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Stability and policy threats: US public opinion after a decade of the Affordable Care Act

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Abstract

The Affordable Care Act (ACA) continues to shape US politics at the elite level. We know less about whether this conflict still carries over to the broader public. Moreover, we know little about the degree to which the conflict reaches into its various policies and whether the policy threats to the ACA can affect public opinion. We fielded a large, and demographically diverse survey of US adults using Lucid ($N = 6066$) from July 8–21, 2020. The survey contained an experiment that introduced the topic to respondents as the 2010 health reform law, the ACA, or Obamacare and at times highlighted the potential undoing of the ACA by the US Supreme Court. Analyses were conducted using Ordinary Least Squares regression. Our findings indicate that perceptions of the ACA differ substantial based on partisanship and racial prejudice. Framing still matters in the minds of Americans and their perception of health reforms in general and its individual components by extending these differences. However, we find only very limited evidence for changes to public attitudes related to the policy threat of the Supreme Court ruling the ACA constitutional in California v. Texas. The ACA remains a political battleground in the minds of Americans. The politics of the ACA continue to be shaped by perceptions of race and partisanship.

KEYWORDS

Affordable Care Act, health reform, public opinion

Key points

- The Affordable Care Act (ACA) remains a political battleground in the minds of Americans. The politics of

the ACA continue to be shaped by perceptions of race and partisanship.
- Utilizing different labels for the ACA continues to elicit differential responses based on the partisanship and racial biases of respondents.
- However, we found only very limited evidence for changes to public attitudes related to the policy threat of the Supreme Court ruling the ACA constitutional in California v. Texas.

INTRODUCTION

The Affordable Care Act (ACA) has been one of the most significant pieces of legislation Congress has passed in the last half-century (Altman & Shactman, 2011; Jacobs & Skocpol, 2010, 2011; McDonough, 2011; Starr, 2011; The Staff of the Washington Post, 2010). While incremental (Haeder & Weimer, 2015a), it substantially transformed essential parts of the US healthcare system, predominantly by reforming insurance regulations and expanding coverage to millions of Americans via the expansion of Medicaid as well as a combination of insurance market reforms and subsidies via the ACA Marketplaces (Haeder et al., 2015a). While the passage of the ACA proved highly partisan, analysts generally expected that, over time, the law would institutionalize, as had major other efforts at social reform before it (Jacobs & Skocpol, 2010).

Yet arguably, the real partisan fighting began only after President Obama's signature had dried as, and perhaps even more consequentially, the ACA ushered in a seemingly never-ending political battle between the two parties (Bussing et al., 2020; Oberlander, 2020; Patashnik, 2023; Wang, 2022). During the drawn-out implementation phase (Patashnik, 2023), political wrangling continued unabated (Haeder & Weimer, 2013, 2015b; Noh & Krane, 2016; Oberlander, 2016; Rigby & Haselswerdt, 2013; Rocco & Haeder, 2018; Shor, 2018). The degree of partisan animosity has led some to describe its implementation as the "Obamacare War" (Béland et al., 2016). Ironically, it seemed that the election of President Trump, one of the law's most vocal critics (Haeder & Chattopadhyay, 2022), and unified Republican control in Washington, DC, and the subsequent policy threat (Hopkins, 2023; Mettler et al., 2023), elevated the standing of the ACA in Americans' mind. This threat may have thus have ultimately contributed to the increasing sense that, despite ongoing barriers to implementation, the law had proven resistant to major reversal and remained largely intact (Levy et al., 2020). However, recent comments by former President Trump indicate that the ACA remains far from being fully settled in political discourse (Colvin & Miller, 2023; Jackson, 2023). A second Trump presidency may thus further test the stability and institutionalization of the ACA.

Given the complexity of the US healthcare system, the growth of social media, and growing distrust in science and experts, it is not surprising that efforts to disparage the ACA as well as calls to repeal the ACA during election season continue to fall on fertile ground. Moreover, debates about the ACA often contain implicit, at times even explicit, racial appeals. The close association of the ACA with the nation's first black president and the fact that many of the key provisions of the ACA disproportionately benefit non-White populations only add further fuel to the issue. In this politically charged environment, it seems like that how issues related to the ACA are framed, even more than a decade after its passage, can have important implications on public attitudes. Moreover, recent work on policy threats related to the ACA (Hopkins, 2023; Mettler et al., 2023) has shown that, while the ability of

elites to influence the public is limited when it comes to the ACA, major shifts in public attitudes are possible when the ACA faces policy threats.

To investigate these issues, we developed and fielded a large nationally representative survey of 6066 Americans that included an experiment that primed respondents in two critical ways. First, to assess the effects of wording on public opinion about the ACA, we presented respondents with alternating versions of "the 2010 health reform law," the "Affordable Care Act," and "ObamaCare." Second, we presented half of our respondents with frames focused on potentially losing the ACA through the lawsuit *California v. Texas* in front of the Supreme Court at the time of the survey (instead of simply asking them about the ACA). The lawsuit challenged the constitutionality of the ACA after the repeal of the individual mandate penalty.[1] At the time, the lawsuit was considered to be a real policy threat to the ACA. As the left-leaning Center for American Progress put it, "For the foreseeable future, the ACA is in danger" (Gee & Gaba, 2019). This allowed us to assess whether the effect of wording is different under this condition. Importantly, it allowed us to explore potential loss aversion and endowment effects associated with the ACA in a realistic and policy-relevant fashion.

Overall, our approach here builds on previous work on public opinion about the ACA and its important partisan and racial components. However, we extend the literature by using an experiment to explore how different labels of the ACA can move public opinion after more than a decade since its passage. Moreover, we assess whether attitudes about the ACA are movable when highlighting a credible policy threat in the form of the perilous legal state of the ACA leading up to *California v. Texas* (Gee & Gaba, 2019). Specifically, we do so building on the work of Hopkins (2023) and Mettler et al. (2023) by assessing whether the policy threat of the abolishment of the ACA by the Supreme Court can provide an upswing in support for the ACA attributable to an endowment effect and loss aversion. Lastly, we extend the analysis beyond an assessment of the ACA overall to four important policies contained within it that have been generally found to be popular among Americans.

In the following sections, we first provide an overview of how partisanship and race have shaped the passage and implementation of the ACA and public opinion more broadly. Next, we outline how partisan and racial cues may shape public opinion in the case of the ACA before describing our data, hypotheses, and methods. We then present and discuss our results before highlighting the potential limitations and implications of our findings.

THE ACA AND PARTISANSHIP

Efforts to reform the American healthcare system have long been contentious, reaching back to the first efforts to provide universal coverage in the early 1900s (Blumenthal & Morone, 2010; Brodie et al., 2019). Virtually all presidents have failed to achieve significant reforms they advocate for, except President Johnson's creation of Medicaid and Medicare. The failure of President Clinton to pass his health reform proposal (Hacker, 1997) not only deterred Democrats for well over a decade from seeking significant changes to the US healthcare system, but it also drove the Obama Administration's decision-making in their endeavor after the 2008 presidential elections (Hacker, 2011). Seeking to avoid shaking the proverbial boat too much, the President and his team sought to bring as many interests on board as possible (Altman & Shactman, 2011; Hacker, 2011; Jacobs & Skocpol, 2010, 2011; McDonough, 2011; Starr, 2011; The Staff of the Washington Post, 2010). Perhaps most crucially, they also decided to pursue a relatively conservative reform approach that heavily relies on preserving the existing system while relying on private entities and states to implement large parts of the reforms.

