

College of Saint Benedict and Saint John's University

DigitalCommons@CSB/SJU

All College Thesis Program, 2016-2019

Honors Program

5-2018

Poison Pills: How Subtle Differences in Processes, Public Opinion, and Leadership Doomed the American Health Care Act and Passed the Affordable Care Act

Zachary Eichten

College of Saint Benedict/Saint John's University, zbeichten@csbsju.edu

Follow this and additional works at: https://digitalcommons.csbsju.edu/honors_thesis



Part of the [American Politics Commons](#), [Health Policy Commons](#), and the [Models and Methods Commons](#)

Recommended Citation

Eichten, Zachary, "Poison Pills: How Subtle Differences in Processes, Public Opinion, and Leadership Doomed the American Health Care Act and Passed the Affordable Care Act" (2018). *All College Thesis Program, 2016-2019*. 56.

https://digitalcommons.csbsju.edu/honors_thesis/56

This is the work of Zack Eichten, Political Science Undergraduate Honors Thesis 2018

Poison Pills: How Subtle Differences in Processes, Public Opinion, and Leadership Doomed the
American Health Care Act and Passed the Affordable Care Act

Zack Eichten

COLG 398: All College Thesis

May 3, 2018

Abstract

In 2009, the Patient Protection and Affordable Care Act became law. This was possible because the Democratic Party had a majority in both branches of Congress and control in the executive branch. In 2017, the American Health Care Act failed to become law, despite the fact that the Republicans controlled Congress and the presidency. What factors explain the different outcomes? Why was one able to pass, but not the other? This study presents a framework for explaining these different outcomes by exploring the impact of the legislative process, the role of public opinion, and the impact of polarization as factors that influenced both legislative outcomes. Using process tracing this study examines the impact of unorthodox lawmaking, public opinion data on healthcare, and DW-Nominate scores as a measure of polarization. The results show that a combination of factors impacted the legislative outcomes on these two major bills. The findings suggest that a holistic approach to examining factors is useful when explaining why a piece of major legislation is passed or failed.

Contents

Introduction:.....	1
Background of Topic	1
LITERATURE REVIEW	5
Partisanship and Polarization.....	5
Public Opinion: Does it Matter?	7
Changes in the Legislative Process: Unorthodox Lawmaking	9
Auxiliary Theories: Conditional Part Government and the Cooper-Brady Thesis.....	13
The Models	17
Hypothesis.....	18
Case and Justification	19
The Affordable Care Act and Unorthodox Lawmaking	20
The American Health Care Act and The Better Care Resolution Act	27
Discussion on Public Opinion.....	32
Factionalism in the ACA and AHCA	37
Discussion.....	43
Conclusion	44
Works Cited	46

Project title: Poison Pills: How Subtle Differences in Processes, Public Opinion, and Leadership
Doomed the American Health Care Act and Passed the Affordable Care Act

By Zack Eichten

Approved by:

Claire Haeg, Professor of Political Science

Whitney Court, Associate Professor of Political Science

Louis Johnston, Professor of Economics

Claire Haeg, Chair, Political Science Department

Jim Parsons, Director, All College Thesis Program

Introduction:

The basic structure of Congress and the executive branch has remained more or less the same since the Constitution was put into place. Congress writes legislation, and the President signs that legislation into law. In the passage of the Affordable Care Act, both chambers were controlled by Democrats, and the sitting president was also a Democrat. However, in 2017 the Republicans controlled both chambers and the sitting president was also a Republican, yet the proposed replacement for the ACA, the American Health Care Act, failed. While the structural factors were very similar, the legislative outcomes were different. In this study, the impact of public opinion on healthcare will be used to explain the difference in outcomes for the various pieces of healthcare legislation. Additionally, party polarization and leadership styles will be examined to find how party leaders shaped the major pieces of legislation. This will be a process tracing study, with an empirical analysis of public opinion data to supplement the process tracing, as well as an empirical analysis of DW-Nominate scores to find party strength and the strength of leaders.

Background of Topic

Due to the supermajority the congressional Democrats held in Congress after the 2008 election, they knew they had to react swiftly to get their healthcare reform passed. Both of the major presidential candidates in the 2008 election had healthcare reform as an important platform point, but passage required quick and decisive action in order to be seen as a victory for Democrats. With a supermajority this was going to be possible (Quadagno 2014).

The passage of the ACA was a clear victory for Democrats in both Congress and the executive branch. This was despite the fact that the ACA was essentially a Republican plan. The

provisions of the ACA were nearly identical to the Health Equity and Access Reform Today Act of 1993 (HEART), which was a Republican plan that was an alternative to the Clinton Plan in the 1990s (Quadagno 2014). HEART had widespread Republican support, including for provisions such as the employer and individual mandate. Two decades later, the ACA passed through Congress with zero Republican votes, despite being a nearly identical plan.

