

A Conflict of Interest & Identity:

How adherence to party ID among Americans living at or below 133% Federal Poverty Line (FPL) fuels opposition to the Patient Protection and Affordable Care Act (PPACA) against their self-interest

A Thesis Presented By:
Jake Gatof

To:
The Department of Political Science at the
University of Michigan in partial fulfillment of the
requirements for the degree of Bachelor of Arts (Honors)
April 2012

Acknowledgments:

I would like to thank a number of people for their help with this thesis. First I would like to thank my advisor Charles Shipan for his invaluable advice, mentorship, and constant motivation. I greatly appreciate not only all of your help with the content of this paper, but also your consistent encouragement and constructive criticism. It was a great pleasure to work on this under your advisement. I want to thank Andrei Markovits for the incredible Tuesdays from 4–6 pm, for his valuable advice and guidance, and for his academic mentorship that has transitioned beyond that into a sharing of music, sports, and advice on life. For everything, I am deeply grateful. Thanks to David Kline Jones for agreeing to sit on my defense, and for taking the time to meet with me early on. I wouldn't have found the Oregon Health Study information without you, something that I find so essential to this paper. I would like to thank Peter Jacobson for meeting with me and guiding me in the early stages of my research. Thanks to Walter Mebane and Pam Clouser for their thoughts and suggestions. Finally, thanks to my parents, my friends, and my girlfriend Emily, for bearing with me throughout this process and for all the love and support. I couldn't have done it without you all.

Advisor:

Dr. Charles Shipan

Thesis Committee:

Dr. Charles Shipan, Dr. Andrei S. Markovits, & David Kline Jones

Abstract:

In light of recent epidemiological literature, it appears that the expansion of Medicaid via the Patient Protection and Affordable Care Act (PPACA) is in the self-interest of Americans living at or below 133% the Federal Poverty Line (FPL). However, an assessment of public opinion data reveals that much of this subpopulation is expressing opposition to the reform. Such a finding is surprising in that it flows against the hierarchy of needs described by psychologist Abraham Maslow's (1943) theory of human motivation. In the context of greater mass opinion on the bill and literature on the behavior of the electorate, I set up a model to evaluate which factors motivate this opposition. This paper hypothesizes that a respondent's opinion of PPACA is dependent on party ID, ideological concerns about government, level of political involvement, and even racial attitudes. However, it is not dependent on anxiety about paying for healthcare bills, nor a desire to improve health outcomes. In order to evaluate this hypothesis I use a logistic regression. In confirming my hypothesis I then ask what such an occurrence shows us about the relationship between policy preference, political sophistication, and Party ID and what implications this may have in terms of government function and policymaking.

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—Preface—

In the summer of 2009 I worked as a research assistant in the University of Michigan Department of Molecular and Integrative Physiology. As a new employee I spent the majority of my time learning basic laboratory techniques, cleaning glassware, and preparing materials for the experiments. However, on one occasion, when asked to edit parts of the laboratory's National Institute of Health grant, I spent a considerable amount of time investigating the barriers associated with treatment of Type II diabetes. It was during this time that I became aware of the harsh, yet unmistakable, truth that a significant factor contributing to the increased severity of Type II diabetes in the U.S. was a lack of health insurance and preventative treatment.

In many ways it was this, and also my recognition that working in a laboratory setting was not my true calling, that provoked my interest in the healthcare policy and law of the United States. As my awareness of these problems grew, so too grew newly elected President Obama's promises that his comprehensive healthcare reform bill would ensure health security for the millions of Americans who were living without it.

On March 23, 2010 President Obama signed this legislation into law, though great opposition existed and quickly denigrated PPACA. In its words there appeared to be help for those without proper coverage, yet there are undoubtedly controversial components of the law. From an individual insurance mandate with penalties that fights adverse selection in the insurance pool, to the establishment of state-based insurance exchanges to facilitate market-based cost control, many elements of this healthcare law have met resistance from a variety of players in both the private and public sector. However, the 2000 pages of this legislation include an expansion of the Medicaid program to persons under 133% the Federal Poverty Line (FPL) and subsidization for the buying of insurance in the state-based exchanges for persons up to 400% FPL.

For the American poor then there appeared to be one inarguable truth: PPACA would provide them health insurance and security. In the case of many who had previously been unable to afford it before, this would be a first opportunity to receive medical care. One would thus expect this subpopulation to be thrilled by its passage. However, in following public opinion data surrounding the bill, and speaking with various people around the country, such a conclusion appeared increasingly deviant from reality. This paper, based on the assumption that PPACA is in the objective interest of Americans below 133%

FPL, wants to understand why public opinion takes the form it does, (with low income individuals opposing it) given that poor people would potentially benefit from this new law.

My research hopes to evaluate the motivations that fuel American public opinion of PPACA, assessing whether partisan identity, civic-duty, pragmatism, or response to party elite discourse may be trumping the potential physiological and safety benefits of gaining health insurance. While such an action is not without precedent, it does flow against the hierarchy of human motivation that Abraham Maslow (1943) describes in his “Theory of Human Motivation.” This paper will briefly discuss his theory, while also showing how public opinion surrounding PPACA runs counter to its intuitions.

Given the finding that many Americans under 133% FPL are expressing opinion against a policy that could improve their health outcomes and financial stability, this paper posits that partisan motivated reasoning and party elite-led proxy voting help explain this phenomenon. To clarify the impact of such reasoning I begin this paper with an analogy for which I owe much gratitude to Erick W. Groenendyk (2009) and his dissertation: *The Motivated Partisan: A Dual Motivation Theory of Partisan Change and Stability*. While in and of itself the notion of partisan reasoning and expression are not overtly convoluted, the

illustration of these themes through a comparison to sports fan hood is particularly useful. As both fan hood and party identification are so often predominant features of identity, I find such a poignant parallel a perfect place to start. More, I would hope, or suppose, that many who read this may as well benefit from such an analogy.

—Introduction—

Growing up in the suburbs of Boston, there was only one choice: eat, sleep, and breathe Red Sox baseball or get in your car and drive to Yankee Stadium. Encompassed in a culture of passionate fan hood and dedication, it is easy to appreciate the joys of being a Boston Red Sox sports fan. The collective notion of community, the moments of victory and celebration, and the nights spent with friends reveling in the often-turbulent features of the game, all speak to the glory-rich elements of one's fan hood. Yet, as any sports fans may know, particularly any Boston baseball fan, team allegiances are readily tested, especially when balls roll through legs and losing streaks seem to occur right around playoff time. The temptation to switch one's allegiances to the front-runner is frequent, yet we all hold back, as wearing a Yankees hat would lead to exile and humiliation.

The maintenance of identity and personhood, as psychology has now long acknowledged, is a driving motivator of human action and decision-making. As cognitive dissonance theory (Festinger 1956) and motivated reasoning (Kunda 1990) suggest, humans often try to create consistency between their narrative of identity and their actions, or in the latter case, to interpret information

detrimental to the core ideals of this identity as a cause to solidify it. To put it in other words, with regards to Festinger (1956), to swear by the luck of a rally cap even though it has never worked in getting your team a hit, and in regards to (Kunda 1990,) to truly convince yourself that the Yankee's Derek Jeter is the worst shortstop in baseball history.

Like sports fan hood, political party is a core element of American identity. I will elaborate on this point later, but much literature (Campbell et al. 1960, Green, Palmquist and Schickler 2002) shows the consistency of individual level party identification across time, and likewise reveals examples of reasoning on policy issues motivated by party ID. Certainly though, the similarities between sports fan hood and that of political party affiliation do end. Although at times many do indeed gripe that the failures of their sports team are equivalent to problems such as world hunger, there is an undoubted distinction here: the implications of one's staunchness to remain true to a sports team, in the end, do not threaten the function of policymaking, or government, or the individual himself. Conversely, partisan motivation and the use of party discourse as a proxy to supplement information deficiencies, wherein a developed party identification largely governs opinion of a complex healthcare

reform, has important implications for policymaking, for the citizenry, and for the use of public opinion data as a guide for legislators.

Despite the cautions of our forefathers, political parties have not only become engrained in the U.S. processes of government, but individual partisan identities are salient features of American culture. Such distinctions between party—Republicans vs. Democrats, Elephants vs. Donkeys, Red States vs. Blue States—are frequent in the media and cultural imagery. Additionally Converse's (1964) argument that the majority of Americans have ever-shifting ideological beliefs and low access to political information reveals the importance of the stability of individual level party identification in America, as it serves as one of the only constants. Additionally, there is no arguing that the American public at the time of PPACA is at a historical level of partisan divisiveness.

Undoubtedly such strong partisan identification promotes the use of party as a proxy to guide policy preference in the absence of political knowledge. The concept that individuals can use signals to supplement a lack of political sophistication has been argued by (Lupia 1994, Popkin 1994). Together this literature posits that voter competence is not a necessary condition for casting votes that mimic informed peers, as proxies may substitute knowledge.

However, while proxies can suffice to prompt a voter to make the same decision

of his competent counterpart, this study addresses a case wherein the proxies of partisanship that individuals are relying on due to lack of information about PPACA run counter to their objective interest. Other studies (Bartels 1996) have shown that while proxies may serve as a partial substitute for low political sophistication, they are not wholly capable of replacing political competence. This paper describes such an occurrence, one where the proxy signals do not equate with the objective interest of the individual, and also briefly assesses the implications of such a reality on the functioning of democratic government and healthcare policymaking.

Here I have outlined how party ID operates in order to set a foundation for the analysis included in this paper. As I will examine in the discussion of my results, expression of opposition to PPACA by those living at or below 133% FPL, while it flows against Abraham Maslow's theory of human motivation, is explainable by the literature on party ID and proxy-led voting. I maintain that partisan motivated reasoning, which is mediated by a stable individual level party ID, promotes the consideration of specific ideological concerns as the determinant of proxy selection. This, in turn, prompts an opposition to PPACA absent of a sincere consideration of the pros and cons of the policy.

This paper proceeds with these two foundations—that individual level party ID in America is stable and a primary source of resistance to contrary

influence, and that the majority of Americans have low awareness of political information—and evaluates whether these are determinants of opposition to PPACA among those at or below 133% FPL, despite the fact that PPACA is in their objective interest.

In Chapter 1 this thesis outlines the effects of PPACA and evaluates the impact of Medicaid expansion on the American poor. Herein I point out the changes to Medicaid coverage enumerated in the law, showing that for virtually every individual living at or below 133% FPL, irrelevant of whether that individual previously had health insurance, the quality of coverage and breadth of available services will improve under PPACA. Although this in and of itself points to the fact that PPACA is in the self-interest of individuals living at or below this income level, Chapter 2 highlights the work of Baicker et al. (2011), an epidemiological study of new Medicaid enrollees in Oregon, to show that the Patient Protection and Affordable Care Act (PPACA), via the expansion of the Medicaid program to cover Americans up to 133% FPL, is in the self-interest of Americans living at or below this income level. This study by the Oregon Health Study Group reveals that the uptake of Medicaid insurance improves the status of an individual's physical, mental, and financial condition.

With this study as the foundation, I move into Chapter 3, where I compare public opinion of healthcare policy from the 1940s through 1970s to

the failures of the Clinton Health Security Act and the current state of support and resistance in regards to PPACA. Here I pay particular attention to the relationship between health policy preference and party ID over time. This analysis suggests that the opposition to federally run healthcare reform was not always this strong, even though partisanship has remained relatively unchanged. Therefore, this suggests that the link observed between party ID and health reform mass opinion, with respect to the Clinton HSA and PPACA bill, is a relatively novel development of American politics.

Proceeding into Chapter 4, I introduce the American National Election Study (ANES) EGSS 1, 2, & 3 data sets. This study asks if any Americans at or below 133% FPL are expressing opposition to PPACA despite its extension of federally funded Medicaid by 2014. An analysis of this empirical evidence reveals that there is a significant proportion of this study population expressing an opinion that appears to be against their self-interest. I then evaluate the opposition to PPACA among this subpopulation in the context of Abraham Maslow's (1943) theory of human motivation. Finding that such an action goes against the intuitions of this theory, in Chapter 5, I couple empirical assessments with existing literature on past healthcare reform efforts (Cutler and Gruber 2001), electoral behavior (Campbell et al 1960, Converse 1964) and

information shortcuts (Lupia 1994, Popkin 1994), to create a model that may be predictive of a respondent's likelihood to oppose or support PPACA.

This paper argues that opinion of PPACA is dependent on the collective forces of political party identification, ideological concerns about proper role of government, and level of political involvement. However, it is not, as one may expect, dependent on the issue itself, anxiety about paying for healthcare bills, or a desire to improve health outcomes. In Chapter 6, the paper uses a logistic regression model to evaluate this hypothesis, and in Chapter 7 I discuss these results using the abovementioned literature on party ID and information shortcuts. This paper posits that the results of this regression can be explained by the use of partisan proxies to supplement a lack of information about the bill, the selection of which is mediated by partisan motivated reasoning. Although Republican partisans and party elite are in vocal opposition to PPACA, Medicaid expansion via PPACA is in the rational self-interest of all individuals living at or below 133% FPL. Thus, in this case, it appears that proxies do not serve as a sufficient replacement for a lack of understanding about the bill. Additionally, this situation demonstrates that such ideological concerns about government and party identity are being put ahead of the potential improvement of health outcomes.

In the conclusion I first assess alternative explanations for this opposition. After arguing against these alternatives, I then evaluate what my conclusions show us about the determinants of policy preference. And finally I end by asking what implications this may have for the function of democratic government, or more specifically, healthcare policymaking?