Despite these precautions, the efforts to pass health reform quickly became contentious (Altman & Shactman, 2011; Jacobs & Skocpol, 2010, 2011; McDonough, 2011; Starr, 2011; The Staff of the Washington Post, 2010) and highly emotional, exemplified by misinformed debates over, for example, "death panels" (Hopkins, 2017) or "pulling the plug on grandma" (Montopoli, 2009). Unquestionably, with one party pushing for the reforms and the other staunchly opposed to any compromise, partisanship was at the core of these debates (Jacobs & Mettler, 2020). Yet, the ACA overcame a slew of obstacles and eventually, through creative leadership in the US Congress, was signed into law by President Obama (Haeder, 2012). However, political conflict only escalated once the president's ink had dried. Implementation saw many new battles ranging from the creation of the ACA marketplaces (Haeder & Weimer, 2013, 2015b; Noh & Krane, 2016; Oberlander, 2016; Rigby & Haselswerdt, 2013; Shor, 2018), the expansion of Medicaid (Barrilleaux & Rainey, 2014; Callaghan & Jacobs, 2017; Oberlander, 2016; Olson, 2015; Shor, 2018), or seemingly technical insurance market reforms (Haeder, 2014) or comparative effectiveness research (Sorenson et al., 2014). The courts became another venue of the partisan conflict with several appearances before the Supreme Court (Haeder et al., 2021; Koppelman, 2013). Of course, control over the White House and the executive apparatus of the federal government have been crucial in shaping, or at times undoing, the implementation of the ACA via executive orders (Thompson, 2013; Thompson et al., 2018) or rulemaking (Bagley, 2014; Haeder & Yackee, 2020; Haeder et al., 2015b; Kersh, 2011). To be sure, there was some level of "backstage cooperation" (Grogan, 2011, p. 408) from state-level Republicans but, by and large, partisanship has been a defining factor for the political life of the ACA (Bussing et al., 2020; Oberlander, 2020). And thus, even today, opposition or outright repeal are very much part of the Republican strategy, while the opposite holds for Democrats (Haeder & Chattopadhyay, 2022; Sances & Clinton, 2021; Wang, 2022).

To be sure, the conflict has extended well-beyond the aisles of federal and state legislatures and executive mansions. From the beginning, thousands of Americans made their attitudes known through town hall meetings and other forms of public expression (Jacobs & Skocpol, 2010). Americans, where possible, also used direct democracy to register their support or opposition to the ACA (Matsa & Miller, 2019). Moreover, public opinion surveys have consistently shown strong partisan effects, with Democrats strongly favoring the ACA and Republicans in opposition (Gollust et al., 2020; Grande et al., 2011; Hopkins, 2023; Kaiser Family Foundation, 2021). Importantly, partisan effects went well beyond public attitudes and affect ACA-related behaviors, including, for example, lower levels of Republican sign-ups via the ACA marketplaces (Lerman et al., 2017; Sances & Clinton, 2019).

THE ACA AND RACE

However, a growing body of work indicates that the conflict over the ACA goes beyond partisanship and has a clear and growing racial component (Parker, 2016). And while ethnic and racial divisions had been on the rise before the ACA (Abramowitz & McCoy, 2019), there is strong evidence that the election of President Obama (Knowles et al., 2010; Luttig & Motta, 2017; Pasek et al., 2014) and the passage and implementation of his signature achievement may have further contributed to these developments (Pasek et al., 2014; Stein & Allcorn, 2018; Tesler, 2012). Indeed, racial attitudes have been a strong predictor of support and opposition to health reform (Banks, 2013; Fording & Patton, 2019; Grogan & Park, 2017; Henderson & Hillygus, 2011; Knoll & Shewmaker, 2013; Knowles et al., 2010; Lanford & Quadagno, 2016; Maxwell & Shields, 2014; McCabe, 2019; Pasek et al., 2009; Segura & Valenzuela, 2010; Snowden & Graaf, 2019; Tesler, 2012; Valentino et al., 2018).

This is, of course, not surprising as President Obama has been inseparably linked with the ACA as the face of the policy (Tesler, 2012). Moreover, evidence suggests that health reform has been racialized in general through concerted efforts to attach it to "welfare" (Fording & Patton, 2019, p. 283; Gilens, 1996, 2009; Snowden & Graaf, 2019). In addition, detractors of the ACA have consistently sought to stir up racial animus by highlighting that it is disproportionately helps "undeserving" racial minorities (Haney-López, 2015). The election of President Trump may have further heightened the racial dimension of conflict over the ACA because of his significant appeals towards racial resentment (Abramowitz & McCoy, 2019; Haeder & Chattopadhyay, 2022; Ott & Dickinson, 2020; Ouyang & Waterman, 2020; Tien, 2017). Indeed, there is evidence that President Trump's supporters are highly susceptible to racial cues (Luttig et al., 2017).

FRAMING EFFECTS, POLICY THREAT, AND THE ACA

The inseparable connection between the ACA and President Obama opens the doors for potential framing effects that activate both partisan and racial cues to shape public attitudes as a function of how health reform is labeled (Chong & Druckman, 2007; Druckman, 2004; Entman, 1993; Grande et al., 2011; Hopkins, 2017; Jacobs & Mettler, 2018; Mummolo & Fowler et al., 2017). That is, highlighting the connection between the president and health reform focuses individuals' attention on the partisan and racial component of the issue and reduces the dimensionality of the issue. Unlike learning or persuasion, this cognitive shift acts on an emotional level (Haeder, 2020; Kennedy-Hendricks et al., 2016). Importantly, effects may be highly conditional based on individuals' predispositions on racial issues as well as partisanship (Bergan & Risner, 2012; Brodie et al., 2019; Fowler et al., 2017; Gollust et al., 2017; Jerit, 2008). In the case of the ACA, the potential effects of framing may be further bolstered by the general confusion many Americans share about the complexities of the US healthcare system and the complex nature of the ACA in particular (Blumberg et al., 2013; Brodie et al., 2019; Loewenstein et al., 2013; Long & Goin, 2014).

One way to activate partisan and racial cues related to the ACA is the specific wording used to describe the reforms, most commonly as some version of "the 2010 health reform law," the "Affordable Care Act," or "ObamaCare" (Brodie et al., 2010; Holl et al., 2018). Unfortunately, only limited research has explored this issue so far. One study focused on the determinants of support for the ACA by analyzing question-wording by pollsters and did not find any effect (Holl et al., 2018). Another study found that connecting health reform to President Obama activates racial resentment and thus reduces support for reform (Maxwell & Shields, 2014). It is worth mentioning that President Obama and his surrogates appear to have sought avoiding the term "ObamaCare" in public appearance, arguably indicating that they, based on scientific evidence or not, expect adverse reactions (Epstein, 2013).

Yet there are important nuances to consider when it comes to the ACA. Given the vastness and complexity of the ACA, individuals may have opinions much more in line with their party leadership regarding the legislation as a whole (Brodie et al., 2019; Hamel et al., 2020; Kirzinger et al., 2017). Partisan elite cues may work much better when focused on the whole than the multitude of its subparts (Haeder et al., 2021). And indeed, one study found that framing affects public support for specific components of health reform, one of which was included in the final legislation (the individual mandate) and one of which was not (the public option) (Grande et al., 2011). Moreover, various polls have consistently shown high support, even among Republicans, for multiple subparts of the ACA (Brodie et al., 2019; Hamel et al., 2020; Kirzinger et al., 2017).