In a thirteen-month long battle, the healthcare bill hurdled several obstacles. In November of 2009, the House of Representatives approved their version of Bill 220-215, with one Republican voting for the bill. This was done by limiting federal funding for abortions (Affordable Health California 2017). In December of 2009, the Senate approved its version of Bill 60-39, on a strict party line vote. (Affordable Health California 2017). Finally, in March of 2010, the Senate's version of the bill was voted on by the House and was approved 219-212. All Republicans voted against the bill. Two days later, President Obama signed the bill into law, his first major victory as president (Affordable Health California 2017).

Some of the ACA's provisions went into effect more quickly than others. In September of 2010, the provisions that called for no lifetime caps on coverage, allowing dependents to stay on their parents' healthcare until 26, barring pre-existing condition exclusions, and barring insurers from requiring co-pays on preventative care and vaccinations went into effect (Affordable Health California 2017).

On January 1st, 2014, the bulk of the ACA went into effect. The ACA opened the Health Benefit Exchanges' sales of coverage, prohibited the denial of coverage to adults with pre-existing conditions, required large employers to provide coverage to those who work 30 hours a week, provided tax credits for small businesses that provided coverage, and provided tax credits

for individuals and families with incomes up to \$94,200 who bought their insurance through the Health Benefit Exchange (Affordable Health California 2017).

In the 2016 election, Donald J. Trump campaigned on a message to “Repeal and Replace” Obamacare. This sentiment and subsequent surge of carried Republican lawmakers to Congress and Trump to the presidency. In the first months of his presidency, Trump attempted to dismantle the bill that took over thirteen months to create. In March of 2017, the Republicans introduced their replacement plan, the American Health Care Act. However, after facing intense backlash from both the left and right, they withdrew the bill after realizing they did not have the votes to pass it, proving just how difficult healthcare policy can be to turn into legislation (Affordable Health California 2017).

The ACA provided new laws regarding healthcare. The federal government used a mixture of incentives and public support in order to make these new protections successful. It had a few main features including state insurance exchanges, strict regulations on insurance companies, fines for employers who did not offer coverage for employees, an individual mandate for insurance, subsidies for low income people to purchase healthcare, and a Medicaid expansion (Quadagno 2014).

However, there were still critics on both sides of the aisle, with those on the left disappointed that the ACA was still market-based and claiming that it was a concession to insurers and not a single-payer system (Quadagno 2014). Those on the right decried the ACA as the first step toward socialism, and were upset at the “big government” system that the ACA represented (Quadagno 2014).

Healthcare has been at the forefront of every election cycle since 2008. Democrats and Republican legislators campaign on either a commitment to the ACA, or the repeal of ACA.

However, once Republicans controlled both chambers of Congress and the executive branch, they failed to replace the ACA with their plan, the AHCA. There are several possible explanations as to why “Repeal and Replace” failed. One theory explains that the ACA was essentially a conservative plan, based on the HEART Plan, the Republican answer to the original Clinton plan in the 1990s. This meant that a replacement that was even more conservative in nature was next to impossible while still having a health plan at all. For example, comparing the ACA with Romneycare, the Massachusetts plan that was designed under Republican Governor Mitt Romney, reveals that most of the key features such as the individual mandate and coverage for young adults are present in both plans (Bennett, Cox, and Parlapiano 2011). The ACA had popular aspects that the AHCA was going to repeal, such as these key features.

The unpopularity of the AHCA is one aspect that should not be downplayed. A Quinnipiac poll in May of 2017 found that only 21 percent of voters approve of the revised GOP healthcare plan (Malloy and Smith 2017). The drop in public opinion was also tracked by the Kaiser Family Foundation, which found that in July of 2017 unfavorable views among voters were increasing, from 55 percent opposing repeal, to 61 percent opposing repeal (Kirzinger, DiJulio, Wu, et al. 2017). Views evolved in the minds of many conservatives regarding the ACA, especially once the reports from the Congressional Budget Office came out and said that over 20 million Americans would be kicked off their insurance (Goodnough and Zernike 2017). One idea is that local news coverage describing how many Americans would lose coverage swung the public opinion away from repeal (Fowler and Gollust 2017).

Other theories focused on the different processes used in both cases. In the case of the ACA, work on developing the law started in the fall of 2008 and was signed in March of 2010. This year-and-a-half long process included opinions from major stakeholders across the aisle,

attempting to build a bill that would please both sides. This included the use of unorthodox lawmaking, especially the use of the multiple referral to various committees (Sinclair 2016; Affordable Health California 2017). On the other hand, the AHCA was drafted in relative secrecy, with only a few key senators such as Senate Majority Leader Mitch McConnell drafting the legislation. In the end, the secrecy might have cost the Republican leaders, as many of the majority party felt slighted by the lack of inclusion in the drafting process. The thought was that by ignoring the regular order and process, the bill might have passed quicker. It did not (Hohmann 2017).

