# 2. Issue Publics in Health Policy

For almost a century, the politics of health policy in America has been characterized by the "negative consensus" that something should be done to fix or improve America's health care system.[[1]](#footnote-22) This ocnsensus has been shared by elites and masses alike. However, there is much less agreement on exactly how the health system should be fixed. Health policy in America is characterized by multiple competing interests. Payer interests, mostly embodied in a large private health insurance industry, want low prices for health services. In recent years, the public sector has become a major player in the payer environment as well, with the rise of Medicare, Medicaid, and other government programs. Providers, who have long been wary of oversight by outside groups and institutions, have at various times fiercely resisted the encroachment of the payers on their professional autonomy. Patients and consumers want access to quality health care services and products, which often also leads them to be concerned about costs being shifted onto them. Other groups, such as the pharmaceutical and medical device industries, medical research and education programs, and even employers who often pay for health coverage for their employees also have vested interests in health policy. This complex tapestry of competing interests, combined with the lack of any centralized control over the health care system and the negative consensus, makes health policy in America a perennial high-profile political issue. This issue area is also a perfect case study of the effects of groups on representation.

The study of group effects on representation, as explained in more detail below, often looks at the effects of organized groups on legislators and legislatures. These groups, theory predicts, affect legislative behavior by lobbying candidates and elected officials and seeking support in exchange for information and campaign support in the form of donations and other political action. Organized interests have been shown, at least in some cases, to exert important influence on policy. However, organized interest groups are not the only manifestation of group politics in American. The public opinion literature on issue publics suggests that unorganized groups may also have an influence on policy, though neither public opinion scholars nor legislative scholars have tested this link directly. Building on my ongoing research with Sunshine Hillygus, I propose to test the hypothesis that unorganized groups of voters can affect legislative behavior independent of organized interests, thus affecting the responsiveness of legislators to public opinion overall.

## Background[[2]](#footnote-23)

Given prior research on legislator behavior, there is little doubt that party matters. Partisan polarization has been a defining feature of American politics in recent decades. Research shows the two major political parties have come to take predictable and opposing ideological positions on many major issues (Adams and Merrill 2008; Brady, Han, and Pope 2007; Burden 2001, 2004; Cox and McCubbins 2005; Levendusky 2009; Petrocik 1987; Roberts and Smith 2003; Rohde 1991; Shafer and Johnston 2006).[[3]](#footnote-25) Across a range of studies, from those examining roll call-based ideal points (Poole and Rosenthal 1997, 2001) to analyses of electoral patterns (Jacobson 2003), it is clear that political elites are polarized (see also Hetherington (2009)). One potential implication of this literature is that legislative voting behavior should simply follow party lines, as with some recent prominent legislation such as the Affordable Care Act and numerous attempts to repeal it, or the Paycheck Fairness Act of 2014. Many issues, including major health care reform, are often cast in partisan terms. The ACA is one clear and prominent example of this schism in Congress. The bill was passed without a single Republican vote in favor. Since its passage, House Republicans have tried repeatedly to repeal it, and Republican congressional and presidential candidates have made repealing and replacing the ACA a major message of their campaigns. Democrats still largely favor the reform bill, providing a stark partisan contrast. This polarization certainly provides a clear choice for voters on Election Day, an important feature of party competition that strengthens accountability.

However, not all votes in Congress are partisan. The ACA is more of an exception than the rule in this regard. This may partly be a result of using roll call votes, the instigation of which is endogenous to partisan politics in the chamber, as a measure of legislative behavior. Still, there are numerous instances of Democrats and Republicans "crossing the aisle" to vote for the other party's bills, and of members of Congress "working across the aisle" on legislation both parties find desirable. Perhaps this bipartisanship has decreased in recent years as polarization has increased, but it has by no means disappeared completely from Congress, especially on less high-profile bills. Partisanship still matters in predicting votes, but it is not the whole story.

Within the congressional literature, the prominent counter to the party power hypothesis is that district preferences, not party control, determines voting behavior (Krehbiel 1993). The classic median voter theorem predicts that members of Congress will take positions (in this case, vote) according to the preferences of the median voters in their districts (Davis, Hinich, and Ordeshook 1970; Downs 1957). If legislators represent their constituents in this manner, then legislator votes will correspond to their median voter's preferences. Assuming that ideology is unidimensional, the representative simply picks the median voter's position to ensure reelection. This is the classic notion of democratic representation.