In summation, using American National Election Survey (ANES) data, this paper shows 1) that among Americans at or below 133% the Federal Poverty Line (FPL) some are voting against their objective interest, 2) that this opposition stems from the use of a developed Republican party identification as a proxy to determine opinion, 3) that a distrust in or ideological resentment with the federal government weighs heavily in these partisan considerations, 4) that limited access to political information promotes opposition to PPACA, and 5) that even when the respondent has concerns about paying medical bills, there are other factors that are more powerful determinants of PPACA opinion.

—Chapter 1. PPACA & the U.S. Healthcare System—

“And we have now just enshrined, as soon as I sign this bill, the core principle that everybody should have some basic security when it comes to their healthcare.”

—President Barack Obama on March 23, 2010 in his speech at the signing of the Patient Protection and Affordable Care Act

I. PPACA & The American Poor

The Patient Protection and Affordable Care Act signed into law in March 23, 2010 by Barack Obama expands the Medicaid program to cover all of the lowest-income Americans, many of whom were previously ineligible for this coverage. This change primarily extends coverage to adults who were previously ineligible for Medicaid, since all states already provide public coverage to the lowest income children through Medicaid and the Children’s Health Insurance Program (CHIP). The health reform law will institute an expansion of eligibility to every American living at or below 133% of the federal poverty level (Kaiser 2, 2010). Likewise PPACA provides access to insurance for persons under 400% FPL through sliding-scale subsidies in the state-based

insurance exchanges¹. This expansion establishes a national foundation of coverage based on income and ends the historic exclusion of individuals from Medicaid coverage based on family status [i.e. marital status, or number of dependents], which was a “lingering vestige of the program’s early ties to welfare” (Kaiser 2, 2010). Additionally, as is more frequently focused on in the public and media arena, PPACA includes an individual mandate that requires all Americans to purchase health insurance at the risk of a penalty. This latter element of the law has been defended in the name of combating the heightening of healthcare costs due to adverse selection in the insurance pool, and reproved in the name of socialism and big government.²

As evident from President Obama’s remarks at the signing, the aim of this healthcare reform is to promote the health security of those who could not previously afford it. Prior to the passage of this reform, enrollment in Medicaid was restricted to the poorest of the poor and those with families. Now, through the expansion of the Medicaid program to all Americans at or below 133% FPL,

¹ PPACA establishes insurance exchange, or state –based insurance marketplaces in which the Federal government provides purchasing assistance to people up to 400% FPL with an inverse relationship to their income.

² The concept of adverse selection has been described often in recent discussions of PPACA, as Justice Ruth Bader Ginsberg said recently: “Those who don’t participate in health care make it more expensive for everyone else.” Talking about the constitutionality she adds that “it is not your free choice” to stay out of the market for life, she said.

the PPACA provides insurance for all poor Americans. By aiming to combat the rise of health expenditures through the individual mandate and the provision of access to those who previously could not afford it, it is not necessarily surprising that the reform has met resistance from a variety of sectors. Calls for taxes on “Cadillac” health insurance plans have fueled outrage amongst many wealthier Americans, and changes in the regulations on providing employee sponsored insurance have aggravated some employers facing tight budgets. Across the spectrum of income, age, and employment there are certainly Americans who have an arguably valid reason to see the PPACA as opposing their self-interest.

This paper will include an overview of the public opinion surrounding the PPACA, noting especially the massive partisan gap in public opinion with Republicans heavily in opposition and Democrats heavily in support. However, as this paper will convey based on lines of research in both psychology and epidemiology, for Americans at or below 133% FPL, receipt of medical insurance through the expansion of the Medicaid program under PPACA is in their objective interest and thus one would expect them to support this bill.

II. A Need for Change

Such health reform in the U.S., while difficult to achieve, was apparently necessary. Worldwide, the U.S. ranks first in healthcare spending at 16.2% of GDP, yet 37th in terms of efficiency and quality (WHO 2000). High administrative costs, overuse of medical technology, and the fee-for-service model all contribute to excess cost. Even after factoring out the linear relationship between wealth and health spending, U.S. excess healthcare spending still totals \$477B—\$281B from input costs, \$147B from inefficient and complex system delivery (non-clinical labor, medical malpractice insurance), \$68B from system administration and regulation, and \$36B from miscellaneous outpatient spending. This means that we spend “\$1,645 per capita more on healthcare than peer countries” (Agrisano 2007). These surplus costs have increased insurance prices, further perpetuating the inequality between those who can afford care and those who cannot. Although it is agreed that the system has inherent structural flaws, it is the American values of liberty and choice that make the institution of a single-payer system a political impossibility. In face of such barriers, the Patient Protection and Affordable Care Act (PPACA) controversially mandates health

insurance, extends the availability and affordability of coverage, and implements a wide array of cost-control mechanisms.

The government insurance mandate, enforced by a noncompliance penalty of \$750, adds 32 million newly insured Americans by 2014, leaving the rate of uninsured at roughly 7.3% based on estimates (Commonwealth Fund 2010). As previously mentioned, in order to eliminate the excess costs that result from adverse selection, it is essential to distribute the cost of healthcare for the population across a larger number of individuals. This mandate successfully puts the American population in a consortium, thus combating adverse selection and curbing costs in the long-term. Through this extension of coverage, PPACA is estimated to “bend the curve” in healthcare costs, adding only \$311B in healthcare costs from 2010–2019—which works out to less than \$1000 per newly insured person (Commonwealth Fund 2010).³

Furthermore, PPACA calls for novel insurance exchanges, which are “state-based marketplaces [that] will offer small businesses and people without employer-coverage a choice of affordable health plans” (Commonwealth Fund 2010). From such exchanges come several potential benefits. Due to the fact that

³ This estimate is based on the effect of community rating, which lowers per capita costs and beneficially slows of the rate of cost increase.

plans must meet certain standards in order to be included in the exchange, quality regulation is built into the structural framework. An additional benefit is that these exchanges include choices such as Medicaid coverage via private insurance providers. Because the government will hand over 32 million new customers to the private sector under PPACA, private insurers were willing to cooperate. As a result of their desire to participate in the exchanges, insurers agreed to no longer decline coverage to those with preexisting conditions, nor drop them when they come down with a costly disease or injury.

Beyond the reforms to insurance, PPACA calls for a variety of cost and quality oversights. Within the pages of the law, there are a plethora of provisions related to these issues. Some of these measures include the establishment of regulatory boards such as the Center for Medicare and Medicaid Innovation, which will evaluate and recommend cost-effective care practices. Other measures, such as stricter capitation and reimbursement rates for Medicare, have a more direct influence on cost-control (Commonwealth Fund 2010). Likewise, PPACA puts no annual cap on Medicare and Medicaid spending despite excess costs.

Most importantly though, at least in the context of this study, is the fact that PPACA will expand the Medicaid program to cover all of the lowest-income

Americans (133% FPL or below). Traditionally Medicaid had strict eligibility requirements, of which an income level at or below 100% FPL was just one of. Included in these eligibility requirements were marital status and number of dependent children. As a result, the vast majority of childless non-elderly adults currently do not receive Medicaid from the federal government. Though states have stepped in to provide coverage to some of this population, the majority of them do not provide a quality or degree of coverage that compares to Medicaid. Through PPACA it is expected that “32 million of the 46 million [American uninsured] will gain access to insurance under the new law, half of which will do so via Medicaid” (Hislop 2010). It is this significant feature of the bill that will be the primary focus of this paper.

—Chapter 2. The Assumption of Self-Interest—

I. Is Health Insurance good for one's Health?

While the benefit of improved and expanded Medicaid support is clear for the millions of Americans who are undergoing care and need assistance to pay for it, what about the remaining population living at this income level who are currently in good health? Does having insurance under the Medicaid program retain benefits even when an individual is not in need of care? How does Medicaid insurance correlate with measures of mental illness, including depression? What about financial security? All of these questions are essential if we are to evaluate public opinion with the assumption that the expansion of Medicaid to all Americans under 133% FPL via PPACA is in the self-interest of the respondents.

There have been a number of studies by health policy experts that provide support for the notion that health insurance improves health outcomes. One study by Bernstein, Chollet, and Peterson (2010) from Mathematica Policy Research Inc. argues that having health insurance is a determinant of both health outcomes and financial security. Though this study is not focused on Medicaid, it provides support for the argument that having health insurance yields better health outcomes. These authors include a number of points that reveal the

beneficial effects of having insurance coverage. Firstly, they estimate that the number of premature deaths per year in the U.S. attributable to lack of insurance is approximately 44,500. With the assumption that death is not in the objective interest of uninsured Americans, it appears that having health insurance should be something desired. They additionally contend that a large reason for this increased likelihood of premature death is due to the fact that uninsured adults are far less likely to receive preventative services, such as mammograms, pap smears, or prostate screenings. More so, uninsured adults are 20% less likely to receive care following an automobile accident, have higher rates of stroke and risk of death, are more likely to have neurological impairment, have longer hospital stays, and are at a greater risk of dying than their insured peers. This study concludes:

“Vulnerable populations are especially at risk of poor health outcomes when they are uninsured. Insurance coverage can also improve social and economic well-being, by averting developmental problems in children, increasing workforce productivity, decreasing use of hospital services, and reducing costs of public programs.”

— (Bernstein, Chollet, and Peterson 2010).

Though such a study is useful, the easiest critique to using it as a foundation for the assumption that Medicaid insurance mimics such effects is one that focuses on the divide between the quality of private insurance plans

and that of Medicaid insurance. Luckily, though, a recent study has made such a consideration unnecessary, as under some unique circumstances it has examined the effects of Medicaid insurance itself.

II. How About Medicaid?

Baicker et al. (2011) provides a groundbreaking study on the benefits of being enrolled in Medicaid insurance. For health policy experts, this study has been hailed as the gold standard of proof that having health insurance is good for your health, and more specifically, that Medicaid insurance is indeed beneficial for your health. The authors state, “consistent with an improved overall sense of well-being, there is evidence in the later survey of a substantial (32 percent) increase in self-reported overall happiness…overall, the evidence suggests that people feel better off due to insurance.” They also contend “there is evidence of improvement in self-reported mental and physical health measures, perceived access to and quality of care, and overall well-being.” Additionally, as mentioned in the study by Bernstein, Chollet, and Peterson (2010) a large reason for premature death amongst the uninsured is a lack of preventative screenings. Baicker et al.’s (2011) findings show that use of medical screening technologies is increased greatly among Medicaid recipients.

This work does stress that it is essential for health policy experts to wait for further results, including blood tests and other physical measurements of health. This caution is important in that self-reported physical state may not truly represent definitively improved health outcomes. While we thus must take these findings with a grain of salt, the same restrictions are not necessary for issues of mental health. As Baicker et al (2011) states:

“For mental health, the self-reported and subjective nature of the questions is less of an issue, since diagnosis of depression, by its nature, relies on such self-reports; the depression screen we use correlates highly with clinical diagnoses of depression.”

It is also important to note the author's warnings against the extrapolation of their data onto national health reform. Though these warnings seem to invalidate my use of this work to argue that PPACA is in the objective interest of Americans below 133% FPL, this is not the case. Such cautions are not applicable to the part of Baicker et al.'s (2011) study that discusses the increase in self-reported health outcome amongst Medicaid recipients. The rationale for their warnings about applying the conclusions to the national reform is largely focused on the economic facets of the Medicaid expansion. Though this does not warrant the dismissal of the aforementioned disclaimer, an analysis

of the economic elements of Medicaid expansion are important to note, especially in light of the public opinion split that I will discuss later.

It is certainly not surprising that those who are affected more severely by changes in federal spending would oppose the expansion of Medicaid to cover those living at 133% FPL and thus, oppose PPACA. Especially amongst those who will likely bear the weight of increased taxation to cover the initial growth of federal healthcare expenditures, opposition to the reform is defensible.

Though these concerns are crucial to the debate about the potential of this health reform, they are not central to the argument laid out in this paper. Even if the economic future of the country may be uncertain, it is still surprising that those living at 133% FPL or below would put these concerns ahead of their own self-interest in obtaining federally funded health insurance. In other words, if such concerns about the economic future of the country motivate healthcare reform opinion, it reveals that a sense of civic duty may be trumping that of pragmatic self-interest.

—Chapter 3: The State of Public Opinion of PPACA—

Prior to the analysis of ANES survey data it is particularly useful to examine the findings of the Kaiser Permanente Health Tracking Polls. Not only do the polls provide a detailed picture regarding the shifts in public opinion of PPACA over time, but also illustrate the motivations and characteristics of Americans on each side of the issue. Starting in March of 2010, following the passage of the bill, and continuing through the writing of this paper, the Kaiser Health Tracking Polls have examined the state of public opinion surrounding the PPACA. Likewise, the polls provide insight into the motivations behind American sentiment on this policy. A majority of the suspicions and hypotheses that guide the later binary logistic regression model are derived from intuitions presented in these tracking polls by Kaiser.

I. The Rationales for Support & Opposition

One useful element of the health tracking polls is the inclusion of selected quotes from open-ended responses. Such qualitative data provide insight into the rationales that individual respondents are using to determine their position on healthcare reform in its entirety and by its various elements.

In terms of the individual mandate portion of PPACA, it is intriguing to note the divergent rationales people supply for their opinion of the reform. In a

look at Figure 1, those who have a favorable opinion of the individual mandate appear concerned about individual purchasing power, equity of healthcare, and functionality of the reform. On the other hand, if we look at responses by those people who have an unfavorable opinion of the individual mandate, we notice concerns about proper role, size, and function of government, and also those of an economic nature. It appears from these responses that those who support this individual mandate portion are influenced primarily about concerns of health insurance security and equity, while those who oppose the individual mandate are influenced primarily by concerns over government role and expenditure. Though by no means conclusive, or inarguable, these intuitions are helpful in creating a model that describes the motivating factors of opposition as is done later for the ANES analysis.