LITERATURE REVIEW

Partisanship and Polarization

Abramowitz remarks “There is no question that policy differences between Democrats and Republicans in Washington have increased over the past several decades. The Sharp divisions ... were a result of a long term trend toward ideologically polarized political parties – a trend that has made bipartisan cooperation and compromise more difficult” (2010, 2)

Polarization is the concept that there are deepening ideological rifts between ideologies and between parties, especially within the United States. It is often measured by ideological consistency, measured by how often one chooses a consistent political position across a variety of issues. (Abramowitz 2010; Webster and Abramowitz 2017). There are two schools of thought regarding polarization. The first is that ideological polarization has increased among both the electorate as well as political elites, thereby solidifying policy preferences and sharply dividing the voters (Abramowitz 2010; Jacobson 2012). In contrast, some authors believe that parties are now more sorted, but the mass public remains moderate ideologically (Fiorina, Abrams, and Pope 2008; Levendusky 2009). Both sets of authors agree that there is polarization in the elites,

but differ on if there is partisanship or polarization in the electorate. The difference is that partisans follow a distinct party, but could be very moderate on political issues. Partisans on an ideological continuum are able to still be close to the other party in terms of issue position. Polarization instead is the distance between the two parties that is ever growing. This is clear in American politics by the increase in extreme candidates that are elected (Webster and Abramowitz 2017). This polarization is happening not only at the party elite level but also in the electorate itself.

The polarization within the legislature is in part due to the reforms of the 1970s that happened in the House and Senate. The reforms worked to consolidate power in the leadership of the party, which in turn created cohesive parties that members of congress were obligated to vote with and were held accountable to do so (Sinclair 2016, 139-141). Not only were the parties themselves more partisan (Fiorina, Abrams, and Pope 2008), but the party mindset began to change. Now, a victory for the opposing party was a loss for your party. This affective polarization creates insurmountable rifts, especially when dealing with major legislation (Webster and Abramowitz 2017). Examining polarization in government, Abramowitz (2010) has found that over the past thirty years, ideological differences between Democrats and Republicans have increased dramatically, due to the increasing party loyalty that came as an unintended consequence of reform (Webster and Abramowitz 2017). Polarization then leads to gridlock in making major policy decisions. Combined with sunset rules (where constituents can see how their representatives vote) legislators become fearful of losing elections and will be loyal to the party agenda. Therefore, bipartisan compromise has fallen by the wayside, and partisan politics have dominated in the post reform era (Abramowitz 2010; Sinclair 2016; Webster and Abramowitz 2017).

Polarization in the legislature is also linked to the polarization of the electorate. The reason that partisan politics has become so dominating in government is that the electorate that votes is highly polarized. The more engaged a voter is, the more polarized that voter is. This has the opposite of intuitive wisdom, as many might think that being more educated on the issues would make one see the benefits of both sides of the arguments. Unfortunately, due to motivated reasoning, more engaged voters tend to instead learn the other side of the debate just to find the weaknesses that support their position over others (Bolsen, Druckman, and Cook 2014).

This polarization in the legislature causes an increase in partisanship in the legislature. Where polarization is the furthering of an ideological divide, partisanship focuses on intra-party cooperation, often at the expense of the other party. In this sense, polarization causes partisanship to deepen as well. If the other side cannot or will not work to find consensus in bipartisan ways, then solutions within the party must be found. This partisanship gives rise to more of the unorthodox lawmaking that Sinclair (2016) describes, as the “textbook” way of finding compromise has become impossible on pieces of major legislation with political stakes involved (Jacobson 2000).

Public Opinion: Does it Matter?

One factor that is not included in Sinclair’s discussion of unorthodox lawmaking is the use of public opinion data to inform how a bill was passed. Beaussier (2012) discusses the need for the window of opportunity to be present, which somewhat takes into account broad public feeling toward change in general. However, in passage of specific bills, the public opinion surrounding a bill will help lawmakers determine how to vote. Jacobs and Mettler (2011) discuss situational framing in public opinion. They find that situational framing of a bill, as in the short versus long term impacts of a change in law, is the most important piece that informs public

opinion. For instance, if a bill being presented would reduce employment by 5% the framing would situationally refer to this part of the bill, regardless of the substance of the bill. The consequences are explained, while substance is put to the side (Jacobs and Mettler 2011).

The most important aspect to what guides public opinion is the media, specifically intense media framing. Franklin-Fowler, Baum, Barry, Niederdeppe, and Gollust (2017) discuss the polarization of public opinion due to media effects. They find that polarization in media leads to stagnation of changing public opinion. Essentially, once the debate is situationally framed due to partisan media, public opinion is unchangeable. This is once again due to the motivated reasoning that people undergo when making decisions. It is better to look for the reason you are right rather than learning of new perspectives, and partisan media directly feeds into this mindset (Bolsen, Druckman, and Cook 2014; Franklin Fowler et al. 2017).