At the same time, Republicans have continuously challenged the constitutionality of the ACA. Indeed, more than a decade after its passage, the ACA faced being judicially eliminated in

California v. Texas. There are good reasons to believe that the policy threat to the ACA by the US Supreme Court may have, at least in part, contributed to the upswing in support for the law among the public (Alesina & Passarelli, 2019; Eckles & Schaffner, 2010; Henry J. Kaiser Family Foundation, 2021). This thought is analogous to the evidence that the policy threat to the ACA after the election of President Trump shifted support for the ACA upward (Hopkins, 2023; Mettler et al., 2023). In the literature, sees loss aversion and endowment effects as a likely pathway (Hopkins, 2023; Mettler et al., 2023). Importantly, policy threats, as Mettler et al. (2023) argue, "may grab individuals' attention and trigger a powerful focusing moment that evokes their policy support" (298). That is, because the ACA, and its many policy benefits, have been in place for over a decade, the status quo has inevitably been altered and, with it, the reference point for Americans in their perceptions of the US healthcare system (Camerer, 2005; Jervis, 1992). As a result, the potential of losing the ACA due to a Supreme Court ruling, the focus of our analyses here, may further soften Americans' views of the law and, overall, lead to more positive evaluations of the ACA through loss aversion and an endowment effect (Bruner et al., 2020; Marzilli Ericson et al., 2014; Hopkins, 2023; Kahneman et al., 1991; Knetsch, 1989; Mettler et al., 2023; Thaler, 1980; Tversky & Kahneman, 1991). Besides the aforementioned shifted in public opinion related to the policy threat of President Trump's election there is also some limited evidence to support this expectation via survey experiments. For example, one analysis found that mentioning a repeal of the ACA correlated with increased support for health reform (Holl et al., 2018). Importantly, previous work on welfare state retrenchment (Pierson, 1994) and Social Security cuts (Campbell, 2003) have identified these effects outside of the ACA.

DATA AND HYPOTHESES

Data

To test our expectations, we fielded a large, and demographically diverse survey of US adults using Lucid ($N = 6066$) from July 8–21, 2020. We were careful to field the survey before the *California v. Texas* Supreme Court ruling. While Lucid is considered a convenience sample, it nevertheless provides a national sample that approximates representativeness by targeting several known demographic benchmarks, including race, age, sex, income, and Census region. Despite concerns with online opt-in panels, Lucid has been found to be an appropriate tool for survey research (Coppock & McClellan, 2019; Stagnaro et al., 2024) and, to date, has been used extensively in political science and health policy research (Cassese et al., 2020; Haeder & Moynihan, 2023). While the survey data closely matched national demographics, we weighted them on gender, race, income, and education based on the US Census Current Population Survey to further improve fit. The experiment received approval from the IRBs at the appropriate universities.

To gauge the effectiveness of various primes related to the labels given to the ACA, we introduced respondents to our questions about their attitudes toward the ACA as follows:

> Next, I'm going to show you several benefits related to health insurance coverage currently established by law. These benefits were established by **[the 2010 health reform law/the Affordable Care Act/ObamaCare]**. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

Alternatively, roughly half of our respondents received a version of the following that emphasized that the ACA, and thus the benefits it established, may be undone by the U.S. Supreme Court:

> Next, I'm going to show you several benefits related to health insurance coverage currently established by law. These benefits were established by **[the 2010 health reform law/the Affordable Care Act/ObamaCare]**. Later this year, a lawsuit in front of the U.S. Supreme Court may declare **[the 2010 health reform law/the Affordable Care Act/ObamaCare]** unconstitutional and eliminate these benefits. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

We then provided respondents with four specific benefits established by the ACA, including

(1) the ability for children to stay on their parents until age 26,[2]
(2) the provision of premium subsidies for consumers in the ACA marketplaces,[3]
(3) the pre-existing conditions coverage requirement for carriers,[4] and
(4) the expansion of Medicaid.[5]

We specifically chose these components of the ACA because they have consistently received high support across the partisan spectrum (Brodie et al., 2019; Hamel et al., 2020; Kirzinger et al., 2017).

Lastly, we also asked respondents the following questions about the ACA in its entirety:

> Given what you know about [**the 2010 health reform law/the Affordable Care Act/ObamaCare]**, do you have a favorable or unfavorable opinion of it?

Again, we gave respondents a 4-point scale from "very unfavorable" to "very favorable."

Hypotheses

As mentioned above, the battle over the ACA has been highly partisan. Notably, the partisan conflict has been extensive among party elites. Still, it has been reflected in the general population as public opinion surveys have consistently shown that Democrats generally favor the ACA while Republicans generally oppose it (Gollust et al., 2020; Grande et al., 2011; Kaiser Family Foundation, 2021). We thus hypothesize that:

> **H1:** Democrats will be more supportive of the ACA than Republicans across all six of the treatments.

To analyze partisanship, we relied on Lucid's 10-point partisanship scale. The scale contains four distinct levels for both Democrats and Republicans each and two neutral options ("Other-Independent" and "Other-Neither"). We combined the four respective levels for both Democrats and Republicans, respectively, as well as a third category for respondents not supporting either party.[6]

However, there are reasons to believe that the label respondents were primed with may affect how their partisanship is activated. That is, the specific wording used to describe the reforms, most commonly as some version of "the 2010 health reform law," the "Affordable Care Act," or "ObamaCare" in our treatments, may have different degrees of efficiency to send a partisan message to respondents. We thus further hypothesize that:

> **H2a:** Differences between partisans will be larger for the "Affordable Care Act" treatments than for the "the 2010 health reform law" treatments.

H2b: Differences between partisans will be larger for the "ObamaCare" treatments than for the "the 2010 health reform law" treatments.

H2c: Differences between partisans will be larger for the "ObamaCare" treatments than for the "Affordable Care Act" treatments.

We note that while public polls have consistently shown high support, even among Republicans, for various subparts of the ACA (Brodie et al., 2019; Hamel et al., 2020; Kirzinger et al., 2017), we nonetheless expect partisan differences to emerge for both the overall evaluation of the ACA as well as of its subparts. We expect this to be the case because our survey emphasized that these benefits were part of the ACA.

However, because the political conflict over the ACA goes beyond partisan differences and contains a strong racial component due to its association with President Obama (Pasek et al., 2014; Stein & Allcorn, 2018; Tesler, 2012). Indeed, studies have consistently shown the strong effect of racial attitudes on health reform (Banks, 2013; Fording & Patton, 2019; Grogan & Park, 2017; Henderson & Hillygus, 2011; Knoll & Shewmaker, 2013; Knowles et al., 2010; Lanford & Quadagno, 2016; Maxwell & Shields, 2014; McCabe, 2019; Pasek et al., 2009; Segura & Valenzuela, 2010; Snowden & Graaf, 2019; Tesler, 2012; Valentino et al., 2018). However, while the "spillover of racialization" (Tesler, 2012) may affect health reform in general, there are reasons to believe that the label affixed to health reform may make it easier or harder for individuals to make a racialized connection. To measure the divergent effects of racial attitudes on evaluations of the ACA, we utilized the standard four-question measure of racial resentment (Kinder & Sanders, 1996). We then split the sample into tertiles based on their aggregate scores and compared individuals who were low in racial resentment to those who were high. Recent research also indicates that individuals who score low on the scale could also be interpreted as *favoring* minorities while those who score high as *disfavoring* minorities (Agadjanian et al., 2023). We limited this part of our analysis to the subset of non-Hispanic Whites respondents. Analogously to our partisanship-based hypotheses, we thus hypothesize that:

H3: Individuals low in racial resentment will be more supportive of the ACA than those high in racial resentment across all six of the treatments.

We also expect divergent effects of the three different labels for the ACA:

H4a: Differences between individuals who are high or low in racial resentment will be larger for the "Affordable Care Act" treatments than for the "the 2010 health reform law" treatments.

H4b: Differences between individuals who are high or low in racial resentment will be larger for the "ObamaCare" treatments than for the "the 2010 health reform law" treatments.