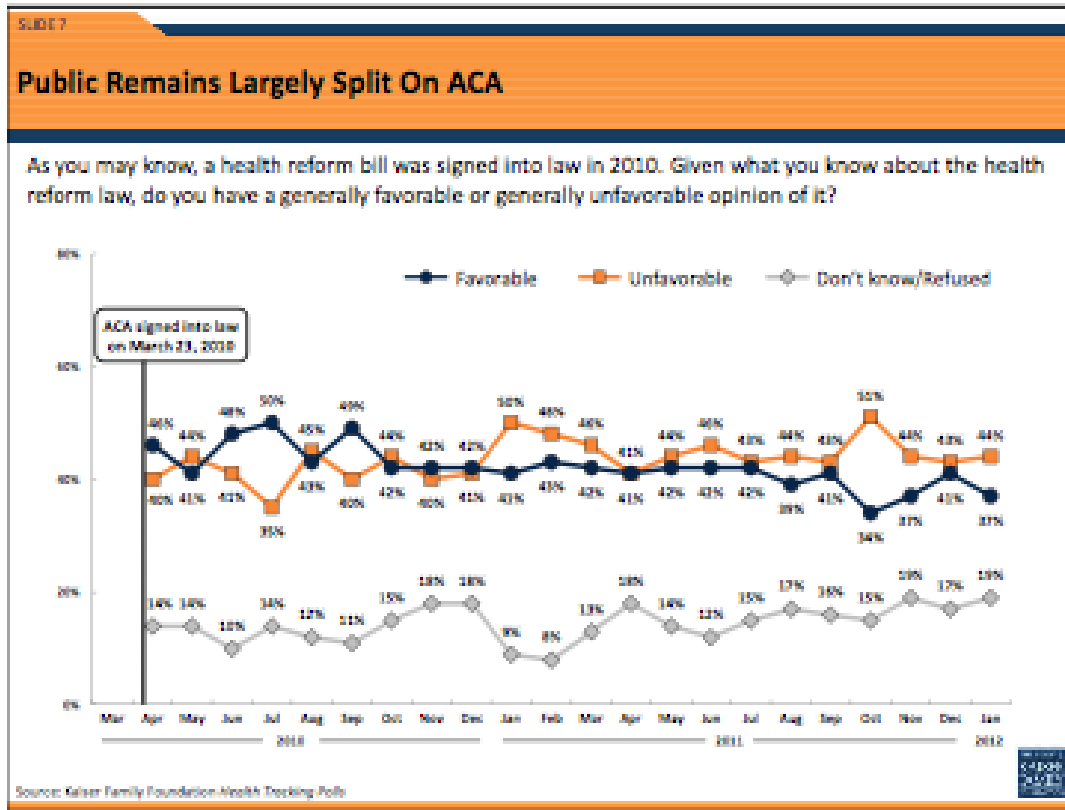
Figure 1: “*In Their Own Words (Selected Quotes from Open-Ended Responses)*” (Brodie 2010)

IN THEIR OWN WORDS... (selected quotes from open-ended responses)	
Among the 30% who have a favorable opinion of the individual mandate: What is the main reason you have a FAVORABLE opinion of the individual mandate?	Among the 67% who have an unfavorable opinion of the individual mandate: What is the main reason you have an UNFAVORABLE opinion of the individual mandate?
<i>“I believe that health care is a right and people should take some responsibility for their health care”</i>	<i>“It is unconstitutional and the government is sticking its nose where it does not belong”</i>
<i>“Because it will get more people to be more responsible; it should be just like auto insurance”</i>	<i>“Paying a fine is unfair. People who can't afford insurance can't afford the fine”</i>
<i>“I work[ed] in health insurance for a while and I know people need health insurance. If they don't have health insurance and go to the doctor the tax payers have to pay for the bill”</i>	<i>“The government shouldn't tell you what to do. It's getting like old Russia. They should not be able to fine you for something you can't afford to buy in the first place”</i>
<i>“Because it will help people who don't have insurance. It will stop the insurance company from dropping insurance because we have a preexisting condition”</i>	<i>“Because it's going to cost jobs and employers can't afford it”</i>
<i>“Because it moves us closer to universal health care”</i>	<i>“Because it's going to raise the price of everything”</i>
<i>“Because if that part is removed, the plan won't work so well”</i>	<i>“They will not be able to enforce it”</i>
<i>“It increases the pool of people of buying health insurance which would hopefully reduce the cost”</i>	<i>“I'm poor and I cannot afford to buy health insurance”</i>
<i>“Because it would be fair if everyone pay[s] for their insurance based on their own income”</i>	<i>“Expanding health care can bring down the quality of the health care service”</i>

II. A Divided Public: Reminiscent of the Clinton Era

In looking at Figure 2, we can see that around the time of the passage of the bill in April 2010, and continuing through most of the year, PPACA received almost majority support, or at least more favorable views of the bill than unfavorable ones. However, in more recent polls, starting in January of 2011, both unfavorable views of PPACA and views that indicate a lack of information regarding the bill have grown in quantity. In a similar fashion public opinion of healthcare reform efforts in recent U.S. history have followed declines in support. The most notable example of this decline is that which surrounded the Clinton Health Security Act, proposed first in 1993. As the paper (Cutler and Gruber 2001) states, “When the administration began designing its health reform plan in the spring of 1993, 71 percent of people approved of what they heard about the plan. By the middle of 1994, only 33 percent of people believed that the Health Security Act would be good for the country.”

Figure 2: “Public Remains Largely Split on ACA” (Brodie 2011)



III. The Partisan Split

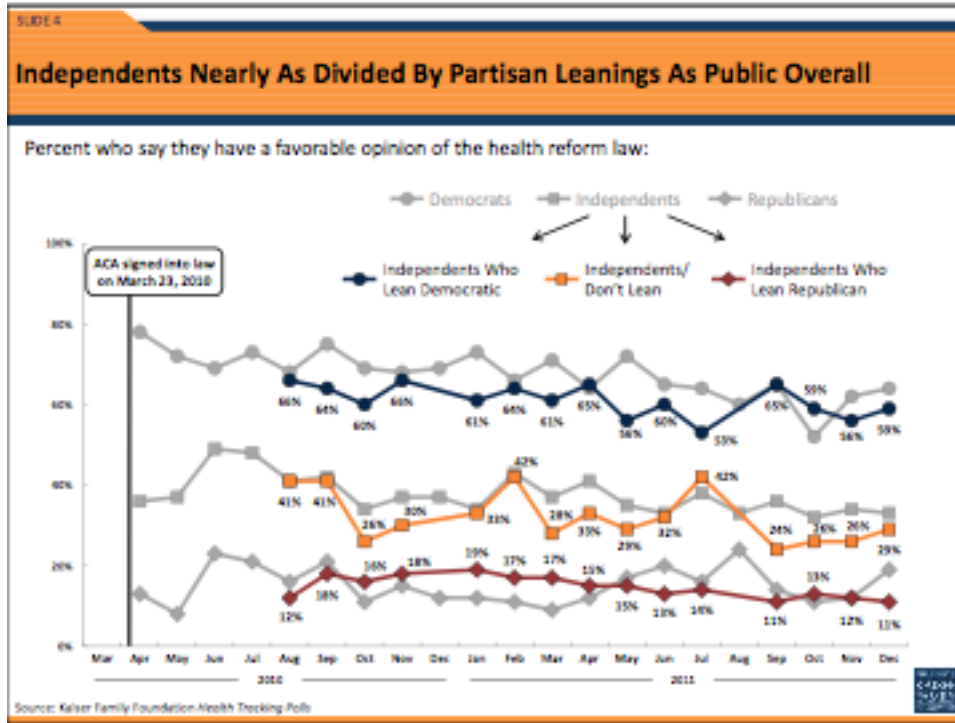
In light of such a divided public opinion of the bill, it is essential for this study to characterize those who support or have favorable views of the bill and those who are against or have unfavorable views of the bill. In terms of continuing the comparison with public opinion on Clinton’s Health Security Act, it is sensible to investigate whether the prescriptions made by the literature about the HSA are relevant to PPACA. The most notable, yet unsurprising, point made by those studying the fate of the HSA is that the failure of the bill was a direct result of politics.

As (Cutler and Gruber 2001) state:

“The first explanation for the failure of the HSA was politics. Far right Republican leaders were beginning to assert their power over the Republican Party, and saw defeating the Health Security act as a key to doing so. Newt Gingrich led the opposition to the HSA and was followed by other, like-minded Republicans. This was combined with intense lobbying from groups opposed to aspects of the HSA. Most prominent among these were the National Federation of Independent Businesses (NFIB), the trade group for small businesses, and the Health Insurance Association of America (HIAA), the lobbying organization for health insurers.”

If we look at Figure 3, it appears that though the passage of the bill overcame political obstacles, there is still a partisan dogfight in the war of public opinion. Assessing the data collected by Kaiser, such that is visible in Figure 3, it appears that political party, or at least political leaning, is a proxy for PPACA opinion.

Figure 3: “Independents Nearly as Divided by Partisan Leanings as Public Overall” (Brodie 2011)

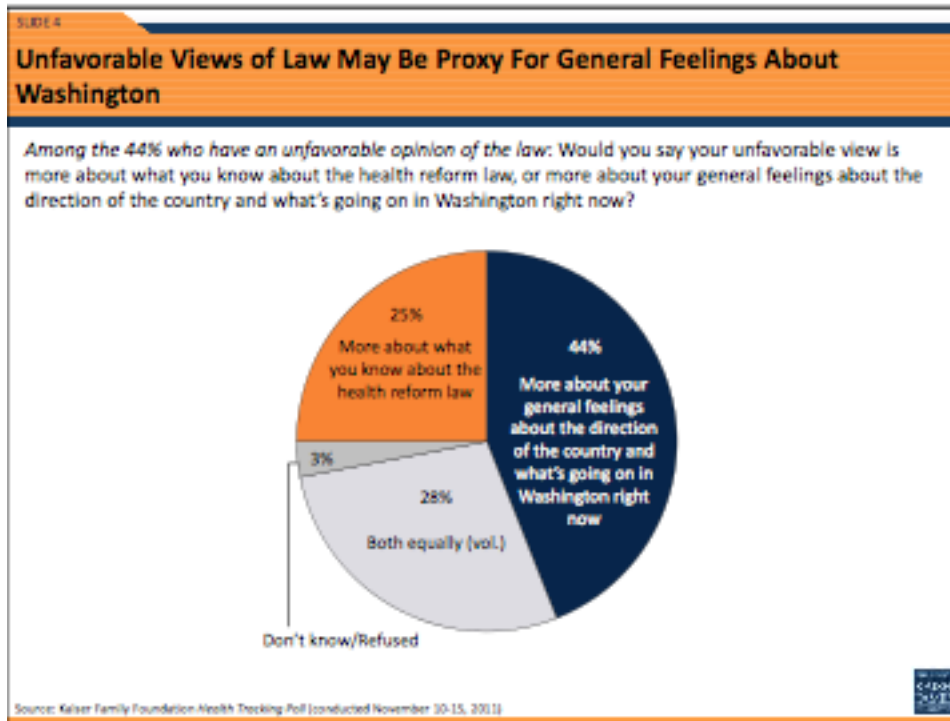


IV. Opposition Based on General Feelings about Government

In the same way that political party identification appears to be a proxy for PPACA public opinion, it also appears that general sentiment about the state of the country motivates opinion. Before assessing this point, it is important to interpret this drastic divide on healthcare reform based on political party and political ideology in a historical context: it hasn't always been this way. Looking back to the mid 1960s, according to a Gallup poll released in January of 1965, 63% of people supported a plan calling for compulsory health insurance and only

28% disapproved. Additionally, according to a Harris polling at the same time, 46% more Americans “preferred medical care funded by taxes” while 36% favored a plan of expanded private health insurance” (Erskine 1975). Though there are certainly drastic differences between the types of plans being discussed in 1965 and PPACA, much of the literature sees the apparent decline in support for federally run health programs as an indication of distrust in the government. One author puts forward that “If Medicare was being debated today would it be getting the same frosty reception that we are seeing now? To my mind, the answer is yes. Much of the opposition to healthcare reform today is being fueled by anti–government sentiment that did not exist during the mid–1960s” (Kohut 2009). In light of the finding that opposition to PPACA appears to represent a sense of general outrage toward the way the country’s issues are being handled by the government, it appears that such arguments have some validity.