Both sets of authors (Jacobs and Mettler 2011; Franklin Fowler et al. 2017) determine that media effects have an impact on public opinion, but there is disagreement about which factor of the media is most important to public opinion. Jacobs and Mettler (2011) would determine that short term framing is the most important factor to stagnating public opinion, while Franklin-Fowler et al. (2017) would determine that long-term polarization of media sources is the most important factor to examining media effects on public opinion.

Concurrent with Bolsen, Druckman, and Cook (2014), McCabe (2016) finds that motivated reasoning is present in where people look for their media, and media is the largest source of information that impacts public opinion. Motivated reasoning explains how people tend to find reasons to reinforce their original view of a subject, rather than researching opposing evidence. Partisan bias is a large portion of the way people decide their feelings on certain issues. Generally, elite cues help form the direction these motivated reasoning arguments occur.

Knoll and Shewmaker (2015) investigate a facet that might play into motivated reasoning. They study nativism, the idea that American culture and way of life needs to be protected from foreign influences. This idea is held often in issues such as military usage or race/immigration issues, but is not unique to these circumstances. It plays into the reasoning people use in their opinion of anything that may seem “un-American.” Knoll and Shewmaker (2015) discover that those who held nativist beliefs often have significant negative beliefs toward any policy that seems “progressive” as they view change with high skepticism. Often these beliefs manifest in negative public opinion, and highly communicated toward elected representatives as they are the loudest voices in opposition to policies (Knoll and Shewmaker 2015; McCabe 2016).

Another set of authors looks at a regional reporting of public opinion as a metric for policy shaping. Brodie, Deane, and Cho (2011) find that differences in state public opinion falls to the partisan leanings of certain states. Red states tend to dislike laws that change current systems, and blue states enjoy new implementation. People are inclined to agree with the positions they have already taken, and, as McCabe’s research indicates, are not necessarily open to new ideas. This mentality is found in the nativism factor discussed by Knoll and Shewmaker (2015); people choose a side in the debate and stick to it, especially if the issue is complex like healthcare is. After all, who knew that healthcare was so complex? The answer? People who pay attention.

Changes in the Legislative Process: Unorthodox Lawmaking

Sinclair (2016) lays out six key features of the framework for understanding if a piece of major legislation is undergoing unorthodox lawmaking. The first factor that changed was the use of multiple referrals. “Multiple referrals” is the referral of a single piece of legislation to many

different committees. This occurs in both the House and the Senate, and is used to reduce the amount of time that major bills would need during reconciliation. This differs from the typical orthodoxy where committee chairs would be free to make their own additions to the bill in their committees. By being forced by the speaker majority leader, the committee chairs lost their influence and more power was consolidated in the speakership or majority leader. This centralization of power is a key aspect of unorthodox lawmaking (Sinclair 2016, 163). This is not done simply for the sake of doing it, but rather it is a necessity when the typical orthodoxy would lock the major legislation from ever being pursued (Beaussier 2012).

Institutional fragmentation causes these deadlocks. By having a Congress and executive branch with separation of powers, it may be difficult for change to be enacted (Beaussier 2012). However, Beaussier (2012) introduces the “window of opportunity” thesis. This thesis combines several elements that are necessary for major reform in a fragmented institution. The first is an economic context that calls for increased government intervention (Beaussier 2012). The electorate, and by extension elected officials are more willing to try new innovative changes, as most major pieces of legislation are, if the economic context is not as strong as people hope. The change in law is exciting to the electorate, which gives the party in power room to pursue their agenda (Beaussier 2012; Sinclair 2016).

Beaussier (2012) notes the next variable necessary to the window of opportunity hypothesis, which is the fact that the prospect of reform was enjoyed by lawmakers throughout the process. It is connected somewhat to the economic context, but essentially there are political points that can be scored if the major legislation becomes law. This is partially the reason why unorthodox lawmaking must be employed, as the minority party does not want the majority party to win any points, as it hurts their chances of reelection or winning a majority in the future. This

merely contributes more to the polarization issues as well (Abramowitz 2010; Beaussier 2012; Sinclair 2016).

In addition, the “window of opportunity” hypothesis indicates that bill passage requires support from the major stakeholders. To pass any piece of major legislation there will always be important interest groups that must be included in the discussion. If not, there will be significant resistance to the changes and may derail the process (Beaussier 2012).

