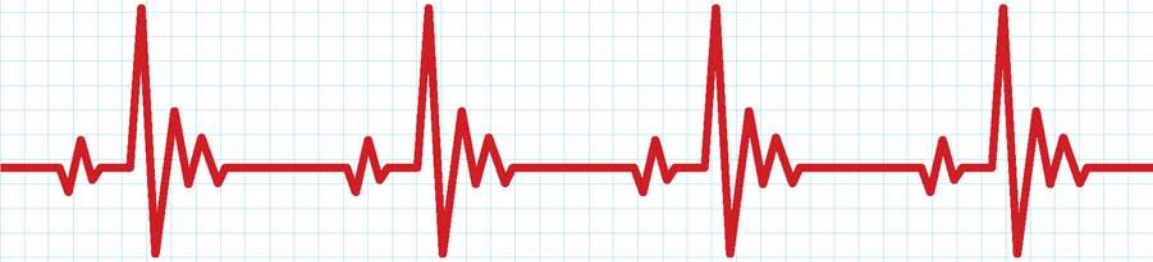

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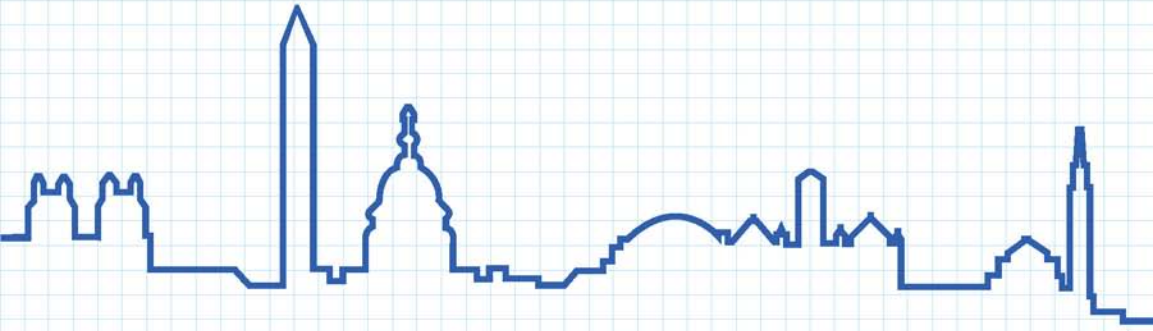

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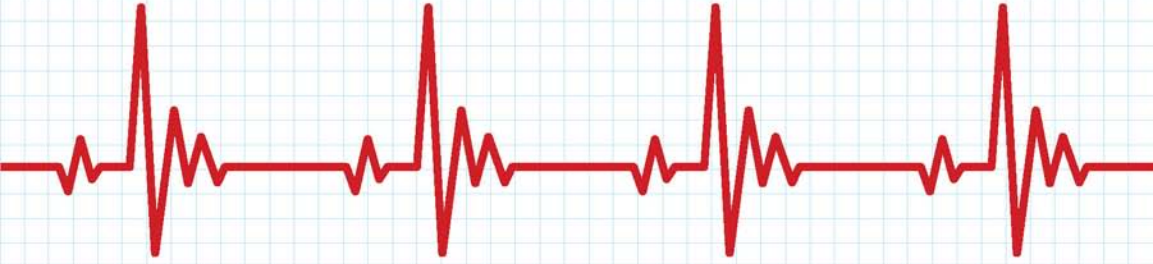

DANIEL J. HOPKINS

STABLE CONDITION

Stable Condition

ELITES' LIMITED INFLUENCE ON HEALTH CARE ATTITUDES

Daniel J. Hopkins

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To my mom Alice Prince, my late father Smith Hopkins, my brother Benjamin Hopkins, and all my family members who have worked in medicine.

CONTENTS

ILLUSTRATIONS

Figures

Tables

ABOUT THE AUTHOR

DANIEL J. HOPKINS is professor of political science at the University of Pennsylvania.

