

Lobbying's Possible Impact on Senate Bill 2: Medicaid Matters

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4/29/2025

Throughout the years, lobbyists have strived to pay different small-grown industries, advocacy group, globally-recognized corporations, and government facilities in order to facilitate communication to get bills in place or to influence a company's decision. In 2024, nearly \$30 million in Indiana was spent on lobbying expenses, all to attract the attention of Indiana lawmakers, according to [OpenSecrets](#), a database run by fellow financial campaigners, showing the influence money can have on politics and policy. It should also be noted that the energy and healthcare industries were reported to be the highest spenders, according to data from the [Indiana Lobbying Registration Committee](#).

"Lobbying" means "communicating by any means or paying others to communicate by any means, with any legislative person, with the purpose of influencing any legislative actions" as per [Indiana Code](#).

As shown in the data of the 2024 [compensated lobbyist totals](#), the Indiana State Medical Association spent upwards of \$382,000 in lobbying fees, with Indiana University Health closely following at around \$262,000. Other major pharmaceutical companies like Eli Lilly also spent a lot.

These acts could lead to alarming effects as the money health lobbyists have spent along with a bunch of other factors could've influenced a particular bill being made, [Senate Bill 2](#), relating to Medicaid eligibility titled "Medicaid Matters" authored by [Sen. Ryan Mishler](#), [Sen. Chris Garten](#), and [Sen. Ed Charbonneau](#), etc. which will prohibit certain people from advertising and marketing the Medicaid program. This would make it harder for people who need to know about enrolling in the Medicaid program to do so. The bill also proposed to raise work hour requirements people need to have to be able to qualify for Medicaid as well as increase more eligibility checks to ensure someone is truly viable for Medicare, which could cause people to lose coverage due to administrative struggles and burdens of keeping a job due to health issues.

The bill is still in legislation, and last month, the explicit cap on the Healthy Indiana Plan (HIP), which would only allow 500,000 people to enroll for Medicaid and would leave 200,000 that needed it without, was cut, according to [Indiana Capital Chronicle](#). The reasoning for this cap existing was that the government believed enrollment rates for Medicaid were too high after COVID-19, and this, mixed with paying too much into the program in earlier years, would help with budget cuts.



Senate Bill 2: Medicaid Matters has been in legislation since January 14, 2025, and it was set in place to make stricter work requirements a thing and checking for Medicaid eligibility more strictly to help come back from a forecasting error creating a massive money shortfall for the program. The bill is still being deliberated on in the statehouse today.

Sen. Ryan Mishler, Republican of Mishawaka and the first author of the bill, explained how Medicaid's shortfalls were the reason this bill was put into place.

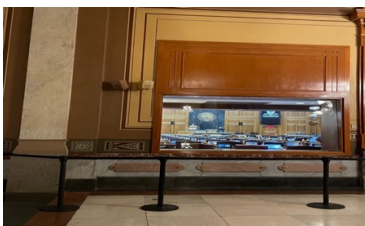
"When lawmakers wrote the April 2023 state budget, there was an error in forecasting the estimated Medicare budget, leading to a 1 billion dollar shortfall in the Medicaid program. If we do nothing about this, Medicaid and many other programs helping the financially less fortunate or ill will struggle. Hence, limiting people on HIP, a Medicaid expansion plan for those 19-64 without disabilities, I thought, would weed out those who truly don't need to be on it. It got amended out of the bill, but I still think enforcing work hours will help fix the budget issue," Mishler said.

The outrage of many people, plus the fact that for the most of Medicare spending, the government funds 90%, and only 10% is by taxes, capping enrollment HIP was made a moot point and enforcing work hours seems to do nothing to make an impact on lowering Medicare spending, which is why the latter half of the cap of HIP enrollment was told to be amended, according to [MirrorIndy](#).

When speaking to Adam Mueller, who has worked in government in relation to bills on HIP, he explained aspects of HIP more thoroughly.

"Misher said that cutting people on HIP from the Medicaid program would help other programs to be funded, which will help back bounce our losses from the Medicaid forecasting error last year, but the truth of the matter is while HIP is available for those who don't have chronic illnesses many people on it do have chronic conditions of some sort. Hence, I'm glad the bill was changed to reflect that," Mueller pointed out.

Mueller was quick to note that the bill is still in legislation and that other things could be added and weeded out before it's passed, if it is.



On April 8, 2025, a third reading of the bill was done by the House, this every room where it was amended, approved a third time, and sent back to the Senate. It was a 66-28 vote, and eligibility requirements shifted from being retroactive of past actions to presumptive under certain conditions during the meeting.

On April 8, 2025, a third reading of the bill was read and passed by the House with 66 yeas and 28 nays. On April 9, 2025, the bill was sent back to the Senate with amendments as established by the [Indiana General Assembly](#).

Andrea Hunley, a member of the Indiana Senate, expresses hope that the rest of the Senate can see some of the errors in the bill before it is too late.

“Each time the bill has been read in the Senate, I’ve voted no for it every time. Now that the HIP enrollment cap is gone, people assume everyone will benefit from the bill, but the problem comes with the stringent work requirements. People on Medicaid with chronic disabilities and who can’t keep stable jobs are going to get punished for not meeting eligibility requirements just so the government can get money back for the errors they created,” Hunley told passionately.

On April 17, 2025, the Senate concurred with House amendments with 470 yeas and 37 nays. On April 22, 2025, the President Pro Tempore from the Senate and the Speaker of the House signed the bill. This allowed the bill to get to the Governor, who hasn’t made the decision to sign or veto it.

It is hard to tell when and if the bill will be passed or how else the bill might get changed for now, but lobbying from big corporations is likely responsible for helping the bill be created in the first place. This bill is now in its last stages, but the Governor’s decision could drastically change everything.