Bypassing committees is a hallmark of unorthodox lawmaking. Once the major stakeholders are on board with reform, the legislative process takes place. In the previous era of orthodox lawmaking finding common ground for bipartisan reform was crucial. In a hyper partisan era, unorthodox lawmaking takes hold (Brown 2011). This aspect is confusing considering the first part of unorthodox lawmaking is multiple referrals. However, in the typical orthodoxy referrals gave the committee heads more power. In unorthodox lawmaking, it is an expedited way to get perspectives, but they can ultimately be ignored by the centralized power in the leadership if the committee heads prove unruly. In this way, committees get bypassed if they attempt to interfere with the process too much (Brown 2011, Oberlander 2016, Sinclair 2016).

Major reconciliation changes are expected in the use of unorthodox lawmaking. Sinclair (2016) remarks that inevitably the House will be more polarized than the Senate due to smaller and more politically homogenous regions the 435 members represent. With these more homogenized districts, House members are able to be more ideologically extreme with less risk of being voted out in the next election. Therefore, the bill that is passed through the House is also more likely to be extreme compared to a Senate version. This forces major reconciliation between party leaders in both chambers to occur that makes a bill passable in each. It is likely

that the version that appears will be too extreme in the eyes of many Senators, and too weak for many House members (Burgin and Bereznyak 2013; Sinclair 2016).

Omnibus legislation is mentioned by Sinclair (2016) as a major factor that forces unorthodox lawmaking. This factor works in concurrence on the major reconciliation changes as well. If there is an omnibus bill, it is expected there will be differences between the two chambers. These two factors are closely related in the use of unorthodox lawmaking. The use of this tool is used to pass items with one massive sweep as opposed to many smaller strokes (Sinclair 2016).

Throughout the unorthodox lawmaking process there are significant number of summits between legislators and executives. These meetings are necessary for building and maintaining coalitions that would be required to get the votes to pass (Sinclair 2016). Executives meet with both party leadership as well as individual legislators to ensure that they will vote the correct way when the bill is up, even if their favorite part is cut or not included in the final bill. By using the executive as a sort of whip, it becomes clear that the piece of legislation is important to the agenda of the party, and using all possible tools is helpful to passing the major legislation. Orthodox lawmaking calls for executives to refrain from entering the debate, preferring legislators write the laws. However, unorthodox lawmaking requires additional heavy-handedness (Beaussier 2012; Sinclair 2016).

The final aspect of unorthodox lawmaking is the use of complex rules. The trend of complex rules is paramount to the use of unorthodox lawmaking. The rules used are what kept people on track, even though it may open up new problems. One rule that was particularly complex was the Byrd rule for the Senate. The rule requires anything used in reconciliation of bills must have a budgetary impact. If it does not that part is stricken from the bill. In addition,

the chamber rules complicate intra-party consensus. As each person in the majority party has a veto power due to slim majorities, and each threat of veto must be taken seriously (Burgin and Bereznyak 2013; Sinclair 2016).

In the House, the Rules Committee can make any rule as simple or complicated as need be, but minority parties can still call for parliamentary points of order to delay any vote, hoping more time will make others reconsider their votes. In addition, rules can be created to provide members of Congress cover from voting on toxic parts of bills that may hurt their chances of getting reelected in the future. Essentially, rules complicates the typical lawmaking process to provide convoluted structure that members can hide behind, or to create limits on how much a law can change from existing law (Sinclair 2016).

[Auxiliary Theories: Conditional Part Government and the Cooper-Brady Thesis](#)

Unorthodox lawmaking is one umbrella way to view the changes over time to processes in Congress. However, more than one theory connects to changes in procedures and processes in Congressional settings. One is the Cooper-Brady Thesis which examines leadership style and its effect on the passage of bills and other legislative outcomes (Smith and Gamm 2013). Cooper-Brady thesis. The thesis states that party leaders are only strong when working with a more homogenous group of elected officials (Cooper and Brady 1981; 169). Therefore, party leaders are only strong when their party colleagues allow them to be strong. Essentially, the party leaders require a mandate from the masses to lead. If they do not feel like the leaders represent their best interests, they will not agree to work with the party leaders. However, even if the party is fragmented, it is still possible for leaders to be strong if their counterparts are cohesive and strongly held. The incentive is there to work together if the other team is going to work strongly to oppose you. Essentially divided and fragmented parties are not strong. However, cohesive

parties working together are strong. This strength leads to more power centralized in leaders, and centralized power leads to polarization in the chamber (Cooper and Brady 1981; Smith and Gamm 2013).

Cooper-Brady thesis also has the claim that voting patterns and policy outcomes are primarily the result of legislator policy preferences. Legislators gather their policy preferences from their own electorates' policy preferences, and pass these on into their votes. A party that is very similar in their votes is supposed to be following their electorates' preferences (Cooper and Brady 1981; Smith and Gamm 2013). Therefore, a strong party has a unified electorate with the same goals. Leadership style is a product of party unity, meaning that strong leadership should come with stronger unity in the electorate. Leadership style has minimal impact on legislator behavior, as legislators are primarily concerned with reelection (Smith and Gamm 2013; 170).