PREFACE

IT'S A BEAUTIFUL Saturday morning in May 2013, and I'm standing on what has become my favorite place in the world, a T-ball field in South Baltimore. The field isn't much—it's tucked between a new parking lot and an old industrial building. If the ball gets hit to left field, there's a chance a gopher will find it in the uncut grass before any of the five-year-olds do. But seeing as I am a newly minted T-ball coach, there's nowhere I'd rather be.

There's just one problem. A few of the kids can really throw hard, but none of them can throw with any accuracy, and they let the balls loose at me without warning, sometimes from multiple parts of the field at once. Usually, I'm pretty good at catching a wild throw, or at least moving out of the way. But today there's a blurry streak in my vision, so I'm having real trouble seeing them.

I first noticed the problem four days earlier. When I left my house and stepped into the sun, I thought for a moment that there was a streak of fog, even though it was a cloudless day. My left eye was clouded. I felt no discomfort, but by Thursday I was closing one eye to read, and a college friend with an MD convinced me I needed to get checked out—despite what I kept telling myself, I didn't just need a new glasses prescription. Twenty minutes later, I was in the emergency room at Johns Hopkins (no relation, a fact which the cascade of residents, fellows, attendings, nurses, and administrative staff I'd meet in the coming days and weeks would invariably ask about).

The doctor who saw me in the emergency room didn't see much cause for alarm and sent me home with an unidentified "eye disorder." But during the follow-up appointment, things took a more worrying turn. I heard a

phrase I had never heard before, optic neuritis, along with one that I certainly had—multiple sclerosis, or MS.

I'm a politics and stats geek, not a doctor, or at least not that kind of doctor. So when one doctor observed that I might have optic neuritis, I didn't know what that meant. When she explained that optic neuritis is often the first symptom of MS, though, I knew to be alarmed. In the moment, I could only really conjure up one thing about the disease. I knew that Mitt Romney's wife Ann has MS, and that was reassuring—Ann Romney has been able to play a prominent public role even decades after her diagnosis.

Anxious people seek out information in an (often self-defeating) attempt to relieve their anxiety, as research by political scientists Bethany Albertson and Shana Gadarian has taught me. So I dove into the medical literature, hoping that some PhD training in applied statistics would compensate for my lack of knowledge about medicine.

There's no sugarcoating it: MS is a scary disease. It is a neurodegenerative disease that takes different forms but often gets worse over time, sometimes leaving people unable to walk. But optic neuritis doesn't always lead to MS, so a diagnosis of optic neuritis begins a state of limbo. As an applied statistician, I channeled my anxieties into a quest to estimate my own probability of contracting MS as precisely as I could.

I became fixated on a panel study in which the researchers had followed a set of patients for years after being diagnosed with optic neuritis. As a researcher, I knew all too well the limits of the study: because the respondents weren't randomly sampled, but rather clustered at a small number of hospitals, it was unclear whether the results would apply to me.

An optic neuritis diagnosis inaugurates a waiting game to see if other symptoms of MS develop. I've been lucky: nine years (and about that many MRIs) after my optic neuritis diagnosis, they have not. MS is defined by two discrete events, so my risk of having MS is now pretty low. As the months passed and life eased back to normal, I quickly disabused myself of the Didion-style magical thinking that had briefly led me to believe I should re-create myself as a biomedical researcher and devote my life to studying MS.

And I have been lucky in another way—I have employer-provided health insurance. Even if I had been diagnosed with MS, I would have been positioned to see the doctors I needed without a major financial

burden. In that period before the implementation of the main provisions of the Affordable Care Act (ACA) in 2014, that wasn't true for millions of my fellow Americans.

Like me, the law spent years in a kind of limbo. As the months passed and my own prognosis became clearer, I began to see another, potentially more productive direction in which to channel my anxiety: the fate of the 2010 law that promised to extend affordable health insurance. Again and again, the law faced unexpected threats, whether from the courts, Congress, or the very officials charged with implementing it. Just as I had wanted the foresight to know my prognosis, I wanted to understand what the future held in store for the ACA—and what that could tell us about how American politics works (or doesn't work). And again, I sought to bury my anxieties in data. But as a political scientist, I was much better positioned to contribute to an understanding of the politics of the ACA than I was to understand the pathophysiology of MS. This book is the product of that attempt.