H4c: Differences between individuals who are high or low in racial resentment will be larger for the "ObamaCare" treatments than for the "Affordable Care Act" treatments.

Again, we expect these hypotheses to hold across the evaluation of the ACA as a whole and its components.

Lastly, as we have described above, the survival of the ACA has long been highly contested in various political venues. Given the extensive research on the endowment effect (Bruner et al., 2020; Marzilli Ericson et al., 2014; Kahneman et al., 1991; Knetsch, 1989;

Thaler, 1980; Tversky & Kahneman, 1991) as well as policy threats (Mettler et al., 2023), there are reasons to believe that the threat of losing the ACA via a Supreme Court verdict may positively affect perceptions of the ACA itself. Indeed, the threat to the ACA has been mentioned as one explanation for the increasing popularity of the ACA under the Trump Administration (Alesina & Passarelli, 2019). Thus, we specifically expect that:

H5: Individuals primed for the Supreme Court's potential to eliminate the ACA will be more supportive of the ACA than those not primed for it across the three different labels used to describe the ACA.

RESULTS

OLS is an appropriate approach because of the survey design and implementation and because we are interested in whether experimental treatments affect mean perceptions of the ACA. We estimate a number of standard OLS models with survey weights to test our hypotheses. To assess the differential effects of treatments by partisanship, we interacted indicator variables for each treatment with our 3-category partisanship variable (Democrats, Other, Republicans). To assess hypotheses related to racial attitudes, we analogously divided individuals into tertiles as described above; we then interacted with the tertile measure with indicator variables for each treatment. We derived predictive means and compared differences using mlincom in Stata (Long & Freese, 2014) for hypotheses 1 and 3. We estimated second differences to test the remaining hypotheses. We considered a $p \leq 0.05$ statistically significant throughout our analyses.

Partisanship

The results for partisanship are presented in Table 1 and Figure 1. We found strong and consistent partisan effects across all six treatments concerning the overall favorability of the ACA. Overall, the mean level of support for the ACA ranged from 2.692 to 2.879 with standard deviations of 0.859 to 1.060. For Republicans, mean favorability ranged from a low of 2.232 (95% confidence interval [CI]: 2.101–2.363) for the "ObamaCare" treatment to a high of 2.623 (2.522–2.725) for the "the 2010 health reform law" treatment. In both cases, the results were for treatments mentioning potential repeal. For Democrats, results ranged from a low of 3.031 (2.926–3.137) for the health reform treatment to a high of 3.282 (3.185–3.379) for the ObamaCare treatment combined with the SCOTUS ruling. All differences between Democrats and Republicans were highly statistically significant ($p < 0.001$). In all six cases, Republicans differed substantially from Democrats, with partisan differences ranging from 0.490 to 1.050 on a 4-point scale. Importantly, differences between Republicans and Democrats were also consistently statistically significant across the policies contained within the ACA (Figure 2, see Appendix Exhibits 5–8). That is, differences between Democrats and Republicans persisted for ACA marketplace subsidies (with $p < 0.001$) and the expansion of Medicaid ($p < 0.001$). Partisan differences ranged from 0.302 to 0.525 for the former and 0.445 to 0.667 for the latter. Partisan differences were also present for the ACA provision that allows children to stay on their parent's insurance until age 26. Here, differences between partisans ranged from 0.193 to 0.589 ($p < 0.0034$). Additionally, we found consistent differences between partisans for pre-existing conditions, except for the "the 2010 health reform law" treatment, with statistically significant differences ranging from 0.180 to 0.398 ($p < 0.035$). Lastly, for Republicans, point estimates for all component analyses were consistently more supportive than those for the ACA. (Figure 3).

TABLE 1 Comparison of republicans to democrats on overall favorability of the Affordable Care Act.

Treatment				Republicans	95% CI		Democrats	95% CI		Delta	*p* Value
1	Health reform			2.542	2.418	2.665	3.031	2.926	3.137	0.490	0.000
2	Affordable Care Act			2.363	2.229	2.496	3.170	3.057	3.283	0.807	0.000
3	Obamacare			2.263	2.138	2.388	3.239	3.143	3.334	0.975	0.000
4	Health reform & Supreme Court			2.623	2.522	2.725	3.148	3.049	3.248	0.525	0.000
5	Affordable Care Act & Supreme Court			2.312	2.181	2.442	3.203	3.093	3.313	0.891	0.000
6	Obamacare & Supreme Court			2.232	2.101	2.363	3.282	3.185	3.379	1.050	0.000
2nd difference	Health reform	vs.	Affordable Care Act	.	.	.	.	.	.	−0.318	0.009
	Health reform	vs.	Obamacare	.	.	.	.	.	.	−0.486	0.000
	Affordable Care Act	vs.	Obamacare	.	.	.	.	.	.	−0.168	0.161
	Health reform & Supreme Court	vs.	Affordable Care Act& Supreme Court	.	.	.	.	.	.	−0.366	0.001
	Health reform & Supreme Court	vs.	Obamacare & Supreme Court	.	.	.	.	.	.	−0.525	0.000
	Affordable Care Act& Supreme Court	vs.	Obamacare & Supreme Court	.	.	.	.	.	.	−0.159	0.186

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.
Abbreviation: CI, confidence interval.

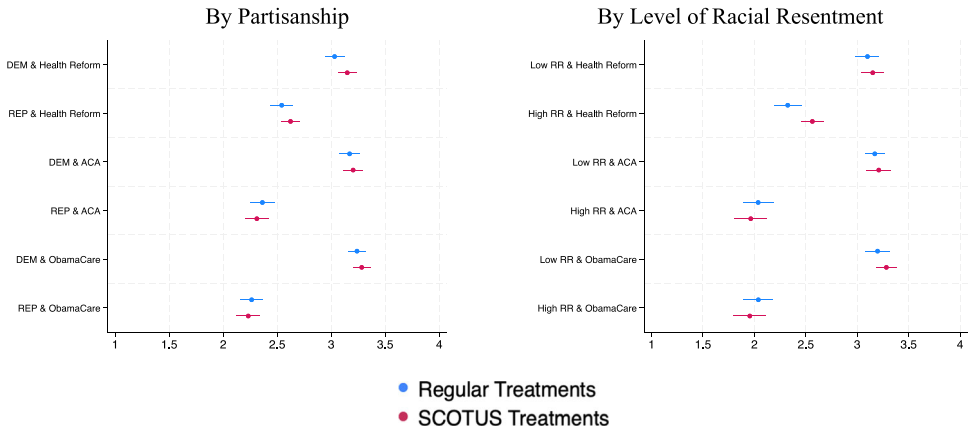

FIGURE 1 Predicted means for various treatments for democrats and republicans for overall ACA favorability. Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

