & Politics*, September 16, 2013.

<http://talkbusiness.net/2013/09/private-option-funding-and-the-dhs-budget/>

<sup>6</sup> Dan Greenberg, "Speaker Jeremy Gillam on the Upcoming Fiscal Session," *The Arkansas Project*, April 1, 2016.

<sup>7</sup> See "Mississippi House of Representatives, Special Session Summary, June 27, Medicaid Special Session."

[http://billstatus.ls.state.ms.us/20132e/pdf/house\\_weekly\\_summary/Special\\_Session\\_Summary.pdf](http://billstatus.ls.state.ms.us/20132e/pdf/house_weekly_summary/Special_Session_Summary.pdf)

<sup>8</sup> For a more detailed discussion of this issue, see Marc Kilmer, "Politically Toxic: Why the Stephen Group Report Provides No Antidote to the Private Option," *Advance Arkansas Institute*, May 15, 2016.

<http://www.thearkansasproject.com/wp-content/uploads/2016/03/stephenfinal.pdf>

<sup>9</sup> See Jonathan Ingram, et al., "Arkansas's Failed Medicaid Experiment: Not A Model for Nebraska," *Platte Institute for Economic Research*, nn. 54-57, January 19, 2016.

<http://www.platteinstitute.org/research/detail/arkansas-failed-medicaid-experiment-not-a-model-for-nebraska>

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<sup>10</sup> Collins’s predictions apparently rest on unaudited reports from the state Hospital Association as well as predictions of looming DSH (Disproportionate Share Hospital) cuts that are scheduled to begin in 2018. However, whether those cuts will ever take place is questionable: over and over and over again, those cuts have been cancelled, or pushed farther and farther into the future, by Congress. Compare the notorious “doc fix”, in which Congress has overridden planned cuts at least 17 times since the early 2000s. See Louise Radnofsky and Siobhan Hughes, “What Is the ‘Doc Fix’?”, *Wall Street Journal*, March 26, 2015.

<http://blogs.wsj.com/washwire/2015/03/26/what-is-the-doc-fix/>

<sup>11</sup> As noted in Marc Kilmer, “Politically Toxic,” p.3, the five-year estimate that many policymakers are relying on does not report costs after 2021. Notably, this estimate’s projection into the future halts just as Arkansas’s share of the spending shifts into high gear. As is recommended in that report, policymakers should demand a ten-year projection at minimum, which would almost certainly show that Arkansas’s share of funding for Medicaid expansion will increase in 2022 and beyond.

<sup>12</sup> Interview with Lane Jean, April 12, 2016.

<sup>13</sup> See the state Department of Finance and Administration’s “General Revenue Report for March (FY 2016),” April 4, 2015.

<sup>14</sup> See Caleb Taylor “Every New Lockheed Martin Job Will Cost Taxpayers \$145,000,” *The Arkansas Project*, May 21, 2015.

<http://www.thearkansasproject.com/every-new-lockheed-martin-job-will-cost-taxpayers-145000/>

<sup>15</sup> See Steve Brawner, “House Leadership Releases Alternative Budget Without Arkansas Works,” *Talk Business & Politics*, April 11, 2016.

<http://talkbusiness.net/2016/04/house-leadership-releases-alternate-budget-without-arkansas-works-foster-care-would-take-hit/>

<sup>16</sup> See Nic Horton, “The ‘Private’ Option Scare Tactics of the Beebe Administration,” *The Arkansas Project*, January 24, 2014.

<http://www.thearkansasproject.com/the-private-option-scare-tactics-of-the-beebe-administration/>

<sup>17</sup> For a non-technical explanation of the Revenue Stabilization Act, see the entry on the Revenue Stabilization Act at the online Encyclopedia of Arkansas History and Culture.

<http://www.encyclopediaofarkansas.net/encyclopedia/entry-detail.aspx?entryID=7840>

<sup>18</sup> Max Brantley, “Truth and Consequences at the Capitol,” *Arkansas Times*, April 7, 2016.

<http://www.arktmes.com/ArkansasBlog/archives/2016/04/07/truth-and-consequences-at-the-capitol>

<sup>19</sup> Andy Davis et al., “Medicaid Plan OK’d, Funding Doubt Remains,” *Arkansas Democrat-Gazette*, April 8, 2016.