Like a teaching hospital, this book is only possible because of the work of many people, most of whom contributed at different times and are unknown to each other. In particular, I am grateful to Adam Berinsky, Tom Clark, Jonathan Cohn, Robert Erikson, David Fleischer, Zoltan Hajnal, Tim McBridge, Chris Pope, Evan Saltzman, Robert Shapiro, Leah Stokes, and Rick Valelly for comments, advice, and/or data. Thanks, too, to friends and family, including Rona Gregory, Andrew Coburn, and Luke McLoughlin, who probably didn't realize that friendship included help on research. I'm likewise grateful to seminar participants at the University of Wisconsin, POLMETH 2019, APSA 2019, the Yale Law School, the Yale Department of Political Science, the Texas A&M Department of Political Science, and the Leonard Davis Institute's 2020 Health Policy Retreat.

Andrea L. Campbell deserves a special acknowledgment: she served on my PhD committee more than a decade ago, her work and ideas animate much of this research, and she encouraged me to write this book and then kindly provided detailed comments in the midst of the Covid-19 pandemic. The other members of my PhD committee—Claudine Gay, Gary King, and Bob Putnam—will find their ongoing influence scattered across many pages, and I am grateful for their continued mentorship and friendship.

Not only was Will Hobbs the co-PI on two separate Russell Sage Foundation grants that enabled this research, but he also coauthored elements

of the book that would become chapter 5 and provided valuable feedback. Andrew Reeves has been graciously talking about this research for years (and about research in general for decades) as well as finding time to comment amid the Covid-19 pandemic. Josh Kalla read the entire manuscript in the twenty-four hours after I sent it to him. Jacob Hacker's comments were incisive and perfectly timed.

Colleagues at the University of Pennsylvania provided invaluable assistance and insights in ways big and small. Special thanks to Roberto Carlos, Ezekiel Emanuel, Meg Guliford, Atul Gupta, Michael Horowitz, Dorothy Kronick, Yph Lelkes, Matt Levendusky, Julie Lynch, Michele Margolis, Marc Meredith, and Omer Solodoch. Matt, Michele, and Marc in particular fielded a seemingly endless number of email and text queries at all hours of the day. Kalind Parish coauthored the *Public Opinion Quarterly* article that is a foundational element of chapter 4. The Leonard Davis Institute of Health Economics at the University of Pennsylvania fostered interdisciplinary collaborations and opportunities to present these ideas; I gratefully acknowledge Dan Polsky, Rachel Werner, and the entire LDI team.

I have also been lucky to work with an amazing team of students and researchers at Georgetown University and now Penn. Special thanks to Emma Arsekin, Tiger Brown, Sonali Deliwala, Jacob Denenberg, Benjamin Dorph, Henry Feinstein, Nicholas Fernandez, Isaiah Gaines, Matt Garber, Max Kaufman, Douglas Kovel, James Kuang, Debra Lederman, Sarem Leghari, Sydney Loh, Adelaide Lyall, Kat McKay, Shaan Mishra, Sam Mitchell, Owen O'Hare, Bhavana Penmetsa, Matthew Rabinowitz, Dylan Radley, Janelle Schneider, Jacob "Jack" Starobin, Daniel Sun, Leanna Tilitei, and Elena Zhou. Camilla Alarcon and Alesha Lewis, both of whom I met through the Society for Political Methodology, made valued contributions as well.

David Aziz's inspired research laid the groundwork for key analyses. Samantha Washington provided incisive comments on two chapters. Thomas Munson and Haley Suh merit special recognition for graciously volunteering with data analysis when Covid-19 locked down many parts of the United States. Tori Gorton made extensive contributions to this manuscript as it came to life; her insights and edits are found in every chapter and on every page. Will Halm provided key help with editing.

The panel data reported here were collected thanks to support from the Annenberg Public Policy Center, the Institute for the Study of Citizens and Politics, the University of Pennsylvania School of Arts and Sciences and

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To my kids, you did so much to make this book a reality, dealing with an occasionally distracted dad while at other times providing much-needed distractions—and always being a powerful motivation to work toward healing the world. I know you both have a passion for the environment, and while this book isn't about environmental attitudes, I hope that its insights can help those fighting climate change.