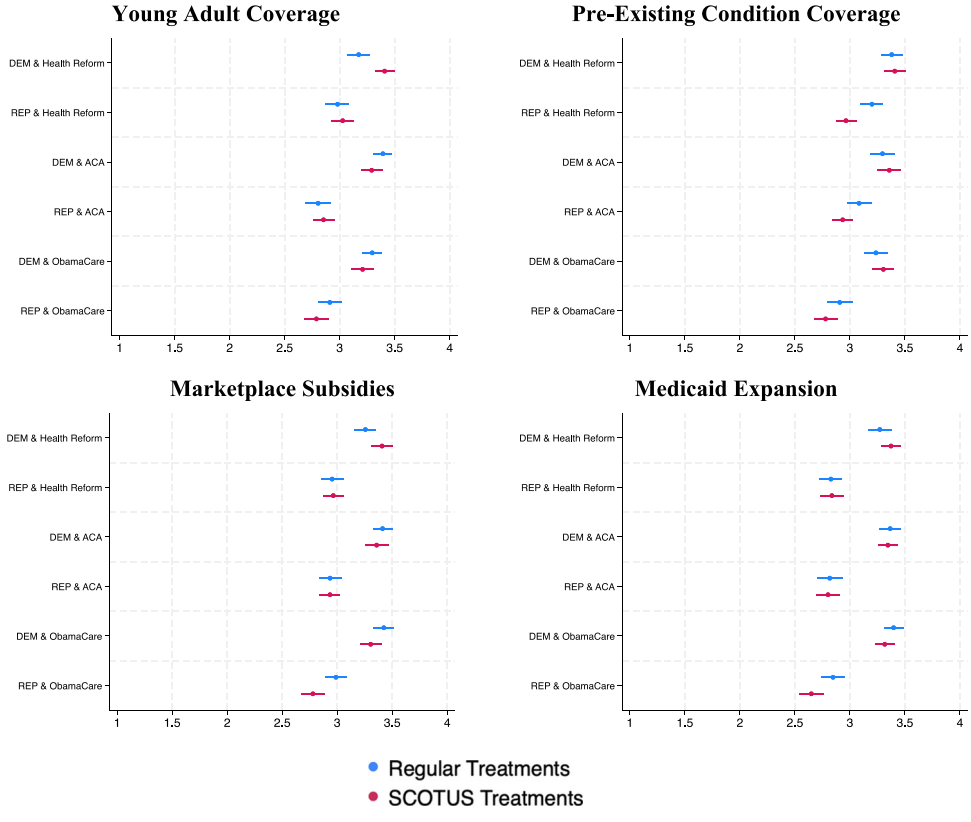

FIGURE 2 Predicted means for various treatments for democrats and republicans for various ACA components. Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

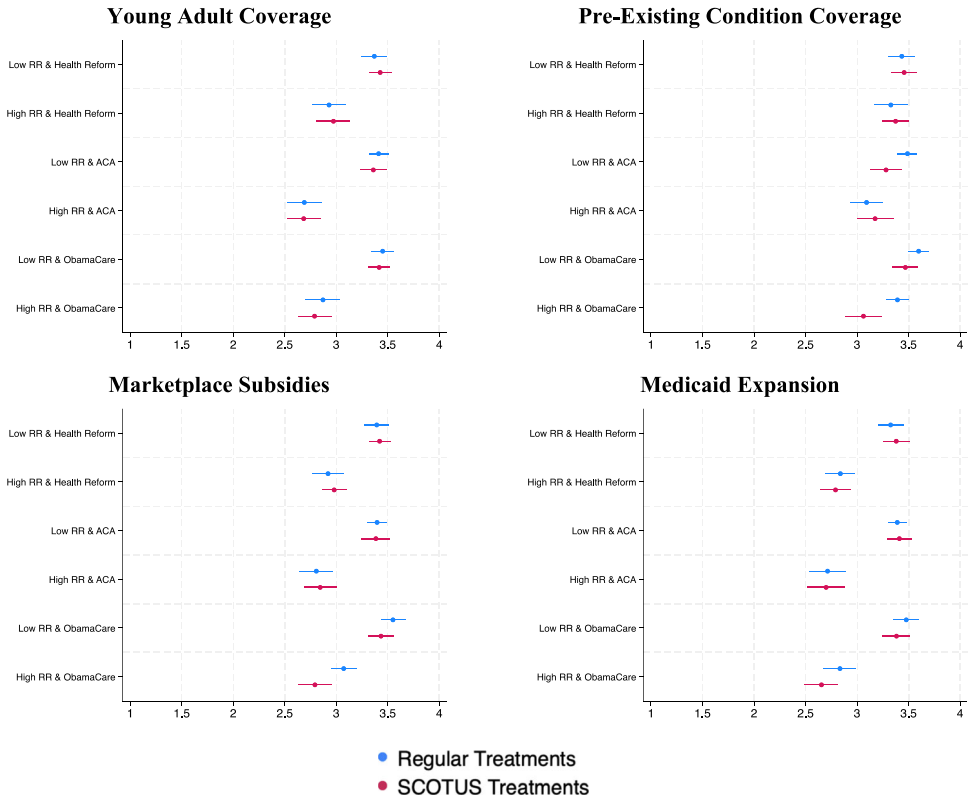

FIGURE 3 Predicted means for various treatments for individuals high and low in racial resentment for various ACA components. Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

The findings for our second set of hypotheses were more mixed. We found evidence that different labels for the ACA increased the difference between partisans in a substantive and statistically significant way. However, these effects were confined to assessments of the ACA as a whole. Specifically, we found that the differences increased by 0.318 ($p = 0.009$) between the "the 2010 health reform law" and the "Affordable Care Act" treatment and by 0.486 ($p < 0.001$) between the "the 2010 health reform law" and the "ObamaCare" treatment, again on a 4-point scale. Similarly, we found increases in partisan gaps for the respective versions of these treatments focused on potential repeal. At the same time, we found no significant differences between the "Affordable Care Act" treatment and the "ObamaCare" treatments ($p = 0.161$ for the general treatment and $p = 0.186$ for the SCOTUS treatment). Moreover, there were no increases in partisan differences for any of the analyses of the four components of the ACA, with the exception of differences for comparisons between "the 2010 health reform law and "Affordable Care Act" for allowing children to stay on their parents' insurance longer as well as pre-existing conditions coverage.

Racial resentment

Turning to the effect of the treatments based on the degree of racial resentment respondents harbor showed similar patterns as partisanship (see Table 2 and Figure 1). We found consistent statistically significant differences between individuals with lower racial

TABLE 2 Comparison of Individuals High and Low in Racial Resentment on Overall Favorability of the Affordable Care Act.

Treatment				High racial resentment	95% CI		Low racial resentme-nt	95% CI		Delta	*p* Value
1	Health reform			2.324	2.162	2.486	3.099	2.965	3.234	0.775	0.000
2	Affordable Care Act			2.036	1.859	2.214	3.171	3.060	3.281	1.134	0.000
3	Obamacare			2.039	1.868	2.209	3.198	3.056	3.339	1.159	0.000
4	Health reform & Supreme Court			2.563	2.435	2.692	3.151	3.020	3.282	0.587	0.000
5	Affordable Care Act & Supreme Court			1.965	1.775	2.154	3.209	3.067	3.352	1.245	0.000
6	Obamacare & Supreme Court			1.955	1.767	2.143	3.283	3.165	3.402	1.328	0.000
2nd difference	Health Reform	vs.	Affordable Care Act	.	.	.	.	.	.	−0.359	0.018
	Health Reform	vs.	Obamacare	.	.	.	.	.	.	−0.384	0.014
	Affordable Care Act	vs.	Obamacare	.	.	.	.	.	.	−0.025	0.873
	Health Reform & Supreme Court	vs.	Affordable Care Act & Supreme Court	.	.	.	.	.	.	−0.657	0.000
	Health reform & Supreme Court	vs.	Obamacare & Supreme Court	.	.	.	.	.	.	−0.740	0.000
	Affordable Care Act & Supreme Court	vs.	Obamacare & Supreme Court	.	.	.	.	.	.	−0.083	0.616

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Abbreviation: CI, confidence interval.