However, previous empirical studies do not always fit well with the assumptions of the median voter model. For example, rather than viewing constituents as a spectrum, members of Congress might see groups of voters, each with different but not necessarily contradictory demands of their elected officials (Kingdon 1995). Fenno's (1977) classic study of House members in their constituencies uncovered a great deal of heterogeneity in representatives' perceptions of their constituents. Constituents matter, but not always in the manner the median voter theorem predicts, and there are few explanations for these nuances offered in the congressional literature (Theriault, Hickey, and Blass 2011).

The observed deviations from the median voter theorem seem to suggest that groups matter. Often, this is modeled as organized interest groups affecting congressional behavior. It is straightforward to come up with a theoretical mechanism for such influence. Research shows that members of congress are held accountable for their votes on particular issues, such as crime policy [Bonney, Canes-Wrone, and Minozzi (2007); CanesWrone2011], depending on their level of salience at the time of the roll call and regardless of the legislator's voting record overall. Interest groups may play a key role in this dynamic, through their lobbying and campaign finance activities. As interest groups monitor elected officials, they may then try to use their influence to reward (punish) members of Congress who support (oppose) the group's position. Regarding gun policy, Shaiko and Wallace (1998) document the ability of the National Rifle Association (NRA) to mobilize both its official membership and the larger gun rights community and cite that grassroots mobilization as the reason for the NRA's success in influencing elections and policy. On the other side of the issue, gun control groups have made some strides in organizing themselves effectively, though that process has been a long one Lambert (1998). Theoretically, interest groups may therefore affect roll call votes in Congress.

Whether interest group influence is always manifested is harder to discern from the literature, which contains mixed results on the effects of interest group contributions and lobbying efforts (R. A. Smith 1995; Theriault, Hickey, and Blass 2011). Still, there is some evidence that interest groups affect roll call voting at least sometimes on some issues. In an analysis of roll call voting and dairy industry contributions in the mid-1970's, Welch (1982) finds that interest group contributions affected legislator voting behavior, though not as much as other factors like partisanship or the size of the dairy industry in the legislator's district. On gun bills specifically, Langbein (1993) report that NRA contributions are more effective at intensifying support from legislators already committed to pro-gun policies, rather than convincing legislators to change their minds. However, the same study finds that gun control groups were not as successful in any regard in their use of campaign contributions. (**???**) find similar results when analyzing the effects of gun-related interest group contributions on roll call votes.

Group influence on members of Congress may not occur solely through organized interests. Identifiable but unorganized groups of voters that tend to vote a certain way based on certain issues may also have an effect, independent of any financial or other organized activity, and not in quite the same way as the median voter theorem predicts. Within the public opinion literature, there is recognition that not all individuals care equally about all issues. According to the issue public perspective, voters might not have a coherent set of ideologies on which they base their vote preferences, but they are often knowledgeable or engaged on an issue or two based on self-interest, group identification, and/ or strong personal values (Krosnick 1990). The notion of issue publics has long played an important role in explaining public opinion and political behavior, but has largely been ignored in the Congressional voting literature. Instead, that literature has largely equated passion surrounding an issue with interest groups, with campaign contributions from these groups as the measurable manifestation of attempts to influence legislative behavior. However, organized groups may be elite-driven, only nominally representing the views of those they claim to represent (Skocpol 2001, 2003). They may also fail to include significant portions of the relevant population. For example, in 2012 only 24 percent of gun owners are members of the NRA, and support for gun control policies was higher among gun owners who did not belong to the NRA (Sides 2012). Throughout its history, the American Medical Association has at times been reined in by constituent doctors for being unrepresentative of their opinions (Starr 1982). This incongruence between interest groups and issue publics suggests that whether or not interest groups have any effect on roll call voting, the issue publics may have distinct effects of their own. Most importantly, issue publics might not be organized at all – the assumption is simply that they are individuals who are more likely to vote on the basis of this policy area. The distinction between interest groups and issue publics is fundamentally about assumed mechanisms of representation – votes versus money.