Emily, every aspect of this book bears the deep imprint of more than two decades of our conversations and the inspiration of your tireless commitment to your patients, to your research, to medicine, and to service. Through nightly conversations, I have learned so much from you about primary care, pediatrics, Medicaid, and poverty. I am continuously in awe of you, of the life we've built together, and of my luck.

Mom, the genesis of my interest in health care probably dates back to taking phone messages for you and telling random callers that they didn't need to talk to you because you were going to prescribe cefuroxime anyway. I have always tried to follow in your footsteps—not, admittedly, by going to medical school, but by re-creating the remarkable blend of research, teaching, and one-on-one service you managed to achieve as a professor of medicine. In so many ways personal and professional, you have taught and inspired me to always try to do more and to do it better. Maybe this book dedication can take the place of a surgical residency? To be discussed . . .

To my brother Ben, I'm so grateful for so much—that we've been able to watch our families grow together, and that your willingness to pursue the family business by researching cancer freed me up to study politics.

I also dedicate this book to the memory of my father, a surgeon who treated AIDS patients when many would not, and the only parent on the sidelines of suburban soccer games wearing an ACT-UP T-shirt. Also a sharp critic of our health care system, you would surely have had lots of reactions to the ACA had you lived to see it. I am sorry that cancer took that conversation, like so much else, away from us.

CHAPTER 1

Introduction

IN 1993, NEWLY elected Democratic president Bill Clinton was trying to push comprehensive health care reform through Congress, while another Bill—Bill Kristol—circulated a memo to his fellow Republicans. Kristol argued that Republicans needed to do everything in their power to kill Clinton's bill. He was alarmed about its potential political impacts. "Because the initiative's inevitably destructive effect on American medical services will not be practically apparent for several years," he wrote, "its passage in the short term will do nothing to hurt (and everything to help) Democratic electoral prospects."[1] A conservative and a former chief of staff to GOP vice president Dan Quayle, Kristol worried that voters would reward the Democrats for passing health care reform, making it harder for Republicans to retake the White House. In his view, the long-term impacts of the bill's passage were even more concerning: the legislation, he argued, would "relegitimize middle-class dependence for security on government spending and regulation."[2] Like the New Deal before it, comprehensive health care reform would become entrenched over time, transforming politics by permanently shifting the relationship between citizens and government.

Embedded in Kristol's advice was a theory of how public opinion works: if policies today can reconfigure public opinion tomorrow, those in power may be able to propagate their own worldview, possibly for decades to come.[3] In the period after Kristol's 1993 memo, a fast-growing body of

political science research on policy feedback effects concluded that policies sometimes *can* reshape public opinion.[4]

Bill Clinton's efforts at comprehensive health care reform ended in failure, as Congress did not even seriously consider his plan.[5] But years later the political world would get to see if Kristol's prediction about public opinion and health care reform was right. In 2010, the Democrats managed to enact sweeping health insurance reform through the vehicle of the Patient Protection and Affordable Care Act (ACA), or "Obamacare." The widest-ranging social policy reform in a generation, and the signature legislative achievement of Barack Obama's 2009–2017 presidency, the ACA was a complex bundle of public spending, taxes, and regulatory policies that sought to increase access to comprehensive health insurance.[6]

In theory, the ACA seemed to be precisely the kind of law that should bolster the fortunes of the party and ideology behind it, just as Kristol had feared. It created substantial new benefits. Its Medicaid expansion alone provided health insurance to 14.8 million additional people in 2019.[7] Its separate insurance subsidies were also substantial—in 2016, for example, the federal government spent $46 billion via the law's Premium Tax Credit, meaning that the average policyholder's subsidy amounted to just over $4,000.[8] That's not to mention the other avenues through which the ACA provided sizable benefits, such as by prohibiting discrimination against customers with preexisting conditions, ending higher premiums for women, and removing caps on lifetime insurance payments. The ACA was an inherently redistributive policy that used taxes on high earners to extend health insurance primarily to Americans with low incomes.[9] Research on other policy areas has found that more modest government benefits can bolster the incumbent or enacting party.[10] Given the size of its outlays and their impacts on people's lives, the ACA appeared likely to do so as well.