resentment ("favoring") and those with higher racial resentment ("disfavoring"). The former showed substantially higher support for the ACA in general and for three of its components. The differences in assessments of the ACA, in general, were substantial and range from 0.587 to 1.328 ($p < 0.001$) on a 4-point scale. Differences in the components of the ACA (Appendix Exhibits 9–12) were somewhat smaller but statistically significant for Medicaid expansion (0.488–0.728, $p < 0.001$), marketplace subsidies (0.441–0.641, $p < 0.001$), and covering young adults (0.439–0.676, $p < 0.001$). Again, support for the pre-existing condition coverage requirements served as the exception to the pattern, with only three comparisons reaching statistical significance. Point estimates for all component analyses were consistently more supportive than for the ACA as a whole for individuals high in racial resentment. Once again, the findings for our additional hypotheses (H4a-4c) were only confirmed for assessments of the ACA as a whole, and even then, only partially so. That is, the gap between individuals who were high in racial resentment and those who were low increased when comparing treatments for "the 2010 health reform law" and the "Affordable Care Act" (0.359 $p = 0.018$ and 0.657 $p < 0.001$) and when comparing treatments for "the 2010 health reform law " and the "ObamaCare" treatment (0.384 $p = 0.014$ and 0.740 $p < 0.001$). This finding adds support for the thesis of Agadjanian et al. (2023) that those low on the racial resentment measure should be considered as favoring minorities. We found no statistically significant differences in comparisons between the "Affordable Care Act" and the "ObamaCare" treatments. None of the second differences were statistically significant for the four specific coverage extensions.

Policy threat, loss aversion, and endowment effect

Lastly, our assessment of loss aversion and potential endowment effects compared each of the three respective treatments (the 2010 health reform law/the Affordable Care Act/ ObamaCare) to its version highlighting the possible elimination of benefits by the Supreme Court. The results of the comparisons are presented in Table 3. Across all comparisons, we found only slim evidence for endowment effects increasing approval for the ACA or its components across the different treatments and analyses of interest. Indeed, the effects, even when present, appear to be relatively small and did not exceed 0.194 ($p = 0.030$) in the case of Democrats and pre-existing condition coverage. We also note that none of the comparisons indicated a growing gap between Democrats or Republicans or individuals high or low in racial resentment for any treatments.

DISCUSSION

Despite persistent attempts by Republicans to repeal or challenge the constitutionality of the ACA, its popularity has continued to grow among the public since its passage in 2010. Importantly, the major increase in popularity appears to be results of the substantial policy threat to the ACA under President Trump (Hopkins, 2023). As such, the overall picture of the ACA has been one of stability with one major intercession. Yet even today, most Republicans continue to strongly oppose the ACA, despite supporting many of the policy benefits that came because of the passage of the ACA. In addition, with the ACA continuously being linked to former President Obama, the same holds for those with high racial resentment. Our findings here show that partisanship and attitudes towards race, even more than a decade into the ACA, continue to be strong predictors of support and opposition for the ACA. Importantly, we show that this is the case for the ACA overall, as well as some of its specific policies.

TABLE 3 Analysis of potential endowment effects.

		Overall		Republicans		Democrats		High racial resentment		Low racial resentment	
		Delta	*p* Value	Delta	*p*	Delta	*p*	Delta	*p*	Delta	*p*
ACA Overall	Health reform	0.111	0.035	0.082	0.317	0.117	0.113	0.051	0.591	0.239	0.023
	ACA	−0.070	0.254	−0.051	0.591	0.033	0.685	0.039	0.674	−0.072	0.588
	Obamacare	−0.025	0.671	−0.031	0.734	0.044	0.528	0.086	0.364	−0.083	0.521
Young Adult Coverage	Health reform	0.117	0.043	0.047	0.603	0.235	0.004	0.057	0.572	0.043	0.761
	ACA	−0.084	0.151	0.049	0.596	−0.102	0.192	−0.051	0.597	−0.006	0.966
	Obamacare	−0.136	0.020	−0.122	0.193	−0.087	0.293	−0.034	0.709	−0.082	0.565
Premium Subsidies	Health reform	0.070	0.219	0.010	0.902	0.151	0.072	0.028	0.773	0.060	0.614
	ACA	−0.034	0.549	−0.001	0.992	−0.054	0.519	−0.011	0.912	0.037	0.785
	Obamacare	−0.165	0.004	−0.210	0.017	−0.120	0.143	−0.116	0.260	−0.279	0.025
Pre-existing Conditions	Health reform	0.062	0.288	0.038	0.664	0.194	0.030	0.023	0.837	0.046	0.715
	ACA	−0.043	0.481	0.064	0.517	−0.121	0.160	−0.208	0.059	0.083	0.567
	Obamacare	−0.251	0.000	−0.271	0.004	−0.189	0.026	−0.129	0.181	−0.330	0.009
Medicaid	Health reform	0.074	0.199	0.009	0.918	0.101	0.231	0.055	0.620	−0.047	0.704
	ACA	−0.057	0.340	−0.016	0.868	−0.021	0.798	0.021	0.822	−0.014	0.927
	Obamacare	−0.155	0.008	−0.197	0.036	−0.080	0.284	−0.095	0.384	−0.180	0.189

Note: Table presents comparisons for stand-alone treatment versus treatment with indication of potential Supreme Court decision. Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

We also examined the potential influence framing has on support for the ACA. While previous research has been mixed concerning the influence of framing, our findings show that how you frame the ACA significantly influences how individuals view the policy. For example, when framing the ACA as "ObamaCare" or the "Affordable Care Act," the support gap between Republicans and Democrats increased substantially as support decreased for Republicans and increased for Democrats. It also increased between those low and high in racial resentment, again by decreasing for those high in racial resentment and increasing for those low in racial resentment. These findings are in line with the new interpretation of the racial resentment measure by Agadjanian et al. (2023) who propose that those with low racial resentment scores can be considered as "*favoring* minorities" whereas those with high scores can be considered to be "*disfavoring* minorities" (75). Interestingly, framing the ACA as "ObamaCare" or the "Affordable Care Act" generally did not increase partisan or racial differences for the various subcomponents of the bill. However, differences between partisans and those with different levels of racial resentment are present even for these components of the ACA. However, a decade after its passage, we found no differences depending on whether respondents were introduced to the topic as "ObamaCare" or the "Affordable Care Act."

Finally, with public opinion of the law growing over the decade or so, we also sought to examine whether or not the policy threat of the Supreme Court ruling the ACA unconstitutional influences public support for the ACA. In our analysis, we only find slim evidence of endowment effects or loss aversion. That is, the threat of the Supreme Court ruling the ACA unconstitutional did not have similar effects on public opinion as the election of President Trump (Hopkins, 2023; Mettler et al., 2023). This also compares to previous research which found some evidence of an endowment effect when priming individuals about the potential of the Supreme Court overturning the ACA. With former President Trump nominating Justice Gorsuch and Justice Kavanaugh, solidifying a conservative majority on the Court, there was a belief by some that the ACA would finally be overturned (Gee & Gaba, 2019). This belief did not materialize in the *California v. Texas* case (which concluded after data were collected), albeit due to a ruling on standing and not substance. It may either be that several lawsuits to abolish the ACA had failed and thus reduced the policy threat in the eyes of Americans. The same holds for various attempts of Congress to undo the ACA (Rocco & Haeder, 2018). In addition, the salience of the policy threat may not have approached previous iterations (Mettler et al., 2023), and our salience treatments may thus have not been considered to present a real threat to the ACA in the eyes of most Americans. In combination with the positive effects of the Trump election policy threat, it seems also plausible that a ceiling effect might have occurred. Our limited findings on endowment effects point to a need for additional research on endowment effects related to the ACA and other policies. Future research should examine whether the addition of Justice Barrett could influence the presence of future endowment effects among the public. This also holds if President Trump is elected to a second term.