Conditional Party Government differs from Cooper-Brady in one key area, which is that leadership style is important to legislative outcomes, rather than minimally needed (Aldrich and Rohde 2000). Conditional Party Government is conditional upon one thing, and that is polarization and cohesiveness of parties. Where Cooper-Brady also call for polarization, Conditional Party Government requires that strong leadership arises with polarization and partisanship in Congress. Leadership has a significant impact on their colleagues votes and actions, and heavily influence policy outcomes (Aldrich and Rohde 2000). The difference between the two is that Cooper-Brady sees leaders as parliamentary facilitators. They are only given enough power to move the party interests forward. In Conditional Party Government, leadership is tasked with driving policy choices forward, and is given the latitude to do this by their fellow colleagues in the chamber (Cooper and Brady 1981; Aldrich and Rohde 2000; Smith and Gamm 2013).

Smith and Gamm (2013) provide a useful figure that depicts the links between Cooper-Brady and Conditional Party Government. This is shown in figure 1 below, with the links between the two ideas. Essentially, Conditional Party Government augments the argument found in the original Cooper-Brady thesis. Partisan polarization occurs in the electorate. This leads to Congressional party polarization, which increases the strength of party leader power, centralizes the power, and changes leadership styles. This party strength and leadership style lead to legislative outcomes. Conditional Party Government introduces such variables as party size, intraparty factionalism, and electoral needs. The only way to increase strength of leadership is to have a cohesive group of legislators. Without it, the party will not be able to achieve legislative outcomes. (Cooper and Brady 1981; Aldrich and Rohde 2000; Smith and Gamm 2013).

Figure 1: Cooper-Brady Thesis (Black) and Conditional Party Government (Blue)

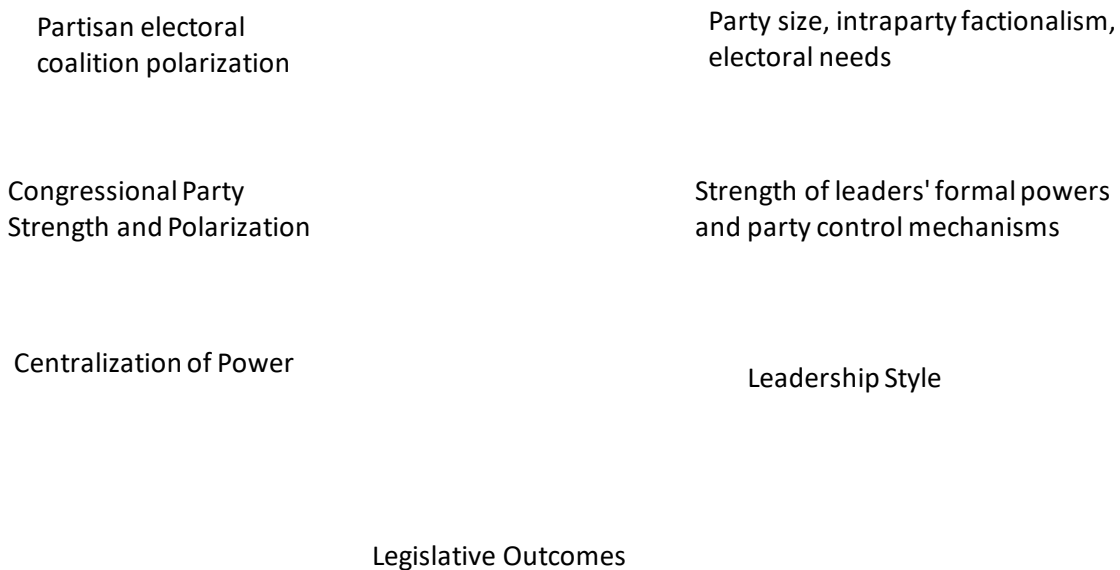


Figure 1 illustrates how leaders impact legislative outcomes. However, the link between partisanship and polarization in the chain cannot be ignored. Electoral dynamics are changed when polarization is introduced to an electoral system, especially a two-party system like the United States. Merrill, Grofman, and Brunell (2014) examine how polarization impacts intra-

party fractures and factionalism. They find empirically, using tethering models, that partisan polarization and intra-party differentiation are negatively correlated. That is, when there are more factions or fractures and a lack of cohesiveness in a party, polarization is lowered within that party (Merrill, Grofman, and Brunell 2014). The opposite holds true also: when a party is cohesive, and the fractures are small or nonexistent, polarization increases. The authors examine tethering as cohesiveness. They find that asymmetric cohesiveness pulls the non-cohesive party closer to center for a time, but then as they gain cohesiveness will pull back away from center as they become polarized (Merrill, Grofman, and Brunell 2014). This is in line with Conditional Party Government, as homogenous parties become polarized, and it provides the procedural tools to party leadership to legislate effectively, and efficiently due to the greater party discipline (Aldrich and Rohde 2000; Smith and Gamm 2013; Merrill, Grofman, and Brunell 2014).