Figure 4: “Unfavorable Views of Law May Be Proxy For General Feelings About Washington” (Brodie 2011)



V. A Partisan Proxy and the History of Mass Opinion of Reform

In both the cases of the HSA and PPACA we have seen a divide of mass opinion on party lines. Yet when we look at public opinion polls on health care from the past 1940s–1970s, we see far lower levels of opposition to federal government financing of healthcare (see Appendix). At the same time these polls were asked though, the net total of Republicans and Democrats in the population was very similar to the net total of Republicans and Democrats today. With this in mind it does not appear that there were simply fewer Republicans in

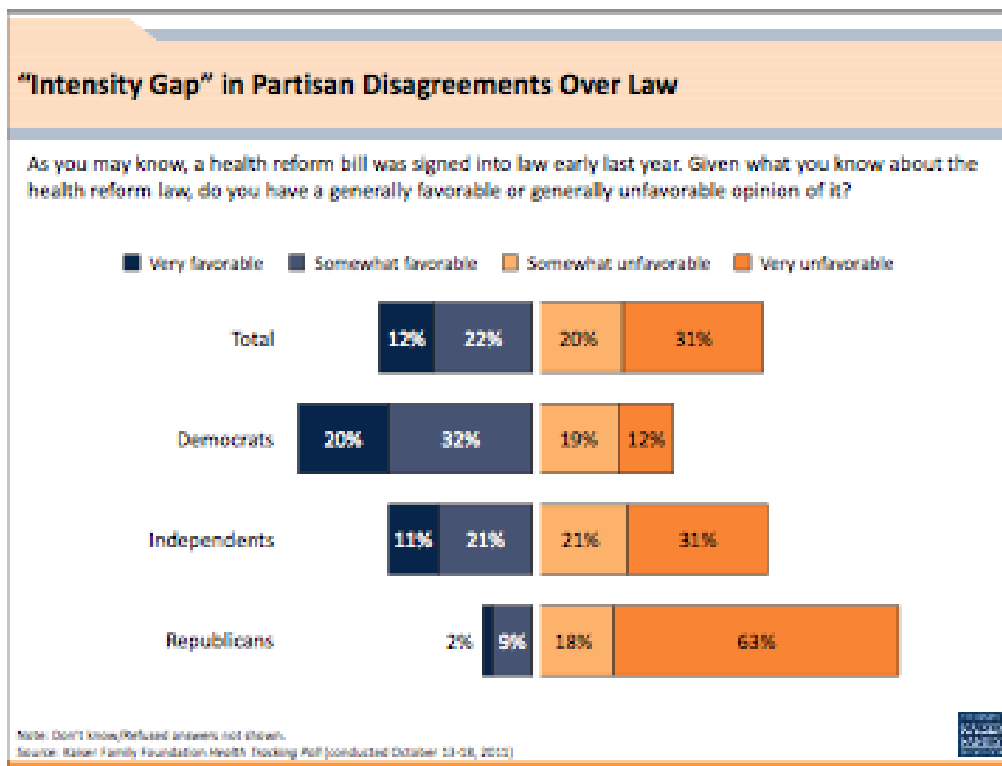
the past, but instead hints that the strong relationship between partisanship and belief on the structure of health policy is a feature of modern American politics.

Using public opinion data collected from years 1945 through 1974 by Harris, Harris for Life, Gallup, ORC, or SRC-M (*The Polls: Health Insurance* (Erskine 1975) I subtract the proportion of people in opposition to the federally run health reform/program from the proportion of people in support of the federally run health reform/program and find that on average 24.6% (median=25.5%) more Americans were in support of federally run health reforms/programs than were in opposition to it.

In looking at current public opinion data surrounding PPACA and then at public opinion data from the 1940s–1970s it is also notable that the relative gain of support among opposition to PPACA is equal to the margin between those in the 1940s–1970s who replied in opposition and those who replied that they did not have enough information to state an opinion. In other words, the approximate sum of people responding that they had too little knowledge in the 1940s–1970s plus the number of people in opposition to healthcare reform in this same era equals (approximately) the overall opposition to PPACA today. Using the Kaiser public opinion data, ranging from April 2010–Present I find that the average percentage of opposition to PPACA is 43.09%. Using the

collection of public opinion data from 1940–1970 I find that the average sum of “Too little information” and “Oppose” categories=43.47%. Obviously such an empirical observation is riddled with problems of sample homogeneity and ecological inference. However, this fact is at least suggestive that a shift has occurred among the American public, given the great decrease in the number of individuals undecided on their policy preference, and a great increase in the number of individuals now in opposition to federal health reform efforts.

Figure 5: “Intensity Gap’ in Partisan Disagreements Over Law” (Brodie 2010)



—Chapter 4: The Foundation for Running the Regression—

Using data provided by the American National Election Survey (ANES) from the EGSS I, II, and III surveys⁴ this section investigates the state of public opinion on PPACA among Americans living at or below 133% FPL. The data for EGSS I were collected October 8–19, 2010; the data for EGSS II were collected from May 11–June 1, 2010; the data for EGSS III were collected from December 7 to 13, 2011.

Within these data, respondents who lived at or below 133% FPL were separated from the general population and the variable defining the respondent's stance on PPACA was observed. Before this study asks what factors may be responsible for opposition to PPACA among those living at or below 133% FPL, it must first establish that there is in fact opposition among this population.

⁴ The ANES 2010-2012 Evaluations of Government and Society Study (EGSS) is a series of surveys that will be conducted over the Internet in 2010-2012 using samples representative of the national population of adult citizens. Each survey will have a separate sample; this is not a panel study. The chief aims of the surveys are to measure public opinion in advance of the 2012 election and to pilot-test new instrumentation. Survey questions for the EGSS mainly come from the public proposal process on the ANES Online Commons.

Given the decision to study all individuals at or below 133% FPL, it is important to also acknowledge that not every respondent in this subpopulation will be obtaining health insurance for the first time. Many of these individuals living at or below 100% FPL may have already been eligible for Medicaid coverage via federal or state funding. Although this is a vital note, the number of individuals in the study population who were actually covered by Medicaid or Medicaid-like programs is likely to be extremely low. As Flowers (2010) notes: “Prior to the enactment of PPACA, certain adults (non-elderly adults who are not disabled, not pregnant, or not parents of dependent children) were generally not eligible for federally financed Medicaid benefits no matter how poor they were.”

Even though state Medicaid-like programs covered many of these ineligible individuals, this was not in the majority of cases. She additionally points out that “Fewer than half of the states currently provide Medicaid to low-income childless adults, and their levels of coverage range from being comparable to the Medicaid benefit package to far less comprehensive coverage” (Flowers 2010). In light of this fact, the expansion of Medicaid via PPACA to cover all individuals at or below 133% FPL should result in the initial receipt, or expansion, of coverage for the vast majority of this subpopulation. Even for those who had some form of health insurance prior to the passage of

PPACA, their new eligibility under PPACA promises a greater breadth of coverage and services than what they had before. Additionally, “Health care reform [PPACA] made lifetime limits illegal” , which is a major change for any individual living at or below this income level with, or who has a family member with, a chronic illness (Cohen 2012). With all of this said, it appears reasonable to study all individuals at or below 133% FPL.

Figure 6 includes three histograms depicting the frequency of opposition to PPACA amongst respondents from EGSS I, EGSS, II, and EGSS III (top to bottom). The question format in the EGSS I survey involved only two responses: Support or Oppose. For EGSS II and EGSS III, the question format included three responses: Support, Oppose, or Neither.

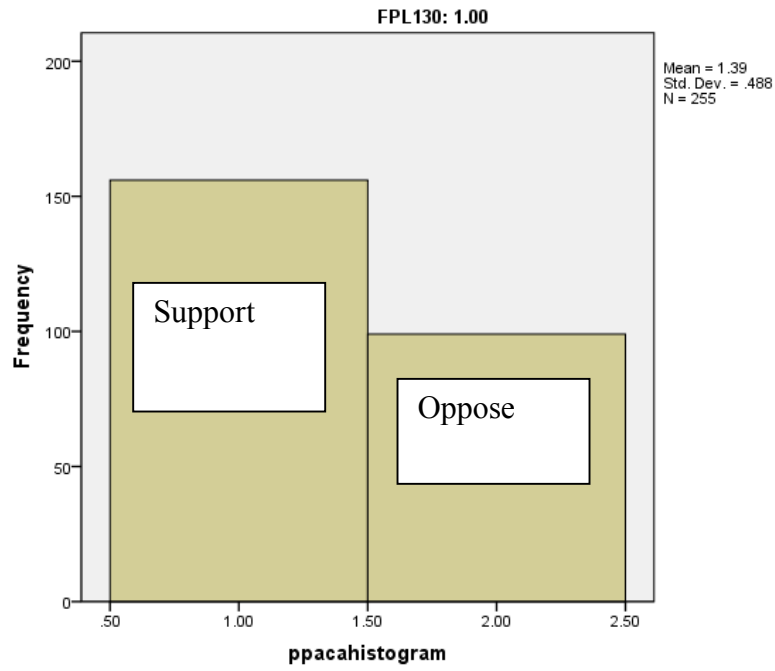
Although the public opinion analysis included in the above section of this thesis shows an increased propensity of support for PPACA amongst the uninsured and American poor, it also reveals an intense partisan gap in opinions over the healthcare reform bill. Knowing that at least some proportion of the population under 133% FPL are Republican, it is therefore likely that some number of them will be in opposition to the bill despite it being beneficial to their health and arguably in their objective interest. An assessment of this sub-

population across the EGSS I, EGSS II, and EGSS III ANES study populations reveals a somewhat surprising feature of public opinion on PPACA.

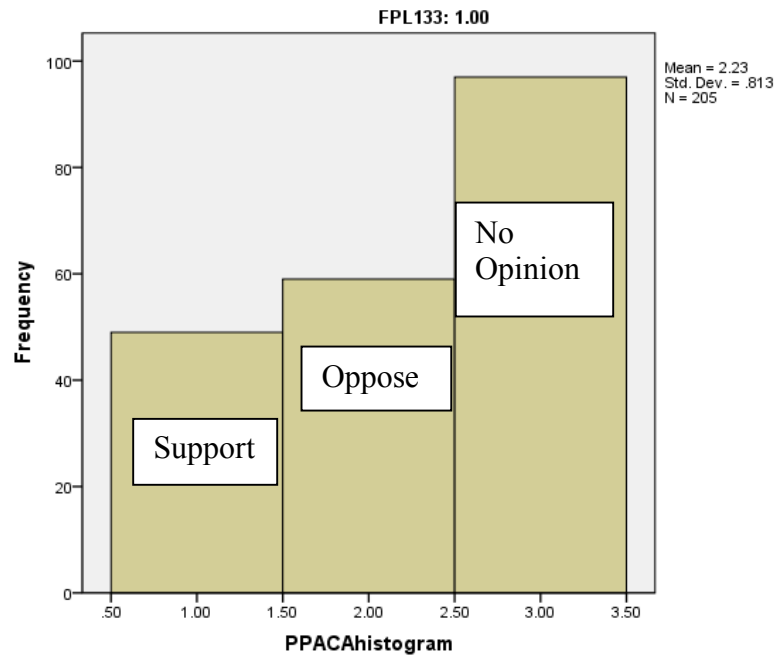
As aforementioned, the bill was designed and instituted largely with the ambition of providing health security and assistance to the American poor. As such, one would expect that the recipients of this assistance would be in support of the bill. However, an analysis of this population reveals that this is not entirely the case. In the EGSS I data, which happens to have been collected closer in time to the passage of the bill, the level of support amongst this subpopulation exceeds the level of opposition; yet in the following two surveys, the opposite is true. Such a finding is incredibly surprising, in that the bill was designed largely in the name of benefiting this population. If they oppose it, what does this mean? More so, the increasing propensity to oppose the PPACA over the course of EGSS I to EGSS III makes it plausible that other factors such as may partisan proxies, may be responsible for shifts in PPACA opinion, especially given the increased fervor of the rhetoric surrounding the Republican primary races and state-led litigation against PPACA (see Leonard 2011).

Figure 6:

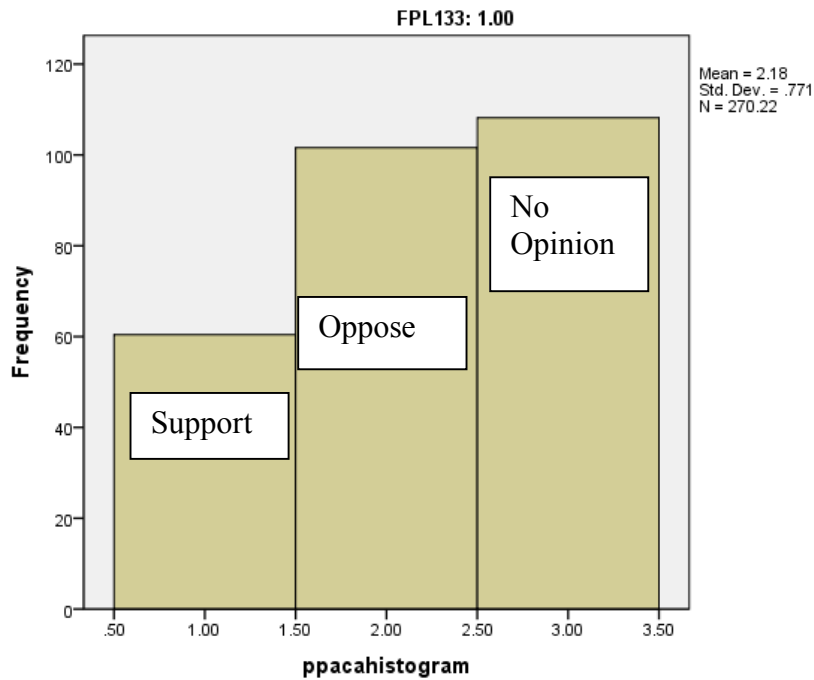
EGSS I:



EGSS II:



EGSS III:



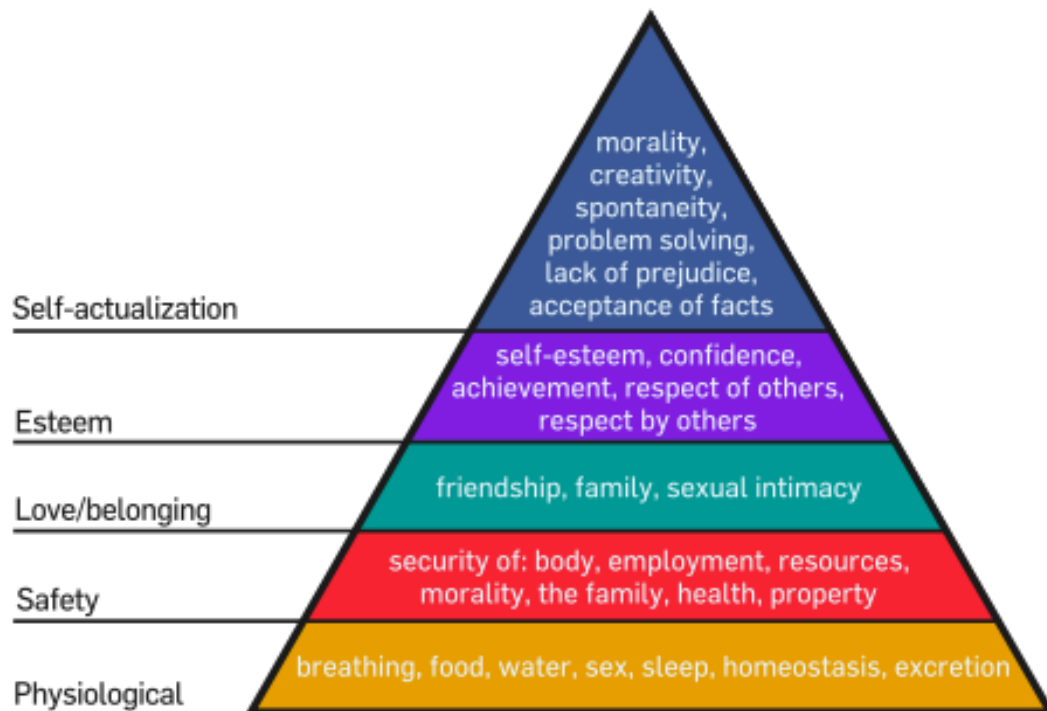
I. Maslow

Why is the finding that Americans living at or below 133% FPL are opposing PPACA against their objective interest so surprising? Given the fact that by opposing PPACA these individuals are opposing something that has been shown in the past to improve self-reported health outcomes and financial security, it appears that this sub-population is being motivated not by a concern about their own physiological or safety needs, but instead by something else. As the psychologist Abraham Maslow (1943) argues when discussing his theory of human motivation:

“If the physiological needs are relatively well gratified there then emerges a new set of needs, which we may categorize roughly as the safety needs. All that has been said of the physiological needs is equally true, though in lesser degree of these desires. The organism may equally well be wholly dominated by them. They may serve as the almost exclusive organizers of behavior, recruiting all the capacities of the organism in their service, and we may then fairly describe the whole organism as a safety-seeking mechanism.”

Figure 7 represents a visualization of Maslow’s (1943) hierarchy. The bottom of the pyramid represents the most fundamental motivators of human action, while the top represents lesser motivators of human action.

Figure 7: Maslow’s Hierarchy of Needs



As we can see from Figure 7 and Maslow's commentary, concern about one's health and safety should be a greater motivator of human action than concerns about belonging, identity, or self-actualization. Although we now know that some individuals below 133% FPL are opposing PPACA, and this appears to run counter to their self-interest, we do not yet know what drives this decision. If the hypothesis of this paper is correct—that issues of partisan identity and other ideological concerns are trumping those of improved health outcomes—this would flow against the hierarchy of Maslow's theory. Another possibility exists though, wherein individuals see PPACA as a sincere threat to their safety or physiological needs. However, if this is indeed the case, the variable capturing concern about paying for healthcare bills should increase opposition to PPACA and not decrease it.

—Chapter 5: Definition of model & Variables—

Given the above findings—that many individuals living at or below 133% FPL are opposing PPACA even though it expands a Medicaid program shown to improve health outcomes—it appears that these potential improved health outcomes do not serve as the primary motivation of public opinion of the health reform for many. This chapter examines what characteristics and beliefs appear to drive opinion on healthcare reform. Using a binary logistic regression model, this analysis uses the ANES EGSS I survey as a source for the explanatory variables outlined below and for the binary response variable of opposing or supporting PPACA. Although this paper would like to assess the accuracy of this model for EGSS I, EGSS II, and EGSS III surveys, the EGSS II and EGSS III lack questions addressing the issue of a respondent's anxiety about paying for healthcare. As an essential point of comparison in the model proposed below, I thus limit this analysis to the EGSS I data set.

The primary model that will be tested in this study is as follows:

$$\begin{aligned}x_1 &= \text{Party Identification} \\x_2 &= \text{Ideological Concerns about Federal Government} \\x_3 &= \text{Anxiety about Paying for Healthcare} \\X_4 &= \text{Political Sophistication Value}\end{aligned}$$

$$\begin{aligned}Y &= \text{logistic } (B_0 + B_1x_1 + B_2x_2 + B_3x_3 + B_4x_4) \\Y &= 1 \text{ when person opposes PPACA} \\Y &= 0 \text{ when person supports PPACA}\end{aligned}$$

I. X₁: Partisan Identification:

In light of evidence from both the Kaiser Public Opinion Polls (Brodie 2010, 2011) and the literature (Cutler and Gruber 2001) on the Clinton Health Security Act, and likewise with the intuitions guided by literature on political party identification (Campbell et al. 1960, Green, Palmquist and Schickler 2002, Groenendyck 2009), this study hypothesizes that partisanship is a key driver of public opinion on PPACA. Thus, the model that I created to be predictive of opposition to PPACA will use political party as an explanatory variable. At this point, given the consistent correlation between political party and opinion of healthcare, it would seem unsurprising to find that party affiliation drives opinion of PPACA in the general population. However, within the context of the subpopulation being studied here (Americans at or below 133% FPL), such a finding would show that despite potential for health improvement, Party ID causes some to oppose it, controlling for other factors.

As posited by this paper, for Americans at or below 133% FPL, the expansion of federally funded Medicaid via PPACA is in their objective interest. More so, the fact that improved self-reported health outcomes are associated with the uptake of Medicaid insurance (see Baicker et al. 2011), thus indicating

that Medicaid insurance benefits either the “physiological” or “safety” level of human need, shows that the choice to oppose PPACA appears to run counter to Maslow’s (1943) theory of human motivation. Therefore, the finding that political party still drives opinion of PPACA among this sub–population would be notable in the sense that it appears to go against traditional psychological thought on human motivation.

Operationalization:

While there have been numerous studies discussing which measures of partisanship are the most useful, this study attempts to simplify any discords in that discussion by calculating for the variable of partisanship using data based directly on self–identification of partisanship. It is certainly a strong measure of an individual’s Party ID if that person self–identifies as a Republican or Democrat. In the ANES EGSS I survey, the question asks: “Generally speaking, do you usually think of yourself as a Republican, a Democrat, an independent, or what?” Using the answers to this question, the study created “Dummy” variables for being a Republican and being a Democrat. For the creation of the “Republican Party ID” variable, a value of 2, which translates to Republican, was coded to equal 1, and all other answers were coded to equal 0. The same was true for the “Democrat Party ID” variable, although this was not used in

the regression, as Democrats were more likely to support the bill, an act we would expect amongst the subpopulation of Americans living at or below 133% FPL.

II.X₂: Ideological Concerns about Federal Government:

Evidence from the Kaiser Public Opinion data suggests ideological concerns about government may also be a proxy for PPACA opinion (See Figure 4). While there are a variety of questions in the ANES EGSS I data that capture ideology, this study first uses the question about trusting the government in Washington D.C. Though a question addressing trust in government may not be what traditional literature would use to represent ideology, there is no doubt that a growing proportion of the American population has a negative view of the federal government.

While the aforementioned literature regarding correlations of policy preference and ideological concerns suggests that American ideology is relatively unstable, and thus not predictive of issue preference, it appears, at least within the confines of opinion of healthcare and other social policy, that modern American definitions of partisanship have found their fault line around tenth amendment issues and the tensions of federalism (See Leonard 2011). Certainly, concerns about gun-control, taxes, or abortion predominate thought

about ideological affiliation; however, especially given the federalism rhetoric attached to PPACA, an individual's belief about proper size of government is likely a crucial motivator of opinion of PPACA.

In the same way that political party identification appears to be a proxy for public opinion of PPACA, general sentiment about the state of the country appears predictive of opinion on healthcare reform. Thus, the primary model of this study aimed to capture survey responses that portrayed either a general ideological dissatisfaction with the government, or a general ideological belief about the potential of upward social mobility.

Operationalization:

For the primary model the variable of "Distrust in Washington D.C." was created as a representation of low trust in the federal government. The ANES EGSS I asks the question "How much of the time do you think you can trust the federal government in Washington DC to do what is right—just about always, most of the time, or only some of the time?" Answers of just about always and most of the time, were coded to equal 0, and an answer of only some of the time was coded to equal 1. In this way a positive value for this variable represents a decreased trust in the federal government, at least in relation to the rest of the population.

Other variables that aimed to capture ideological beliefs on the federal government were tested in Model Two and Model Three. In Model Two the ideological concern being tested was a belief about progressive taxation. The reason this variable was included was not because belief about taxes has been a traditional ideological fault line, but rather to see if a belief about an issue so relevant to the question of whether the government should be redistributing wealth, or should instead be “keeping their hands off” , had any effect on PPACA opinion. This variable titled “Opposition to Increased Taxation on > \$250,000” was calculated from the ANES EGSS I question that asked “Do you favor, oppose, or neither favor nor oppose federal income taxes for people who make more than \$250,000 per year?” (ANES EGSS1 2010). Keeping in mind that this study addresses the subpopulation of Americans living at or below 133% FPL, this question certainly captures ideological beliefs rather than a concern about having to pay more taxes.

For Model Three the variable of outrage was created from the ANES EGSS I question that asked: “How outraged, generally speaking, do you feel about the way things are going in the country these days?” These answers were recoded so that a value of 1, or extremely outraged, equaled 5, a higher value, and those of 5, or not at all outraged, equaled 1. Thus a high value here

represented a higher level of outrage with the way things are going in the country.

III. X₃: Anxiety about Paying Healthcare Bills

The inclusion of the variable “concern about paying for healthcare” is derived from the practical assumption that if someone is extremely worried about paying for healthcare bills that they would be more inclined to support a health reform that will provide them fully federally funded Medicaid coverage. While such an argument seems innate, Kaiser public opinion data provides additional support for these claims. People with preexisting conditions are more likely to worry about paying for healthcare and also believe they are most likely to benefit from the bill (see Figure 8 and Figure 9). While this variable will shed light on whether such individuals really believe that PPACA will fulfill their needs, it also serves as an essential point of comparison when evaluating the magnitude that each factor has on predicting opposition to PPACA.

Operationalization:

The variable of concern about paying for healthcare was created from the ANES EGSS I question that asked “How worried are you about not being able to pay for healthcare during the next 12 months?” (ANES EGSS1 2010). Because this study wants to evaluate whether being concerned about paying for

healthcare has any effect on a respondent’s stance on PPACA, the variable was recoded so that answers of 5, or not at all worried, were coded to equal 0, and answers of 1, or extremely worried, were coded to equal 1. Thus a higher value for this variable represents an increased anxiety about paying for healthcare costs over the next 12 months.

Figure 8: People With Pre-Existing Conditions More Likely to Worry About Health Care

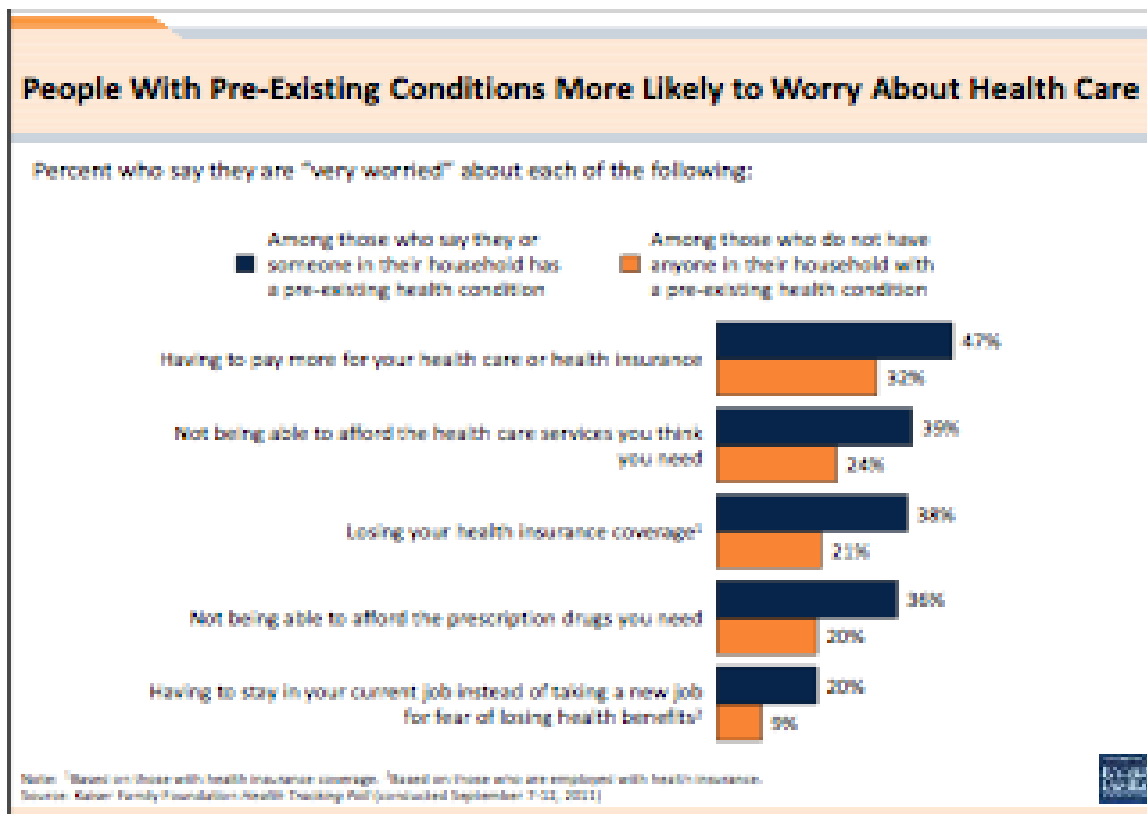
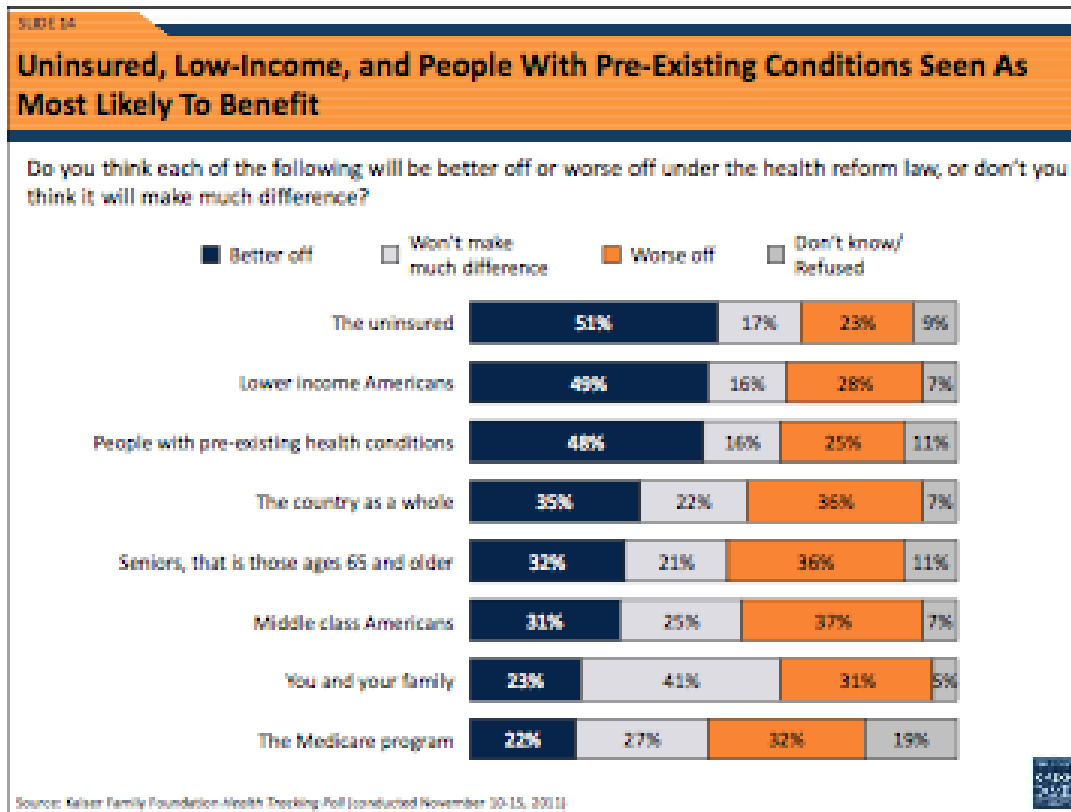