LIMITATIONS

There are some potential limitations to this study. First, considerable research suggests how a question is worded and the amount of information provided to participants can shape survey responses. Our study design, of course, took advantage of this fact. However, it is possible that providing respondents with more information about the ACA and the makeup of the Supreme Court could further alter public attitudes. As such, future research should test the robustness of our findings using alternative treatments. Secondly, our treatments did not focus on partisan primes in particular. Given the substantive partisan differences that

persist, it seems plausible that more partisan frames may be able to alter public attitudes further. Moreover, the cross-sectional nature of the data can only provide a snapshot at a single moment in time. Thus, it is impossible to account for how attitudes toward the ACA change over time and the subsequent influence of endowment effects on health policy in the future. Finally, it is important to recognize that while the data-collection platform Lucid is of high quality and widely used in social science research (Stagnaro et al., 2024), it is nonetheless an Internet-based survey platform, limiting the representativeness the opt-in sampling frame can provide. However, as noted earlier, it has been well-accepted in social science and health research.

CONCLUSION

Our findings have important implications for politics and policy. We show that opinions toward the ACA remain somewhat moveable (Sances & Clinton, 2021). For example, mean support for the ACA and its components increased when the ACA's framing was changed from "ObamaCare" or "Affordable Care Act" to health reform. Even after two new presidents and more than a decade since its signing, Republicans and those high in racial resentment still react to the same elite cues (Brodie et al., 2019). At the same time, Republicans continue to differentiate between their support for many of the ACA's benefits and overall support for the ACA, as exemplified by their higher favorability towards the subcomponents. As a result, policymakers and politicians will continue to face resistance undoing the benefits established by the ACA while complaining about the ACA in the abstract may score political points for them.

Overall, our research provides an important update about public attitudes and the continued politics of the ACA. A decade in, the "Obamacare Wars" are far from over, both in the aisles on Capitol Hill and in Americans' minds. Our findings suggest that, partisan differences remain although the ACA has become more popular. Moreover, various components of the bill remain popular while partisan differences over individual policies still tend to persist. As former President Trump recently indicated, he will push towards repealing and replacing the ACA in a second term (Colvin & Miller, 2023; Jackson, 2023). With ongoing litigation and a potential Republican takeover of Congress and the presidency, the politics and policies surrounding the ACA may become unsettled again in the United States.

ETHICS STATEMENT

This project was approved by the appropriate institutional review boards and all participants provided informed consent before data collection.

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ENDNOTES

[1] It is worth noting that the question of constitutionality was never fully addressed by the court because the court determined that the plaintiff lacked standing thus leaving the substance of the case undecided.

[2] Specifically, we wrote: "Allowing young adults to stay on their parents' insurance plan until age 26".

[3] Specifically, we wrote: "Providing financial help to low and moderate-income Americans who don't get insurance through their jobs".

[4] Specifically, we wrote: "Prohibiting insurance companies from excluding coverage for pre-existing conditions."

[5] Specifically, we wrote: "Providing states the option of expanding their existing Medicaid program to cover more low-income uninsured adults."

[6] For analysis purposes, we only focus on Republicans and Democrats below and thus combine both independent categories. We do not analyze independents because the overall number is small, particularly if they are separated out into true "independents" and "neither party." Moreover, we do not have any theoretical expectations for this group.

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APPENDIX

See Figure A1 and Exhibits 2–4.

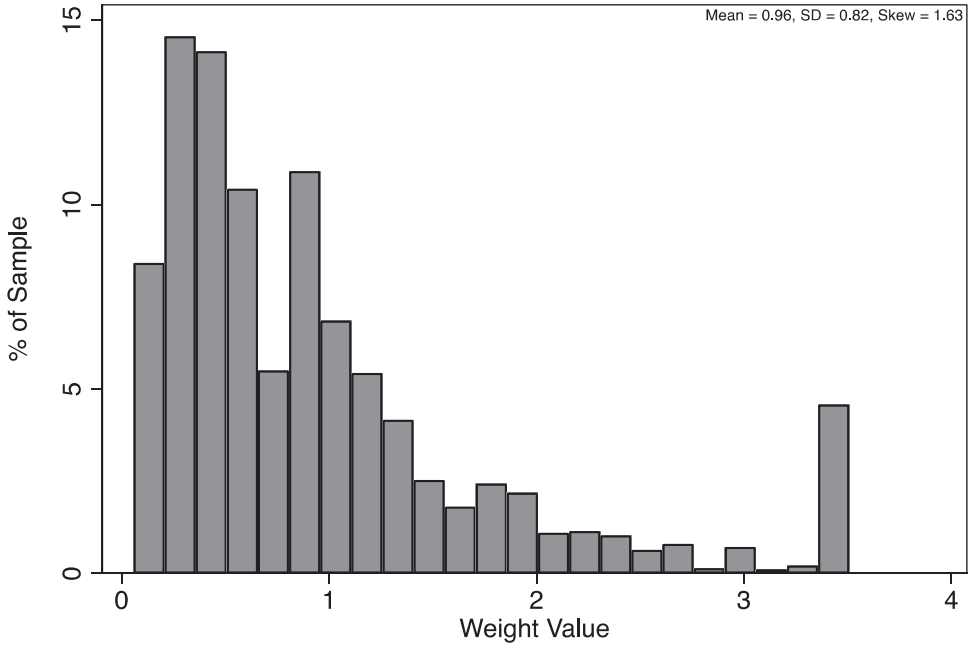

FIGURE A1 Distribution of weights.

Exhibit 2: Comparison of raw and weighted qualtrics data to national benchmarks.

Variable	Survey data (raw)	Survey data (weighted)	Benchmark	Benchmark source
Female	51%	51%	51%	CPS
College degree	42%	34%	31%	CPS
Black	12%	13%	13%	CPS
White	67%	62%	62%	CPS
Hispanic	13%	17%	18%	CPS
Mean age	47	48	47	ANES (Wgt.)
Median income	$35–49,999	$35–49,999	$55–59,999	ANES (Wgt.)

Note: Comparison of the data to known population benchmarks. CPS = Current Population Survey. ANES = American National Election Study. Preference is given to CPS considering its sample size and representativeness, but make use of weighted ANES data whenever it was not possible to use CPS (i.e., CPS does not ask questions about Party ID). Weights in column two adjust for gender, education, race, age, and income. N (Survey Data) = 6066.

Exhibit 3: Treatments

Treatment 1: Health Reform (*N* = 1066)

Next, I'm going to read to you several benefits related to health insurance coverage currently established by law. These benefits were established by **the 2010 health reform law**. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

Treatment 2: Affordable Care Act (*N* = 997)

Next, I'm going to read to you several benefits related to health insurance coverage currently established by law. These benefits were established by **the Affordable Care Act**. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

Treatment 3: ObamaCare (*N* = 1031)

Next, I'm going to read to you several benefits related to health insurance coverage currently established by law. These benefits were established by **ObamaCare**. Please tell us whether you feel very favorable, somewhat favorable, somewhat unfavorable, or very unfavorable about these benefits.

Treatment 4: Health Reform & Supreme Court (*N* = 998)

Next, I'm going to read to you several benefits related to health insurance coverage currently established by law. These benefits were established by **the 2010 health reform law**. Later this year, a lawsuit in front of the US Supreme Court may declare **the 2010 health reform law** unconstitutional and eliminate these benefits. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

Treatment 5: Affordable Care Act & Supreme Court (*N* = 1017)

Next, I'm going to read to you several benefits related to health insurance coverage currently established by law. These benefits were established by the **Affordable Care Act**. Later this year, a lawsuit in front of the US Supreme Court may declare the **Affordable Care Act** unconstitutional and eliminate these benefits. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

Treatment 6: ObamaCare & Supreme Court (*N* = 1017)

Next, I'm going to read to you several benefits related to health insurance coverage currently established by law. These benefits were established by **ObamaCare**. Later this year, a lawsuit in front of the US Supreme Court may declare **ObamaCare** unconstitutional

and eliminate these benefits. Please tell us whether you feel very unfavorable, somewhat unfavorable, somewhat favorable, or very favorable about these benefits.