Brunell, Grofman, and Merrill (2016) agree with Merrill, Grofman, and Brunell (2014). They find that supermajorities in the United States Congress causes volatility and pivots toward polarization. With each additional member in a supermajority, party cohesiveness is harder to maintain. Therefore, each voter becomes pivotal (Brunell, Grofman, and Merrill 2016). A pivotal voter can threaten an entire coalition, and turn winners into losers in the legislative process. This is in part due to the tethering concept of Merrill, Grofman, and Brunell (2014) as larger majorities provide the necessary incentive for a minority party to tether together and pull away from the center to differentiate themselves (Merrill, Grofman, and Brunell 2014; Brunell, Grofman, and Merrill 2016).

Intraparty fractures are a key component of conditional party government, since the “conditionality” is connected with the homogeneity within the party. This homogeneity gives leadership the power it needs to shape policy for the party. To test these intraparty fractures,

Brunell, Grofman, and Merrill (2016) use DW-Nominate scores to test where each member of Congress sits in relation to each other. They find that current scores indicate no middle ground between the polarized parties in Congress. Therefore, the median DW-Nominate score is much more variable depending on those pivotal voters.

Because of intraparty fractures, replacement of legislators by members of the same party are going to have a very low impact on legislative outcomes. In current polarized settings, party leaders are going to exert more control over their party, and maintain discipline in voting. However, replacement of legislators across parties will move the median voter further in the direction of those that replace the other (Merrill, Grofman, and Brunell 2014; Brunell, Grofman, and Merrill 2016). It should be noted that turnover is not a large phenomenon in current politics, replacement significantly impacts ideological movement in both chambers.

The Models

This study examines three explanatory models of legislative outcomes. The three models will focus on the use or misuse of unorthodox lawmaking to show how the use of the technique when passing major legislation results in positive legislative outcomes. The next set of variables will focus on public opinion. This study will determine if positive public opinion has a positive relationship with the passage of major legislation, and vice versa. The third facet of this study will examine the healthcare bills in the context of the Cooper-Brady and Conditional Party Government hypotheses, which will examine if intraparty fractures caused leadership styles to be different, with the theory that different leadership results in different outcomes for major legislation.

Hypothesis

Through the strains of literature surrounding my research question, three main hypotheses are present. The first hypothesis is:

H₁: There is a positive relationship between unorthodox lawmaking processes and major legislation passage

This hypothesis considers the impact these process differences had in ultimate passage of a bill. Unorthodox lawmaking as described by Sinclair (2016) has many measurable benchmarks to exist in a law making process. An examination of the events of both ACA and AHCA will occur to test whether or not the processes were in place for AHCA, as they clearly were in passage of ACA.

The second hypothesis is as follows:

H₂: Public Opinion has a positive relationship on the passage of major legislation

This hypothesis will cover the specific consideration that public opinion during the ACA had in policy decisions, the public opinion in years following in diffusion of policies across states, and then the ultimate public opinion in the process of AHCA. This will also examine media effects on public opinion, and explore other factors that may have influenced the public opinion surrounding healthcare.

The third hypothesis is as follows:

H₃: There is negative relationship between further distance of DW-Nominate Scores and the passage of major legislation.

Together, these hypotheses will work to explain the differences that made the Affordable Care Act passable, and the American Health Care Act impassable. These considerations will attempt to explain how structures matter, but the public still holds sway over what is eventually

law. Additionally, it will examine if intraparty fractures were present, and if they were, did they make the healthcare laws more or less likely to pass.

Case and Justification

In order to fully understand the processes used in the passage of bills this study will employ process tracing as a method. To do so, a process tracing of the ACA passage will be discussed below, with a similar discussion of the AHCA following. Given the time frame, the sources used for the AHCA will be more journalistic in nature, compared to the more scholarly work used to discuss the ACA. However, both will work to explain differences between the two cases. This is what Sinclair (2016) uses to describe the ACA, and is a methodology recommended by Collier (2011) to find differences across cases.

However, the actual processes are not the only factors that must be examined. The theory of this case is that both CPG and Public Opinion had an influence in the passage of ACA and failure of AHCA. For public opinion data, Kaiser Family Foundation polling data from before the ACA was passed to when AHCA failed will be analyzed for trends. In addition, ANES data will be examined to see how healthcare opinions tracked over larger periods of time. This methodology is used by Jacobs and Mettler (2011) and McCabe (2016) to discuss their findings regarding public opinion on healthcare decisions, therefore the same methods will be used here.