Figure 9: Uninsured, Low-income, and People With Pre-existing Conditions Seen As Most Likely to Benefit



IV. X_4 : Value of Political Sophistication

The inclusion of the value of political sophistication stems firstly from the Kaiser public opinion data (Brodie 2010, 2011), which reveals that those who have the most unfavorable views of PPACA appear to have the lowest amount of information about what the law entails. Opposition to PPACA, against the respondent's objective interest, may result largely from the fact that the respondent does not recognize what the reform will do to benefit them. In looking at the results from Kaiser's "pop quiz" on the reform (See Appendix &

Figure 10), we can see some intriguing, and vastly divergent, patterns of the relationship between knowledge about the bill and favorability. The Kaiser data groups individuals' knowledge of the law by ranges of scores, with high scores representing strong and detailed knowledge about the reform, moderate scores with some knowledge of the reform, and low scores with little to no understanding of the reform.

Looking at Figure 10, only 16% of those with unfavorable views of the healthcare reform were high scorers, 42% were moderate scorers, and 42% were low scorers. Conversely, of those with favorable views of the healthcare reform, 38% were high scorers, 40% moderate scorers, and 23% were low scorers. Additionally, for those who said the health reform would make them worse off, 17% were high scorers, 42% were moderate scorers, and 42% were low scorers, while for those who said health reform would make them better off, 38% were high scorers, 39% were moderate scorers, and 23% were low scorers.

This supports the claim that the less an individual knows about healthcare reform, the more likely he or she is to oppose it, or that the more an individual knows about the healthcare reform, the more likely he or she is to support it. It

also may be that unfavorable views of the bill are driven by a lack of familiarity or a lack of dissemination of information about the reform.

Interestingly, though not surprising in the sense that Republicans are known to have a much more pronounced opposition to PPACA, the correlation between knowledge and favorability of the law is apparently mimicked by the correlation between knowledge about the law and partisan identity. Looking at Figure 10 again, we see that on one hand, only 18% of Republicans were high scorers, 43% were middle scorers, and 39% were low scorers, while 32% of Democrats were high scorers, 36% moderate scorers, and 32% low scorers. The number of individuals who were high scorers and identified themselves as Democrats is almost double the number of individuals that were high scorers and identified themselves as Republicans.

Such data suggests that 1) having little information about PPACA has a positive correlation with an opposition to the PPACA, and 2) that there is a correlation between low information on PPACA and identifying as a Republican. It has been suggested throughout this paper that both an adherence to partisan identity and motivated partisanship drive opposition to PPACA. It is thus also possible that this adherence to an individual-level identity translates into the use of partisan proxies to supplement a lack of information on the policy. If in

the regression we find that low access to information positively correlates with opposition to PPACA, this would suggest the validity of a proxy model of policy preference, one which I will discuss in more detail later (see Lupia 1994).

Figure 10: Results of Kaiser’s Pop-Quiz on PPACA

	High Scorer	Moderate Scorer	Low Scorer
Favorable View	38%	40%	23%
Unfavorable View	16%	42%	42%
Health Reform will make me Better off	38%	39%	23%
Health Reform will Make me Worse off	17%	42%	42%
Republican	18%	43%	39%
Democrat	32%	36%	32%

Operationalization:

There were a number of methods to evaluate the political sophistication of a respondent. While ideally this study would have liked to include the responses to Kaiser's pop quiz questions about PPACA as the determinant of this value, such questions were not asked or mimicked in the ANES EGSS I survey.

Another measure of political competence or sophistication that is commonly used is the assessment of the ideological discord of responses to survey questions. Such measures calculate the number of times an individual expresses responses of traditional conservatism with those of traditional liberalism, and then assesses how much variation there is between those responses. While this may have yielded some interesting findings, this study is much more interested in how much information the respondent may or may not have about PPACA.

Thus, while discord of ideology in responses may capture something about political sophistication, we are much more interested in the element of political competence that is embodied by the amount of political information a respondent seeks out.

For this variable the study used questions from the ANES EGSS1 survey, which measured the frequency that an individual accesses political information from various media sources. ANES EGSS1 questions pp046–pp051 ask: "How

often do you get information about politics from [Radio, Internet News Sites, Paper Newspapers, Television, Magazines, Internet Blogs]?” Each question was coded so that a value of 6, or Never, equaled 1 and other values equaled 0 (ANES EGSS1 2010). The total of these questions for each respondent was then calculated so that those respondents with the most answers of “never” had the highest values for this variable. Thus, a high value for information access represents that a respondent rarely or never seeks out information about politics.

—Chapter 6. Results—

Running the model described above in SPSS, I carried out a binary logistic regression. As previously mentioned, the binary response variable reflected the respondent's opinion of PPACA. This PPACA variable was coded so that 1=opposition to PPACA and 0=support for PPACA.⁵ The results of this regression are depicted in Table 1.

I. *Primary Model(s)*

First, looking at the variable titled 'Distrust in Washington D.C.', we find an Exp(B) of 2.192 with a high level of significance ($p=.029$). Given that we coded this variable so that those who have little or no trust in DC have higher values for this variable, the finding of a statistically significant value of 2.192 means that those who have low trust in the federal government are about 2 times more likely to oppose PPACA. A similar effect is visible in the variable titled 'Republican Party ID.' Coding the variable so that 1=Republican and 0=anything else, the statistically significant value of 3.753 shows that those below 133%FPL who are Republican are about 3.7 times more likely to oppose PPACA when controlling for other factors. Looking at the variable 'Concern About

⁵ In the ANES EGSSI survey there was no option of undecided or no preference. Thus in my model we drop this from consideration.

Paying for Healthcare’, which represents an individual’s concern about paying for healthcare costs in the upcoming year, there is a somewhat intriguing relationship.

The p value for ‘Concern About Paying for Healthcare’ is .118 and thus, these results are not necessarily statistically significant when using a confidence level of 5%. This result is indicative of the fact that the variable has little explanatory effect on the response variable of opinion of PPACA. If we do accept this value as significant, it decreases opposition to PPACA as we would expect.

Table 1: Primary Model (Distrust in Federal Government)

N=241 Dependent Variable: Opposition to PPACA		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	Distrust in Washington D.C.	.785	.359	4.791	1	.029	2.192
	Republican Party ID	1.323	.313	17.847	1	.000	3.753
	Concern About Paying for Healthcare	-.163	.104	2.449	1	.118	.850
	Lack of Access to Political Information	.139	.077	3.253	1	.071	1.149
	Constant	-1.223	.476	6.606	1	.010	.294

Nagelkerke	% Correctly Predicted
.483	83.2%

As has been hypothesized and discussed throughout this paper, partisan affiliation is a crucial motivator of a respondent's opinion on PPACA, regardless of the fact that the bill is in their objective interest. As in Model One, even when we replace the variable of 'distrust in Washington D.C.' from Table 1 with a variable representing opinion about the ideological battleground that is progressive tax policy in Table 2, the influential effect of party affiliation is still evident. Similarly to the impact that political affiliation had in Table 1 with an Exp(B) value of 3.753, being a Republican in Model Two, with an Exp(B) value of (Table 2) 3.887, makes a respondent about 4 times more likely to voice opposition to PPACA.

Using the different variable in Model Two has about no effect on this value, showing that my model is robust. While in Model Two the statistical significance of the 'Lack of Access to Political Information' or competence variable is not at a level where one could make entirely definitive assumptions, it does appear that low access to political information increases the propensity of an individual to oppose PPACA, when controlling for other factors.

Table 2: Primary Model (Ideological Concern: Opposition to Progressive Taxation)

N=241 Dependent Variable: Opposition to PPACA		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	Republican Party ID	1.358	.431	9.904	1	.002	3.887
	Concern About Paying for Healthcare	-.105	.133	.620	1	.431	.901
	Lack of Access to Political Information	.100	.104	.928	1	.335	1.105
	Opposition to Increased Taxation on > \$250,000	2.309	.514	20.165	1	.000	10.067
	Constant	-1.270	.541	5.506	1	.019	.281

Nagelkerke	% Correctly Predicted
.380	78.6%

Table 3 includes the results of the Model Three. The only difference between this model and the primary model outlined in this paper is the use of ‘outrage with the way the country is going’ as the explanatory variable capturing an “ideological concern.” Using this variable as a replacement for “Distrust in Washington D.C.”, barely changes the results of the regression. This suggests the strength of my model as a predictive measure of opinion on PPACA. Here, in an additive fashion with the other explanatory variables, “outrage with the way the country is going” makes a respondent about 1.3

times more likely to oppose PPACA, while the values of the variables from before remained stable.

Table 3: Primary Model (Ideological Concern: Outrage with the way Things are Going)

N=241 Dependent Variable: Opposition to PPACA		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	Concern About Paying for Healthcare	-.157	.105	2.267	1	.132	.854
	Republican Party ID	1.273	.317	16.154	1	.000	3.572
	Lack of Access to Political Information	.131	.077	2.877	1	.090	1.140
	Outrage with the way the country is going	.268	.116	5.374	1	.020	1.307
	Constant	1.400	.505	7.697	1	.006	.247

Nagelkerke	% Correctly Predicted
.168	67.2%

II. Interaction Effects

In Tables 1, 2, and 3, the statistical significance of the variable ‘Concern About Paying for Healthcare’ was low. However, in Table 1 and 3, with an alpha level of 14 (86% confidence), we can argue that this variable is indeed having an effect. Excluding the value of ‘Concern About Paying for Healthcare’ produced in Table 2, it appears that the more anxious a respondent is about paying for healthcare bills, the less likely they are to oppose PPACA.

Such a finding is unsurprising; in fact, it is what one would expect. Given that PPACA expands Medicaid coverage to the individuals addressed in this analysis, and thus will likely ease the burden of paying for healthcare costs, the decreased propensity of a respondent to oppose PPACA is entirely sensible. Though overall concern about paying healthcare bills is either a weak predictor of PPACA opinion, or lessens the propensity to oppose PPACA, when I interacted this variable with the variable 'Republican Party ID', I observed that the issue of concern about paying for healthcare (something which should drive healthcare opinion) is in fact a less important factor than is partisan affiliation.

Being a Republican makes an individual about 16.5 times more likely to oppose healthcare reform, while being concerned about paying for healthcare bills has no statistically significant effect. Thus, normally, opinion of PPACA for Republicans is motivated largely by partisanship. However, when a Republican partisan has concerns about paying for healthcare this lessens their propensity to oppose the bill as is visible from an $\text{Exp}(B)$ value of .647.

Though this finding may refute the notion that partisan identification is the strict determinant of opinion of PPACA, such an argument does not hold much validity when we evaluate the magnitude by which this concern decreases an individual's propensity to oppose. While being concerned about paying for

healthcare bills decreases the likelihood for Republicans to oppose, it does not scale back opposition to PPACA in a magnitude that comes close to the magnitude that being a Republican increases opposition. Such findings support the point that in this model ‘party ID’ is a more crucial determinant of PPACA than ‘concern about paying for healthcare.’