Yet far from fulfilling Kristol's prediction, the ACA seemed to be a major political liability for the Democrats in the years after its enactment. In 2010 and 2014, Republican congressional candidates campaigned primarily on the basis of their *opposition* to the ACA, which they tagged as an unnecessary expansion of governmental authority—and they swept those years' most contested elections.[11] Researchers estimate that in 2010 Democratic members of Congress who voted for the ACA lost a whopping 8.5 percentage points when running for reelection relative to Democrats

who did not.[12] Overall, in 2010 the Democrats dropped a historic sixty-three seats in the House of Representatives along with six Senate seats; in 2014 they gave up thirteen House seats and another nine Senate seats. Presidential scholar George Edwards titled his book on Obama's early years *Overreach*, and the politics of the ACA was a major reason why.[13]

One explanation for the ACA's unpopularity centers on a second pathway through which political elites are thought to influence public opinion: messaging.[14] The *New York Times* stated the conventional wisdom in reporting that "the Obama administration and Democrats . . . largely lost the health care message war in the raucous legislative process."[15] Scholars have joined commentators in contending that politicians' rhetorical choices influenced public views of health care reform, singling out former Alaska governor Sarah Palin's use of the phrase "death panels" in a 2009 Facebook post as especially memorable and effective anti-ACA rhetoric.[16]

Politicians and pundits commonly emphasize messaging as an explanation for a policy's popularity. The journalist Michael Hiltzik wrote that "the Democrats' problem wasn't Obamacare so much as faulty messaging. Think of how things might have been different if every time a Republican . . . trotted out a purported Obamacare 'victim' (most of which cases were bogus), a Democratic organization produced an Obamacare winner from among those 10 million new insurance holders."[17] Such arguments presume that politicians' choices about messaging play a key role in the success of their policy goals.

This belief in the impacts of messaging can be self-serving, since messaging is among the few things that politicians (and their consultants) can consistently control. But it's also a belief with considerable grounding in political science. In fact, political scientist Cindy Kam describes this elite leadership model of public opinion—and above all John Zaller's *The Nature and Origins of Mass Opinion*—as "arguably the dominant paradigm today of public opinion formation."[18] Framing, elite cues, and other forms of messaging have already generated extensive study, just as research on policy feedbacks has.[19] But these two research literatures have proceeded largely in isolation. From the vantage point of political figures like Bill Kristol and Barack Obama, however, messaging and policy feedbacks are the primary tools through which they and other political elites can reshape public opinion and so tilt the landscape for future policy battles. To politicians, they are thus complementary, meaning that studying messaging and policy feedbacks

jointly is key if we are to provide an overall assessment of the capacity for elite influence on public opinion.

The Motivating Mystery: ACA Attitudes, 2009–2020

Still, an initial look at the evidence suggests that neither messaging nor policy feedbacks were all that influential. For years post-enactment, the public's overall response to the ACA was both stable and cool: between 2010 and 2016, surveys consistently found pluralities or majorities voicing opposition. (That was despite the fact that many of the law's provisions were quite popular on their own, with 67 percent of American adults backing the creation of the exchanges and 62 percent wanting to expand Medicaid in 2010.)[20] As we will see in chapters 3 and 7, shifts in messaging during the initial debate over the law left a shallow imprint on public opinion. Even the implementation of the law's main provisions in January 2014 did surprisingly little to move attitudes.[21] The Democrats still lost the 2014 midterms badly. And in January 2015, a year after the ACA's main provisions went into effect, the Kaiser Family Foundation's (KFF) Health Tracking Poll (HTP) found that just 40 percent of Americans held favorable opinions toward the ACA, while 46 percent held unfavorable opinions.[22]

The general stability and negativity of Americans' ACA attitudes for several years is a lingering puzzle: given the very real benefits it provided, why didn't the law's passage and subsequent implementation do more to shift public opinion or to generate political support for its Democratic architects and defenders?[23] Why did the public like many of the law's pieces but not the law itself? More starkly, what was wrong with Kristol's theory of elite influence through policy?