My hypotheses regarding interest groups and issue publics have been tentatively supported in previous work with Sunshine Hillygus (**???**). In that study, we analyzed the effects of issue publics and interest group contributions on two gun-related bills. We used hunters as our issue public, and campaign contributions from both gun rights groups (like the NRA) and gun control groups as our interest group measures. We found significant effects of both, even when controlling for partisanship and district preferences. However, there is work still to be done in establishing issue publics as a factor affecting representation. The votes we analyzed were not close votes, thereby not allowing us to rule out the possibility of greater party control on votes the majority party may actually lose. We also only analyze one issue public (hunters) and one issue (gun policy). To further support the claim that issue publics affect representation, we need to test more groups and more issues. I will provide such tests in this chapter, focusing on health policy bills and at least four health-related issue publics: doctors, hospitals, seniors, Medicaid recipients, and the uninsured. Other issue publics could easily be added to this analysis, subject to data availability.

## Data

### Bills

One of the advantages of focusing on health policy (rather than a more narrow issue like gun control) is the larger number of roll call votes and bills in Congress on the subject. In my analysis, I plan to analyze voting behavior on all roll call votes (whether for amendments or final passage of bills) categorized by the Policy Agendas Project[[4]](#footnote-28) as health related (major topic code 3). Thus, roll call votes will serve as the main dependent variable of my analysis. I will examine votes taken in both the House and the Senate, and hopefully there will be variation in how close the margin of victory or defeat is. This will allow me to specifically examine the implications of different strategic contexts for representation of issue publics (and of the public in general).

As mentioned in the introduction to this dissertation, there are important issues in the use of roll call votes as measures of legislator ideology. To mitigate these concerns, I will also collect data on cosponsorship decisions for health-related bills and use that as an alternative dependent variable. This will allow me to show any qualitative similarities across specifications of the dependent variable, increasing confidence in the overall findings.

### Issue Publics

As mentioned previously, I will analyze the effectiveness of five potential health-related issue publics: doctors, hospitals, the uninsured, the elderly, and Medicaid recipients. This list presents a wide array of groups, and will allow for some comparison of the responsiveness of members of Congress to each of these groups. Some may be more effective at getting their way than others, and although the tests I will present in this paper will not be abele to directly explore these differences in effectiveness, prior research on these groups can be brought to bear in explaining the results. I also expect certain groups to be more represented on specific subtopics. For example, doctors will probably illicit more responsiveness on provider-specific bills (which can be identified using Policy Agendas Project subtopic/ minor codes). At any rate, having data on multiple potential issue publics will be advantageous in testing the issue public representation hypothesis.

The general strategy for measuring issue public strength is to obtain some estimate of the number of people belonging to a specific group (i.e. Medicaid recipients) in a member of Congress' constituency (states for Senators, districts for House members). For doctors, I obtained practice data on all providers who billed Medicare in 2012. Using practice address, I geocoded this data and merged it with a congressional district map, thus linking all matched providers to a state and a congressional district.[[5]](#footnote-30) The assumption that providers affect the votes of the member of Congress in whose district they *practice* (as opposed to district of residence) is defensible for two reasons. First, it is plausible to assume that doctors live close to their practices. In some urban/ geographically small districts, this may be somewhat more problematic, but controlling for population density should help with this unfortunate measurement error. Second, even if a doctor does not live in a congressional district, it is likely that both members of Congress and their actual constituents will be somewhat familiar with businesses in their districts, including doctors offices. Members of Congress may want to keep economic actors in their districts happy, and doctors have at times been know to transmit messages on policy to their patients/ customers (Starr 1982). Thus, although the use of practice address is imprecise, it is likely to still provide a good measure of issue public strength, one that will do well at representing the signals actually received by members of Congress.

For the uninsured, elderly (specifically, Medicare beneficiaries), and Medicaid recipients, data can potentially be collected from a number of sources. Estimates of the first two at least are available from Catalist. Estimates of all three might be available from the Census Bureau sources, particularly the Small Area Health Insurance Estimates data. The states may collect data on Medicaid recipients. If actual (or estimated) enrollments in the public payers cannot be obtained, I could use demographic data, such as age and income, estimate the enrollment rates. Another option is to try to find data on Medicare/ Medicaid funding going to a state or district. Perhaps measures of charity care provided in an area could proxy for the uninsured, though the adequacy of this proxy is certainly debatable.