Table 4: Interaction Effect of Republican Partisan Affiliation Dummy & Anxiety about Paying for Healthcare Bills Dummy

N=241 Dependent Variable: Opposition to PPACA		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	Republican Party ID	2.724	.872	9.756	1	.002	15.244
	Concern About Paying for Healthcare	-.041	.124	.107	1	.744	.960
	Lack of Access to Political Information	.153	.078	3.872	1	.049	1.165
	Distrust in Washington D.C.	.737	.362	4.135	1	.042	2.089
	Republican Party ID X Concern About Paying for Healthcare	-.423	.240	3.114	1	.078	.655
	Constant	-1.605	.530	9.177	1	.002	.201

Nagelkerke	% Correctly Predicted
.183	68%

III. Other Factors:

I have shown above that partisanship, levels of political sophistication, and ideological concerns about government size and function affect the propensity of an individual to oppose PPACA, while concern about paying for healthcare bills does not appear to have any effect, or only a small negative effect, on this opinion. These findings certainly lend support to the hypothesis laid out in this thesis. Additionally though, there are a number of other issues that I found contribute to opinion of PPACA.

One of these other factors, attitudes toward giving extra benefits to African Americans, was characterized as a racial attitude and tested as an explanatory variable of opinion on PPACA. Recently, in the context of President Obama's time in office, much has been written on the "racialization" of healthcare reform, and more generally, on the divisiveness of black and white policy preferences.

As (Tesler 2010) points out

“Obama appears to be driving the policy preferences of blacks and whites farther apart. With over 80 percent of African-Americans consistently supporting Obama’s healthcare reform plan, the 2009–2010 racial divide in healthcare opinions was roughly 20 percentage points larger than it was for President Clinton’s healthcare plan back in 1993–1994. Obama’s healthcare reform proposals was regularly debated during the summer and fall of 2009. Several experiments provide even stronger evidence that political messages can link racial groups with public policies. These studies convincingly demonstrate that race cues as subtle as coded words (i.e. “inner city”), black imagery, and especially some combination of the two often make racial attitudes a more central determinant of political preferences (Mendelberg 2001; Valentino et al. 2002; Hurwitz and Peffley 2005; White 2007; Winter 2008). Or, as Hurwitz and Peffley (2005,109) conclude, “When messages are framed in such a way to reinforce the relationship between a particular policy and a particular group, it becomes far more likely that individuals will evaluate the policy on the basis of their evaluations of the group.”

Such claims appear validated by my results. Those who believe that African Americans should receive no extra help from the federal government, and that they start with the same advantages of white Americans, are about 2 times more likely to voice an opposition to PPACA, if we accept these results as significant with a p value of .106. Framing PPACA by this racial divide appears to clarify the trend of mass opinion.

Table 5: Attitudes Toward “Extra Help” for Blacks

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a Republican Party ID	1.608	.421	14.592	1	.000	4.995
Concern About Paying for Healthcare	.012	.138	.008	1	.928	1.012
Lack of Access to Political Information	.061	.116	.277	1	.599	1.063
Distrust in Washington D.C.	.958	.562	2.908	1	.088	2.607
Belief that Blacks Should Receive no Addnl. Assistance	.779	.482	2.610	1	.106	2.179
Constant	-2.555	.830	9.485	1	.002	.078

Nagelkerke	% Correctly Predicted
.230	71.9%

Another factor worthy of consideration is the status of the respondent’s state in the lawsuit against PPACA. One may expect, especially in light of the publicity that such lawsuits have gained with the Supreme Court accepting a *writ of certiorari*, that an individual’s opinion of PPACA may be governed by whether or not their state is a plaintiff in the case against PPACA. However, if we look at Table 6 it appears that the question of whether or not a respondent’s state is in the lawsuit has no statistically significant effect on the question of PPACA opinion. With a p value of .923, the Exp(B) is not a useful predictor of PPACA

opinion. Even if we were to accept such a low confidence level as significant, the influence of a respondent's state being in the lawsuit has an effect in the opposite direction than we would expect.

Table 6: Impact of Respondent's State being in Lawsuit

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a Status of Respondent's State in Lawsuit Against PPACA	-.027	.283	.009	1	.923	.973
Republican Party ID	1.322	.313	17.847	1	.000	3.752
Concern about Paying for Healthcare	-.163	.104	2.453	1	.117	.849
Distrust in Washington D.C.	.785	.359	4.793	1	.029	2.193
Lack of Access to Political Information	.139	.077	3.258	1	.071	1.149
Constant	-1.208	.499	5.867	1	.015	.299

Nagelkerke	% Correctly Predicted
.167	66%

—Chapter 7. Discussion of Results—

Looking at the results of my regression in the context of Maslow's traditional hierarchy of needs, it is illogical that an issue of objective health interest would not be the primary motivator of human action. In this discussion, I argue why these results are not so surprising. In the context of existing literature on American electoral behavior and partisan motivated reasoning, I evaluate whether the stability and influence of party ID, when coupled minimal political information, enhances the use of partisan or party elite proxies. I posit that this may explain why individuals living at or below 133% FPL are expressing an opinion against PPACA despite it being in their self-interest.

I argue that the stability of individual level party ID determines the proxy by which choosers govern their policy preference in the absence of political information. The results of my regression lend support to this hypothesis, showing that a Republican party ID greatly increases the probability that an individual opposes PPACA when controlling for other factors, including low political information, ideological concerns about government, and concern about paying for healthcare.

It is well noted that political party affiliation has become more than just an association for many Americans. In many ways it is a predominant feature of identity rooted in self-conceptualization (Monroe et al. 2000). This distinction

between conceptualizing partisanship as an identity rather than solely an attitude has been a crucial element of political science literature (see Campbell et al. 1960). In the seminal work, *The American Voter*, suggesting that American partisanship is not a flexible affiliation but rather an element of core identity, Campbell et al. (1960), states:

“American voters frequently see themselves as belonging to partisan groups, Democrats or Republicans. The group in effect is suspended by the psychological image it conjures. It exists as a stereotype in the minds of voters, who in turn harbor a sense of attachment toward this group image. Democrats, for example, are people who think of themselves as Democrats. This solves the puzzle of how a public that is traditionally skeptical of parties, has little information about their activities, and virtually no contact with them as organizations could identify themselves as partisans. The conceptual focus is not on identification with the parties per se but with Democrats and Republicans as social groups.”

Such an argument appears especially salient in the context of my results. Though it is possible that opinion of PPACA is simply a reflection of true preference, one that happens to be divided on partisan lines, the effect that we observe between partisanship and stance on PPACA suggests that partisanship is driving policy preference rather than policy preference driving party ID. Party ID appears to serve as the lens through which respondents are viewing the political world. Adding to this work, more recent literature such as “Partisan Hearts and Partisan Minds” by Green, Palmquist and Schickler (2002)

maintains that party identification at an individual level is stable and pronounced. The authors offer detailed support for their conclusions from the ANES.

Together, this literature helps us evaluate what is going on in the context of my study. Certainly the argument could be made that the individuals examined here are simply 1) Republican partisans and 2) have a sincere ideological dissatisfaction with federal involvement in health policy; the latter of these being the primary motivation for opposition to PPACA. However, in light of the argument that the majority of Americans have little true ideological consistency (Campbell et al. 1960 and Converse 1964), it is doubtful that opposition to PPACA would be consistent across even a period of months. Such inconsistency in mass opinion of PPACA is visible in Figure 6 shown above.

Given the facts that 1) partisanship and opinion of PPACA are so inexorably linked and that 2) low access to political information also drives opposition to PPACA, it is more likely that a respondent's opinion of PPACA is neither a random answer nor a sincere belief, but instead one that is governed by the work done by Popkin (1994) and Lupia (1994, 2006). While this literature is focused on the act of voting, the motivations of a vote and an expression of public opinion are likely analogous. Thus I apply their work here to the expression of public opinion.

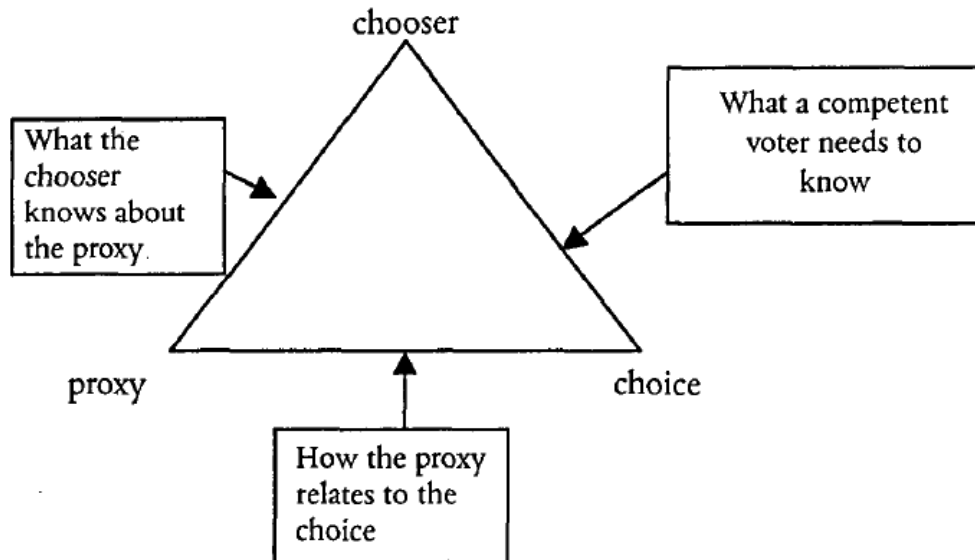
The question of whether a low level of political knowledge maintained by the American majority compromises the interpretation of public opinion as a sincere weighing of policy options and considerations has long been asked. Though much of the literature has confirmed Converse's (1964) findings, including the more nuanced version of this work by Zaller (1992), the work on proxy-voting and signaling (Lupia 1994, Popkin 1994) asks a different question entirely: is it possible that, despite this lack of political information, the citizenry is still capable of casting votes that express their interests in the same way that they would with complete political knowledge? In other words, as Lupia (1994) asks, "Is competence a necessary condition for voting?"

Prior to Lupia's work in California and his article, *"How Elitism Undermines Studies of Voter Competence"*, a spate of literature assessed how the electorate utilizes "information shortcuts". Most notable of this literature is Popkin 1991, which argues that individuals can use "information shortcuts" to make reasoned electoral choices in the absence of detailed knowledge about policies and platforms. Lupia's research in 1994 continues this line of investigation, showing that voters in a California insurance referendum used the position of insurance companies as the proxy by which to formulate their own preferences regarding a complicated menu of alternative proposals (Bartels 2008). In "How Elitism Undermines the Study of Voter Competence"

(2006), Lupia elaborates on the use of proxies to supplement low political information by creating a diagram that depicts the relationship between the chooser, the proxy, and the choice.

Lupia (2006) outlines the conditions under which proxies can serve as sufficient replacements for a lack of information. In his figure, here titled Figure 11, he creates a mechanism to evaluate if the conditions for the use of proxies are met. There is no doubt that individuals in America with low political sophistication (which, according to Campbell et al. (1960) and Converse (1964), is the majority) use information shortcuts. Often, these shortcuts do indeed allow for one to make the same decision that he would have made if he had all available information on said issue.

Figure 11: “*Learning From Proxies*” from Lupia (2006)



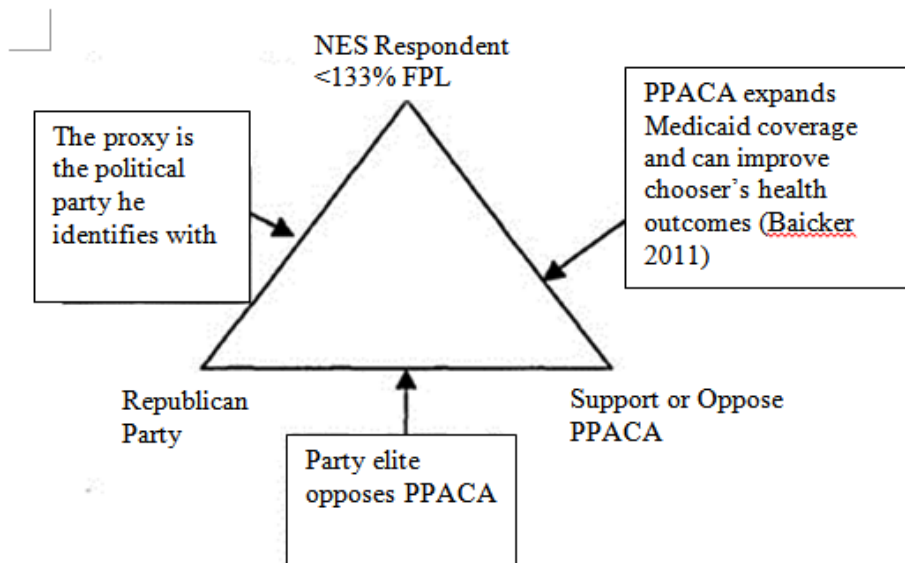
However, additional research has suggested that while there are highly effective substitutes for a lack of political understanding, they are not always sufficient shortcuts. As Bartels (1996) has shown, uninformed voters in six presidential elections voted “significantly better than they would by chance, but significantly less well than they would with complete information, despite the availability of cues and shortcuts” (Bartels 1996, 217).

Taking this observation into consideration, and applying Lupia’s figure to the situation of PPACA, it appears that party proxies, in this case, are not sufficient supplements for a lack of information about PPACA. Because an informed

respondent in this subpopulation would know that PPACA is in the objective interest of one's health and wellbeing, one would expect that they would support PPACA. However, in the absence of knowledge about PPACA, when respondents rely on partisan cues to determine their preference, it appears that such proxies serve as insufficient replacements for low political information.