The 2016 election of Republican Donald Trump only deepened the mystery. After Trump's general election victory, a slew of pundits and scholars argued that the Democrats had lost partly because they had put too much emphasis on identity-based appeals related to race, ethnicity, and gender. In this view, key states like Michigan, Ohio, Pennsylvania, and Wisconsin backed Trump because the Democrats didn't focus their campaign on the economic interests of white voters without college degrees.[24] But such claims reflect a touch of political amnesia. The Democrats' chief policy accomplishment of the preceding administration had been the ACA, a redistributive economic policy of precisely the kind that should have played to the

Democrats' advantage.[25] In theory, the promise of health insurance not tied to employment might have been especially welcome in the hard-hit manufacturing towns of the Northeast and Midwest. By 2016, however, the Democrats saw themselves as having little reason to highlight their support of the ACA, while Republicans had little reason to conceal their strident opposition. In fact, Trump campaigned in 2016 partly on a commitment to repeal the law.

Still, the story does not end there. After Trump's election, GOP politicians moved quickly to fulfill their repeated promise to roll back the ACA. But after having been stable for years, public opinion swung in the ACA's favor as soon as its repeal became a real possibility. By November 2018, 53 percent of respondents to a KFF poll reported *favoring* the ACA, up thirteen percentage points from 2015—and in 2018's midterm elections, it was the Democrats trumpeting their ACA position.[26] Indeed, Republican House leader Kevin McCarthy blamed the GOP's 2018 loss of control of the House of Representatives "on the GOP's push to roll back health insurance protections for people with pre-existing conditions."[27] Enacting the ACA had proven unpopular, but repealing it was even more so. Far from influencing public opinion, political elites seemed to retreat in the face of it.

The Core Argument: The Limits of Elite Influence

How do we explain these paradoxical post-enactment trends? And more generally, to what extent can political elites reshape public opinion through their words or policies? This book addresses these questions through a detailed study of Americans' opinions about the ACA between 2009 and 2020. Researchers have produced a rich body of scholarship about the role of specific factors in shaping ACA attitudes, but this book departs from prior research by providing a competitive assessment of several credible explanations for Americans' views on the ACA.[28] These explanations range from personal experiences with the policy to messaging, partisanship, racial attitudes, status quo biases, and thermostatic responses to presidential policymaking.[29]

By considering varied explanations simultaneously, we are positioned to advance this study's broader goal: the characterization of the potential for enduring elite influence on public opinion.[30] A central tenet of representative democracy is that elected officials act with the consent of the governed,

which has come to mean at least the periodic authorization of the citizenry via elections.[31] But the prospect of political leaders having the ability to bend public opinion threatens to invert that relationship. The risk is that instead of acting on some vision of the public interest, leaders will manipulate public opinion so as to build support for their own ends.[32] Even in a democracy, leaders may not enact the will of the people so much as reshape it to match their own.[33] Perennially important in democratic political systems, the question of elite influence is especially critical now given Donald Trump's 2017–2021 presidency and growing antidemocratic movements within American politics.[34] Assessing elite influence in democracies, in turn, requires that we consider its two main avenues together: messaging and policy.

Analyses that rely exclusively on closed-ended survey evidence often characterize public opinion in pessimistic ways,[35] with most voters seen as holding inconsistent or ephemeral preferences.[36] To avoid stacking the deck, this book relies on a wide base of evidence that incorporates hundreds of surveys—including extensive evidence from open-ended survey responses—alongside twelve survey experiments with varied populations, one field experiment, and analyses of elite-level rhetoric. At times we employ a panel that allows us to track the same respondents' attitudes over several years.