Hospitals are obviously a different kind of issue public, in that they are organizations, not people, and certainly not voters. However, I still plan to analyze the effect the number of hospitals in a state/ district has on legislative behavior because, as with doctors, the existence of hospitals, which tend to be very visible features of a community, in a district may be something members of Congress pay attention to. To the extent legislators pay attention to hospitals rather than voters, hospitals may be thought of as a "quasi-issue public." Self-interest can certainly give rise to issue publics defined strictly as groups of individuals, and it is worht testing whether the same dynamic occurs for organizations. I will look into obtaining hospital data from a government agency (CMS, HHS, or CDC) or from an industry group like the American Hospital Association.

I am not certain I can data on other issue publics to include in this analysis, but I will consider including groups like cancer patients, nurses and other healthcare providers, etc. if I can obtain geographic data on these groups. I am open to any suggestions or tips along these lines.

### Campaign Finance

To control for the activities of organized interest groups, hypothesized to be distinct from unorganized issue publics, I will obtain campaign finance data from interest groups that might be though to represent the issue publics mentioned, as well as some other groups. For example, the American Medical Association and other provider groups contribute heavily to political campaigns, and may be thought of as an organized analog to doctors in general. Campaign finance data by industry/ issue is available from the Center for Responsive Politics' website, opensecrets.org. Specifically, I will collect data on donations from healthcare provider groups such as the AMA, hospital groups like the American Hospital Association, other health industry groups such as those that represent insurance and pharmaceutical companies, Medicare/ senior groups like the AARP, advocacy groups for the poor and uninsured, and patient/ disease-specific advocacy groups.

### Public Opinion

Public opinion will be measured in my analyses using a few different sources. The Catalist ideal point data described in the data appendix will probably be the main measure. However, this data has the limitation of being applicable to only a few Congresses. I could supplement this with data from large surveys (CCES and NAES), but this again is limited in terms of the number of Congresses it can be applied to. Presidential vote share in a state/ district, despite its issues as a measure of public opinion, does allow for a somewhat longer time span for analysis. I will attempt to draw general qualitative conclusions based on all these sources of data, noting that each has its own limitations.

### Other Data

Information on the partisan affiliations of members of Congress is obviously necessary, and will be collected for this analysis. In addition, there are likely to be district- or state-level variables that should be included as controls. These might include population density or some other measure of urbanicity, region of the country, income levels and racial distributions the district or state, and others. Again, I am open to suggestions on control variables, and I will be searching past research to see what controls have been empoyed in studies of health politics.

## Planned Analysis

* In analysis, be sure to look for interaction effects between median voter and issue public; negative means issue public influence (if higher value for median is conservative and the issue public tends to be conservative)
* Issue to be concerned about: predicting legislative behvior using public opinion, which may be endogenous to legislative behavior. Counter to this: public opinion driven by elites, not by a particular action of a particular elite. Just because the public discourse and therefore public opinion is elite-driven, responsiveness to public opinion need not occur, at least not at an overall legislative level. (look at Zaller, Jacobs and Shapiro, and Druckman and Jacobs for more on this issue).
* Think about how to examine overall effects of issue publics on legislature as a whole; perhaps something like how many votes are influenced by issue publics?

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1. This point, as well as others throughout the openning paragraphs of this chapter, are documented by Starr (1982) and Starr (2011). [↑](#footnote-ref-22)
2. Much of this section is similar to the literature review section in my previous work on issue publics with Sunshine Hillygus (**???**). [↑](#footnote-ref-23)
3. This point, as well as others throughout the openning paragraphs of this chapter, are documented by Starr (1982) and Starr (2011). [↑](#footnote-ref-25)
4. See the data appendix for more information on the Policy Agendas Project and other data sources mentioned in this chapter. [↑](#footnote-ref-28)
5. **[Give details about the data, the geocoding results, etc.]** [↑](#footnote-ref-30)