This relationship is clarified in Figure 12.

Figure 12: *“Learning From Proxies: Applied to the Case of PPACA”*



The results of my regression show that both Republican Party ID and low information motivates opposition to PPACA, thus suggesting that the use of partisan proxies to determine opinion of healthcare reform is a likely explanation for the evident trends. I argue that other ideological concerns included in this model—distrust in the federal government, outrage with the way things are

going, and beliefs about progressive taxation—serve as points of familiarity between choosers and proxies. With respect to Figure 11, it seems that the emphasis put on the rhetoric of federalism, socialism, and big government by partisan proxies strengthens the familiarity between proxy and chooser. Thus, the likelihood that an individual will rely on this proxy in the absence of specific information on PPACA is increased. In the context of Zaller’s (1992) arguments, this may suggest that such aforementioned concerns, which are stressed when policies are viewed through a partisan lens, are the “primary considerations” that influence preference. In other words, it appears that the selection of proxies is mediated by partisan-based motivated reasoning. As Kunda (1990) argues: “There is considerable evidence that people are more likely to arrive at conclusions that they want to arrive at, but their ability to do so is constrained by their ability to construct seemingly reasonable justifications for these conclusions.” By analyzing the results of my regression, I would argue that the ideological concerns we see associated with opposition to PPACA serve as the justification necessary for maintaining this preference.

In the context of my study it appears that Campbell’s (1960), Converse’s (1964), Lupia’s (1994), and Zaller’s (1992) theories can coexist. While we cannot speculate on the stability of partisanship from this study, it does appear that party ID is a crucial determinant of opinion of PPACA. Given that party ID

is a core motivator of PPACA preference when controlling for other factors, and given that Campbell et al., Converse, Lupia, and Zaller all argue that a majority of Americans have a very low level of political knowledge, it is also likely that PPACA preference is being determined not by a true evaluation of the pros and cons of the bill, but by other factors instead. My results in this study lend support to this notion.

I argue that because ideological concerns about government, party ID, and low political competence drive opposition to PPACA, it is likely that the use of information shortcuts is at play. In this situation, the use of party ID and party elite proxies dominate the random sampling of the mind that Zaller (1992) puts forth in his RAS model of public opinion expression. While the opposition to PPACA may be some combination of the outrage that people have with the federal government and a reliance on party elite proxies to supplement low information, the fact that a policy designed to improve the health and well-being of this sub-population is being opposed on any of these grounds is remarkable. Together these findings question future aims to establish health policy in the name of helping the poor, for this population, at least in many of the cases, appear to not want the government's help. These findings likewise suggest that a dissemination of information about the bill from the Obama

administration may be a key in recapturing public support for PPACA amongst this sub-population.

—Conclusion—

In this paper, I have shown that many individuals living at or below 133% FPL are opposing PPACA against their potential self-interest. As previously stated, such a finding runs counter to the intuitions of Maslow's (1943) theory of human motivation, yet they are not surprising if viewed in light of the literature on American electoral behavior. This paper has confirmed that party ID, ideological concerns about government, and low political sophistication, all motivate opposition to PPACA. Additionally, I have found that a concern about paying for health care bills slightly decreases opposition, but not in the same magnitude that the aforementioned issues increase opposition.

Such findings support the possibility that when individuals lack information about PPACA, they use proxies that are determined by party ID and mediated by ideological beliefs in order to guide their preference. That is, in the case of PPACA, American partisanship serves as the point of relation by which proxies are determined when political knowledge or policy comprehension is low. I likewise posit that the ideological concerns that we observe to be increasing opposition to PPACA, serve as the justification for this proxy-use. This feature of my model suggests that when individuals gather information on complex policies, they are encouraged by motivated partisan reasoning to focus on who

passed PPACA and how PPACA affects the size of government, rather than objectively evaluating the policy's pros and cons.

Despite the apparent strength of this argument on its own, it is important to note that there do exist alternative explanations for these results. One such alternative may be that Medicaid expansion under PPACA does not begin until 2014, and thus, this subpopulation has not yet experienced the advantages that the bill may bring. Although such a point may answer the question of why individuals are in fact opposing PPACA, it does not explain the part of my regression results that portray influence of partisanship and ideology. Secondly, it is possible that these individuals merely believe that a growth of the federal government via PPACA is more threatening to their livelihood than the threat of not having health insurance. While this paper cannot necessarily deny the possibility that these individuals hold such strong beliefs, I argue, in line with Converse's (1964) prescriptions that most Americans show little ideological consistency, that these beliefs are primarily a result of motivated partisan reasoning and proxy use.

With these caveats, it is vital that I note the implications of my conclusions. Although opinion of PPACA, which appears to be founded on partisan proxies, may not directly compromise the mechanism of democracy, the frequent use of mass opinion in political decision-making and policymaking

reveals that there are indirect implications for the determination of individual policy preference by partisan proxy. The most obvious of these implications is that a reliance on proxies that signal against an individual's objective interest shifts the voice of policy preference away from the individual and into the hands of the ebbs and flows of party politics. In other words, the trends of mass opinion may not truly represent the needs or interest of the citizenry, but instead a mere reiteration of party identity.

In his farewell address to the Union, George Washington highlighted his thoughts regarding factionalism and political parties in American Democracy. He stated:

"The alternate domination of one faction over another, sharpened by the spirit of revenge natural to party dissention, which in different ages & countries has perpetrated the most horrid enormities, is itself a frightful despotism. But this leads at length to a more formal and permanent despotism. The disorders & miseries, which result, gradually incline the minds of men to seek security & repose in the absolute power of an Individual: and sooner or later the chief of some prevailing faction more able or more fortunate than his competitors, turns this disposition to the purposes of his own elevation, on the ruins of Public Liberty." — George Washington, September 19, 1796

Of course, the results in this study do not hint that America is actually on the verge of despotism and tyranny. However, they do make it difficult to refute the powerful influence of factionalism and partisanship in the arena of the modern politics. The data from my regression suggest the reality that Americans with low political knowledge largely determine their policy preference

by the use of partisan proxies. Therefore, when party ID, as the point of relation between respondent and proxy, serves as the determinant of policy preference, a serious deviation from the original dogma of democracy becomes a real possibility. Though scholars such as Lupia and Popkin argue that such concerns are overstated and that instead, an academic focus should be aimed at examining the conditions that allow for effective proxy use, it is difficult to ignore the impact of using “insufficient proxies” .

Among Americans at or below 133% FPL, I have shown that party ID and partisan motivated reasoning, when faced with low policy comprehension, encourage the use of familiar proxies to determine policy preference. These findings not only suggest the pervasive influence of partisanship on American mass opinion, but also speak to the potential futility of future health reform efforts that are made without bipartisan support. Additionally, my results demonstrate the need for a dissemination of information about what PPACA will do to benefit the American poor. One potential topic of future research could be an assessment of whether or not providing information about Medicaid expansion to this subpopulation influences a reconsideration of preference regarding PPACA.

On a final note, as the country now awaits the verdict of the Supreme Court on the constitutionality of PPACA, what will it say about the state of American politics if such partisan influence extends into, or appears to extend into, the court? If the Supreme Court justices make their decisions on their new law based on partisanship, as 50% of Americans believe they will (Steinhauser 2012), what will this suggest about the state of current American politics? Even though the Constitution insulates the Supreme Court from a reactionary public, and thus partisanship should have no effect on the court's decision-making, there is no doubt that a decision to strike down PPACA on party lines would only heighten the already stark dissention between parties. Especially given that this lawsuit had been considered laughable by many of the country's leading legal experts (Rosen 2010) what will it mean if such a monumental reform is struck down in this fashion? The implications of this decision are immense, but for now, all that I, and the rest of America alike, can do, is wait.

Appendix:

WHO ARE THE HIGH SCORERS?			
	Low Scorers	Moderate Scorers	High Scorers
	0-4 Correct	5-6 Correct	7-10 Correct
Overall	36%	40%	25%
Party Identification			
Democrats	32	36	32
Republicans	39	43	18
Independent	33	41	26
Favorability Toward Health Care Reform			
Favorable	23	40	38
Unfavorable	42	42	16
Future of Law			
Repeal all or parts	39	42	19
Repeal all	44	42	13
Repeal parts	33	42	25
Expand	28	34	38
Leave as is	27	39	34
Impact of Health Care Reform on Self/Family			
Better off	23	39	38
Worse off	42	42	17
Understand Personal Impact of Health Care Reform			
Yes	30	41	29
No	48	36	17
Source of Information			
CNN	27	39	35
FOX News	36	40	25
MSNBC	24	36	39
Perceived Personal Benefit/Harm			
Benefited from law	27	43	30
Harmed by law	44	40	16
Problems Paying for Health Care			
Yes	45	36	19
No	33	40	27
Age			
Under 65 years old	33	42	25
65 years old or older	48	26	26
Sex			
Male	29	45	25
Female	42	33	25

Poll Date	Org.	Question	Support	Oppose	Neither	Unfamiliar	
8-Mar-65	Harris	The AMA (American Medical Association) has suggested a plan for medical care for the aged that would have everyone who could afford it covered by private health insurance. Those who couldnt afford it would be covered under a government health plan. Would you favor or oppose such a plan?	56%				
Jan-71	Harris	It has been proposed that Congress pass a comprehensive health insurance program which would combine federal government, employer, and employee contributions into one health insurance system that would cover all medical and health expenses. Opponents say that would get the federal government too much into medicine and healthcare. Supporters say such insurance is necessary for people to obtain proper coverage. Do you favor or oppose such a comprehensive federal health insurance program?	55%	30%	15%		
Nov-72	Harris	It has been proposed that Congress pass a comprehensive health insurance program which would combine federal government, employer, and employee contributions into one health insurance system that would cover all medical and health expenses. Opponents say that would get the federal government too much into medicine and healthcare. Supporters say such insurance is necessary for people to obtain proper coverage. Do you favor or oppose such a comprehensive federal health insurance program?	47%	32%	21%		
Apr-74	Harris	It has been proposed that Congress pass a comprehensive health insurance program which would combine federal government, employer, and employee contributions into one health insurance system that would cover all medical and health expenses. Opponents say that would get the federal government too much into medicine and healthcare. Supporters say such insurance is necessary for people to obtain proper coverage. Do you favor or oppose such a comprehensive federal health insurance program?	54%	28%	18%		
Sep-69	Harris for Life	People were asked whether or not they favored or opposed "a universal health	60%	20%	20%		

		insurance system, with both government and private organizations involved."					
Dec-71	Gallup	As you know Congress may pass some form of national health insurance in the current session. Do you favor some form of such legislation?	51%	46%	3%		
Nov-45	Gallup	If familiar, do you approve or disapprove of Truman's plan of compulsory health insurance?	35%	15%	10%	40%	
			Great deal	Very little	No opinion		
Jan-60	ORC	How much would you like to see the federal government do on each of the following: providing medical insurance for doctor and hospital bills- -a great deal, a fair amount, very little or nothing?	59%	32%	9%		
			Govt.	Private	Misc.	Nothing	N/A
Apr-46	Gallup	What do you think should be done, if anything, so that people can get the hospital and medical care they need and make it easier for them to pay these bills	32%	28%	13%	9%	18%
			Agree Strongly	Agree	Not sure	Disagree	
1956	SRC-M	The government ought to help people get doctors and hospital care at low cost. People were asked whether they agreed or disagreed and whether their feelings were strong or not very strong.	38%	16%	8%	8%	18%
1960	SRC-M	The government ought to help people get doctors and hospital care at low cost. People were asked whether they agreed or disagreed and whether their feelings were strong or not very strong.	48%	11%	11%	5%	14%
			Should do it	Depends	Stay Out	No interest	
Nov-62	SRC-M	The government ought t help people get doctors and hospital care at low cost. Do you have an opinion of this or not? If YES: Do you agree the government should do this or do you think the government should not do it.	49%	14%	21%	16%	

			Help	Other	Stay out	No interest	
1964	SRC-M	Some say the government in Washington ought to help people get doctors and hospital care at low cost; others say the government should not get into this. Have you been interested enough in this to favor one side or the other? If Yes: what is your position? Should the Government in Washington help people get doctors and hospital care at low costs, or should the government stay out of this?	50%	6%	28%	16%	
1968	SRC-M	Some say the government in Washington ought to help people get doctors and hospital care at low cost; others say the government should not get into this. Have you been interested enough in this to favor one side or the other? If Yes: what is your position? Should the Government in Washington help people get doctors and hospital care at low costs, or should the government stay out of this?	52%	6%	26%	16%	
			Govt. Plan	Govt. Plan, less	private plan	don't know	
Nov-70	SRC-M	There is much concern about the rapid rise in medical and hospital costs. Some feel there should be a government health insurance plan, which would cover all medical and hospital expenses. Others feel that medical expenses should be paid by individuals and through private insurance like Blue Cross. Where would you place yourself on this scale (1-7), or haven't you thought much about this?	24%	40%	21%	15%	
Nov-72	SRC-M	There is much concern about the rapid rise in medical and hospital costs. Some feel there should be a government health insurance plan, which would cover all medical and hospital expenses. Others feel that medical expenses should be paid by individuals and through private insurance like Blue Cross. Where would you place yourself on this scale (1-7), or haven't you thought much about this?	25%	34%	22%	19%	

			Federal Govt	State Govt	Private	Local Orgs	Local Govt.
Jun-72	Gallup	Congress may soon pass some form of national health insurance partly paid for out of taxes. From among those listed on his card, who would you prefer to have run this program?	40%	16%	13%	13%	7%

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