The book's core conclusion is that political elites were quite limited in their capacity to influence public opinion on the ACA, especially among those outside their party. The contours of public opinion prove coherent and stable in the face of the two major forms of elite influence, a conclusion broadly consistent with prior work focusing on aggregate trends.[37] Even using individual-level data, we find noteworthy coherence, structure, and some subtlety in how Americans thought about the ACA. In broad strokes, this capacity to resist elite influence holds true for short-term influence via messaging and for medium-term influence via policy feedbacks. Although both pathways hold out some possibility of longer-term influence, such influence is hard to trace to specific politicians—and it is also unlikely to translate into discernible electoral support on politicians' time frames, which are often no longer than the two-year congressional cycle. The extent of contemporary political polarization—in general and on the ACA specifically—adds to the already powerful constraints on the substantive magnitude of elite influence.[38]

Certainly, both messaging effects and policy feedback effects have already been thoroughly established by prior research, so why does this book's

argument seem to depart so significantly? There is a straightforward, two-word answer: effect sizes. Prior research has often framed its core questions in binary ways, asking questions about the direction of effects such as "Are there positive policy feedbacks?" or "Can framing move attitudes?" Here we build on a generation of progress in statistical methodology to ask not just about the existence of effects but about their substantive magnitude and political import.[39] Thus, this book's aim is not to argue for or against framing effects or policy feedbacks, but to contextualize them by offering a holistic assessment of such effects relative to other explanations of public opinion.

In his 2012 reappraisal of *The Nature and Origins of Mass Opinion*, John Zaller acknowledges that "public opinion that has not been shaped by elites has played an important role in some of the most significant aspects of American history."[40] This book seeks to show that the same can be said of the ACA, and that public opinion was relatively impervious to elite influence, even in a likely case in which political elites deployed all the tools at their disposal. Although we do find some evidence of policy feedback effects, they were small in comparison with the amounts of money being spent, they were sometimes undercut by other elements of the law, and they were most pronounced among populations less likely to vote. Policy feedbacks cannot account for some of the main features of ACA attitudes, including the public's lingering doubts about the law, the stability of public opinion during the law's 2014 implementation, and the pro-ACA shift in attitudes that followed Trump's election. That shift was more consistent with models of public opinion in which the public shifts against the policy direction advanced by the president and Congress.

Through messaging, political elites can effectively polarize public opinion in the manner that extensive research has already demonstrated.[41] But in the case of the ACA, this power to cue some citizens via partisan heuristics was just one chapter in a much broader story. Messaging did polarize opinion in the law's early months, but there is much that messaging cannot explain, such as the high level of opposition to the law, the stability in public perceptions of the law, and the asymmetric strength of the opposition until late 2016.

In some respects, this book's depiction of elite influence through messaging is analogous to the limited but real power someone has when faced with a large boulder at the top of a hill. Sure, she can push the boulder down the

incline. But once the boulder is in motion, she can neither control where it lands nor return it to its starting point. By taking salient, differing stances on an issue, political elites can trigger the polarizing dynamics that have been the focus of prior work in the tradition of *The Nature and Origins of Mass Opinion*; that is, they can set the boulder in motion.[42] They can only move some opinions, however, and they can do so much more easily when nudging those opinions into alignment with citizens' existing ideologies.[43] Neither words nor policies are likely to dramatically shift the balance of public opinion in favor of a policy in the face of cross-party elite disagreement. And given the pervasiveness of contemporary political polarization, cross-party disagreement is the norm on most salient issues—most certainly including the ACA.[44]

At the same time, using the ACA to outline the limits of elite influence sheds light on related questions about public opinion. From climate change and economic mobility to immigration and racial inequality, many of today's most pressing domestic issues raise questions similar to those raised by the ACA. How is the public likely to respond to complex legislation with disparate impacts on specific groups of Americans? As fights over policy unfold in today's polarized political landscape, does political partisanship crowd out everything else? Are public responses different when policy is delivered indirectly, perhaps through market-based mechanisms or low-visibility regulations? More broadly, in an age sometimes termed "post-truth," what is the role of the concrete realities of a policy's operation in shaping the public's views about it?[45] And what about the role of America's long-standing racial divisions and disparities? If we do not understand the drivers of attitudes toward the ACA, we will not be positioned to understand how Americans are likely to respond when similar questions surface elsewhere.