Exhibit 4: Survey Questions

Respondents were offered a 4-scale for all of the following questions ranging from "Very Unfavorable" to "Very Favorable"

- Allowing young adults to stay on their parents' insurance plan until age 26.
- Providing states the option of expanding their existing Medicaid program to cover more low-income uninsured adults.
- Prohibiting insurance companies from excluding coverage for pre-existing conditions.
- Providing financial help to low and moderate-income Americans who don't get insurance through their jobs.

Exhibit 5

Comparison of republicans to democrats on overall favorability for allowing children to stay on their parents until age 26.

Treatment		Republicans	95% CI		Democrats	95% CI		Delta	*p* Value
1	Health reform	2.980	2.853	3.107	3.173	3.049	3.297	0.193	0.034
2	ACA	2.804	2.666	2.942	3.393	3.291	3.494	0.589	0.000
3	Obamacare	2.910	2.784	3.037	3.296	3.189	3.403	0.385	0.000
4	Health reform & Supreme Court	3.027	2.905	3.149	3.408	3.305	3.511	0.381	0.000
5	ACA & Supreme Court	2.853	2.735	2.972	3.291	3.176	3.406	0.438	0.000
6	Obamacare & Supreme Court	2.789	2.656	2.921	3.208	3.086	3.331	0.420	0.000

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 6

Comparison of republicans to democrats on overall favorability of marketplace subsidies.

Treatment		Republicans	95% CI		Democrats	95% CI		Delta	*p* Value
1	Health reform	2.954	2.830	3.077	3.256	3.137	3.375	0.302	0.001
2	ACA	2.935	2.813	3.057	3.412	3.307	3.517	0.477	0.000
3	Obamacare	2.989	2.873	3.104	3.424	3.311	3.536	0.435	0.000
4	Health reform & Supreme Court	2.964	2.854	3.074	3.408	3.293	3.522	0.443	0.000
5	ACA & Supreme Court	2.934	2.820	3.048	3.358	3.233	3.483	0.424	0.000
6	Obamacare & Supreme Court	2.779	2.651	2.907	3.304	3.190	3.418	0.525	0.000

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 7

Comparison of republicans to democrats on overall favorability of pre-existing conditions coverage requirement.

Treatment		Republicans	95% CI		Democrats	95% CI		Delta	*p* Value
1	Health reform	3.162	3.037	3.287	3.186	3.054	3.318	0.024	0.795
2	ACA	3.019	2.878	3.160	3.417	3.313	3.521	0.398	0.000
3	Obamacare	3.178	3.061	3.295	3.425	3.318	3.533	0.247	0.002
4	Health reform & Supreme Court	3.200	3.080	3.320	3.380	3.264	3.496	0.180	0.035
5	ACA & Supreme Court	3.083	2.950	3.216	3.296	3.162	3.430	0.213	0.027
6	Obamacare & Supreme Court	2.907	2.768	3.047	3.236	3.110	3.363	0.329	0.001

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 8

Comparison of republicans to democrats on overall favorability of medicaid expansion.

Treatment		Republicans	95% CI		Democrats	95% CI		Delta	*p* Value
1	Health reform	2.827	2.704	2.950	3.271	3.145	3.398	0.445	0.000
2	ACA	2.817	2.680	2.953	3.365	3.250	3.480	0.549	0.000
3	Obamacare	2.846	2.717	2.976	3.397	3.294	3.500	0.550	0.000
4	Health reform & Supreme Court	2.836	2.709	2.963	3.373	3.266	3.480	0.537	0.000
5	ACA & Supreme Court	2.801	2.673	2.929	3.345	3.237	3.452	0.544	0.000
6	Obamacare & Supreme Court	2.649	2.517	2.781	3.316	3.211	3.421	0.667	0.000

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 9

Comparison of individuals high and low in racial resentment on overall favorability for allowing children to stay on their parents until age 26.

Treatment		High racial resentment	95% CI		Low racial resentment	95% CI		Delta	*p* Value
1	Health reform	2.930	2.737	3.124	3.370	3.220	3.520	0.439	0.000
2	ACA	2.690	2.494	2.887	3.411	3.300	3.522	0.721	0.000
3	Obamacare	2.871	2.671	3.071	3.451	3.321	3.580	0.579	0.000
4	Health reform & Supreme Court	2.973	2.777	3.169	3.427	3.298	3.555	0.454	0.000

Treatment		High racial resentment	95% CI		Low racial resentment	95% CI		Delta	*p* Value
5	ACA & Supreme Court	2.684	2.490	2.879	3.360	3.206	3.514	0.676	0.000
6	Obamacare & Supreme Court	2.790	2.597	2.982	3.416	3.292	3.541	0.627	0.000

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 10

Comparison of individuals high and low in racial resentment on overall favorability of marketplace subsidies.

Treatment		High racial resentment	95% CI		Low racial resentment	95% CI		Delta	*p* Value
1	Health reform	2.920	2.738	3.103	3.393	3.249	3.537	0.473	0.000
2	ACA	2.807	2.614	3.000	3.396	3.283	3.510	0.590	0.000
3	Obamacare	3.072	2.924	3.221	3.551	3.412	3.690	0.478	0.000
4	Health reform & Supreme Court	2.980	2.838	3.122	3.421	3.297	3.545	0.441	0.000
5	ACA & Supreme Court	2.844	2.658	3.030	3.385	3.220	3.550	0.541	0.000
6	Obamacare & Supreme Court	2.793	2.599	2.988	3.434	3.287	3.581	0.641	0.000

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 11

Comparison of individuals high and low in racial resentment on overall favorability of pre-existing conditions coverage requirement.

Treatment		High racial resentment	95% CI		Low racial resentment	95% CI		Delta	*p* Value
1	Health reform	3.328	3.133	3.522	3.434	3.280	3.589	0.107	0.400
2	ACA	3.092	2.903	3.282	3.489	3.375	3.603	0.397	0.000
3	Obamacare	3.392	3.260	3.524	3.598	3.480	3.715	0.206	0.023
4	Health reform & Supreme Court	3.374	3.220	3.528	3.457	3.307	3.607	0.083	0.450
5	ACA & Supreme Court	3.175	2.965	3.385	3.281	3.098	3.464	0.106	0.455
6	Obamacare & Supreme Court	3.062	2.854	3.271	3.469	3.321	3.617	0.407	0.002

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

Exhibit 12

Comparison of individuals high and low in racial resentment on overall favorability of medicaid expansion.

Treatment		High racial resentment	95% CI		Low racial resentment	95% CI		Delta	*p* Value
1	Health reform	2.838	2.669	3.007	3.326	3.177	3.475	0.488	0.000
2	ACA	2.714	2.502	2.925	3.390	3.284	3.496	0.676	0.000
3	Obamacare	2.834	2.648	3.020	3.478	3.332	3.623	0.644	0.000
4	Health reform & Supreme Court	2.791	2.617	2.965	3.380	3.224	3.536	0.589	0.000
5	ACA & Supreme Court	2.700	2.481	2.918	3.411	3.267	3.554	0.711	0.000
6	Obamacare & Supreme Court	2.655	2.461	2.848	3.383	3.226	3.539	0.728	0.000

Note: Analyses based on data collected by authors from an online survey of 6066 US residents from July 8–21, 2020.

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