The actual impact of policy on public opinion is one important question; how policymakers *perceive* that impact is a separate but also important question. To the extent that politicians believe that citizens' personal experiences or other factors influence public opinion, they are likely to redesign key policies in the hopes of bending those factors to their advantage. ACA architect and economist Jonathan Gruber said something to this effect when he argued that "a lack of transparency is a huge political advantage."[46] In that way, policymakers' assumptions about what drives public opinion may find themselves inscribed into law.[47]

The Critical Case of Health Insurance Reform

There are key advantages to using the 2010 ACA and proposals to replace it as a vehicle to test varied accounts of public opinion. Even before the Covid-19 pandemic, health insurance reform was a major issue with clear-cut impacts on Americans' lives. In the United States, where health care accounts for 17.7 percent of GDP, any significant reform has tangible effects on the lives of millions.[48] The ACA certainly did. In 2019 alone, some 26 million Americans were insured through its Medicaid expansion or via its exchanges.[49] Health insurance, in turn, can have profound impacts on those who gain it or lose it; research demonstrates that people who gain insurance use more health care, have better mental health outcomes, and are less indebted.[50]

Behind the raw enrollment numbers are millions of Americans and their personal experiences with the health care system. Almost by definition, experiences with health insurance and health care can be life-changing.[51] In her 2014 book *Trapped in America's Safety Net*, political scientist Andrea L. Campbell tells a harrowing story about public health insurance in the aftermath of a car accident that paralyzed her sister-in-law Marcella.[52] To ensure that Marcella received vital medical care through Medicaid before the ACA's implementation, her family had to adapt to strict income and asset limits at precisely the time when it faced major unanticipated costs and challenges.

Few Americans are as entangled in America's complex system of paying for health care as people with major disabilities. Yet even more common encounters with the health care system can leave a lasting imprint. In the preface, I recounted some of my own experiences with these issues. Although the particulars differ, millions of Americans have had similar experiences. In an October 2020 KFF survey, 47 percent of respondents told pollsters that they had a preexisting health condition.[53]

Already dominating headlines, health care became still more salient in the wake of the Covid-19 pandemic and the associated economic turbulence from 2020 to 2022. Health care is not a niche issue. It affects virtually everyone in the country, often in powerful ways. So it is quite plausible that Americans' reactions to the ACA were shaped by what the law meant for them personally.[54] This argument was voiced by none other than 2012 Republican presidential nominee Mitt Romney, who told allies that year:

"You can imagine for somebody making $25,000 or $30,000 or $35,000 a year, being told you're now going to get free health care, particularly if you don't have it, getting free health care worth, what, $10,000 per family, in perpetuity—I mean, this is huge."[55] It wasn't just Bill Kristol. The belief that policies like the ACA could pay political dividends was widely held.

Another advantage of studying the ACA comes from its complexity. Although the ACA was a single law, the variety of policy levers it included enables us to separately assess the impacts of each. And the ACA wasn't all upside—the taxes and regulations associated with it were likely to leave a major footprint on public opinion as well. The law levied substantial new taxes on the top 5 percent of the nation's taxpayers.[56] And until it was modified via a December 2017 tax law, it also imposed a sizable fine on those without insurance. What's more, cancellation notices were sent to 4.7 million Americans in 2013 because their health plans didn't meet the ACA's standards.[57] These cancellations undercut Obama's oft-repeated promise that, "if you like your health care plan, you will be able to keep your health care plan."[58] It turned out that regulators had to like your health plan too. The ACA affords us the opportunity to study the effects of negative experiences alongside positive ones.[59]

The Sources of Opinion Stability

Assessing the relative influence of elites on public opinion is a deceptively challenging task. It requires us to consider the full set of explanations for public opinion on the ACA. Given that, we identify several broad types of explanations for public opinion that may be at work and then discuss them—and their implications for elite influence—in more detail.

For one, in explaining public opinion, researchers have long pointed to the connection between Americans' political attitudes and their views on key social groups.[60] That orientation has led one stream of research on ACA attitudes to emphasize racial attitudes while another points to political partisanship.[61] A third strain of research highlights the lack of trust in government.[62] Still other research focuses on personal experiences and self-interest.[63] These are all broad classes of explanations, and each encompasses mechanisms of elite influence as well as non-elite opinion formation.

Given this range of explanations, the ACA offers a critical test: In a polarized era, within a fragmented information environment, and on a