Following that, a review of Conditional Party Government will occur using DW-Nominate scores. These scores will track the partisanship and polarization of elected officials during both periods. These will then be used to examine how leadership strength and party strength impacted the voting during both periods of time (Smith and Gamm 2013). This methodology is used by both Merrill, Grofman, and Brunell(2014) as well as Brunell, Grofman,

and Merrill (2016) in their discussion of polarization of bill passage. Similar methods will be used in this study.

The Affordable Care Act and Unorthodox Lawmaking

The legislative process in the United States Congress has changed into an unorthodox style of lawmaking. The original orthodoxy no longer works in the modern congress. In order to pass both congressional Democrats and Obama were determined to not repeat the mistakes of the Clinton administration. One way to guarantee that was to take advantage of the unorthodox lawmaking process that had been trending since the 1970s. There are six features that are present in this process, including multiple referrals to committees, bypassing committees, making substantive changes when merging bills, increasing the use of the omnibus legislation, increased number of summits between executive and legislature, and the use of complex rules (Beaussier 2012; Sinclair 2016).

Unorthodox lawmaking in the House was present from day one of the healthcare battle. The first thing Speaker Pelosi did was task the three most important committees with healthcare jurisdiction to negotiate to present one bill (Sinclair 2016). In addition, the Senate Majority Leader Harry Reid appointed the two committees that deal with healthcare to do a similar task (Sinclair 2016). This was designed to reduce the amount of time that would be needed to reconcile the bill after committee work. This differs from the typical orthodox process where committee chairs would be free to make their own additions to the bill in their committees. By being forced by the speaker, the committee chairs lose their influence and more power is consolidated in the speakership (Sinclair 2016). Beaussier (2012) explains part of the reason for this necessity as being the deadlock experienced when institutional path are locked against

change. In order to force through the policy changes, unorthodox lawmaking had to be employed (Beaussier 2012; Sinclair 2016).

By attacking healthcare reform right during the great recession, more people were willing to allow government intervention to stimulate the economy and set it back on track. Brown (2011) includes the economic context as well. The economic context brought Democrats into power who wanted the change, which prompted more people being in favor of government intervention through economic policy (Brown 2011; Beaussier 2012). Due to the financial crisis, people were no longer able to maintain their separation from the uninsured, as they became the uninsured. People were more worried about losing their job, their homes, and be unable to pay their medical bills (Gottschalk 2011; Brown 2011; Beaussier 2012).

Beaussier (2012) notes the next variable necessary to the window of opportunity hypothesis, which is the fact that the prospect of reform was enjoyed by lawmakers throughout the process. Where support for Clinton's healthcare reform quickly waned, support for reform in the Obama due to rising costs and degradation of access was available throughout the long process (Beaussier 2012). Unlike the call to action against reform in the Clinton era, characterized by Harry and Louise due to the alienization of already insured people and major stakeholders, both the common people and policymakers supported the change (Gottschalk 2011, Oberlander 2016). In the Clinton era, people were unwilling to challenge the big giants of insurance, but after the financial crisis, prolonged support for change was sustained (Gottschalk 2011; Beaussier 2012; Oberlander 2016).

In addition, the window of opportunity hypothesis requires support from the major stakeholders, which in the past had been unable to happen. Without the major stakeholders, support for the bill would have been nonexistent, regardless of the number of Democrats in

power. Then major stakeholders each had their own ideas on why the reform should happen. Employers support was due to the skyrocketing insurance costs as well as the economic recession. With the recession, they were unable to provide the quality insurance needed for their employees and a reform would lighten their own cost burden (Beaussier 2012). Containing costs was a top measure for reformers and employers could get behind that as it supported their bottom line (Brown 2011).

Hospital and pharmaceutical industries also needed to be included in the discussion, as well as agreeable with the changes for reform to happen. They stood to lose a lot if the reform happened without their input, as they had been able to profit off the instability of health with little in the way of regulation (Shaffer 2013). Through reform, they knew everyone would become insured, reducing the cost of providing care to the uninsured people that often came to them (Beaussier 2012; Shaffer 2013). In order to get these hospitals on board, the lawmakers had to cut deals with the hospital sector to gain support (Gottschalk 2011; Beaussier 2012). The hospitals wanted to guarantee a pool of payments and patients, which is why they supported the individual requiring people to buy insurance (Hacker 2011; Gottschalk 2011; Beaussier 2012, Shaffer 2013). In addition, the deals promised hospitals would not be expected to lose more than a moderate amount of revenue (Hacker 2011). Pharmaceutical companies were offered a similar deal. In order to get behind the reform protections for most their revenue was expected and given (Hacker 2011; Beaussier 2012; Shaffer 2013).

The Democratic coalition could not afford to lose any of their own votes without killing the bill (Sinclair 2016). Democrat coalescence was required to pass the bill. One particularly tough group to get on board was the Blue Dog Democrats, moderates who often represented Red districts that McCain had won in the previous election (Brown 2011; Sinclair 2016). Before an

unveiling of an initial bill on July 14, 2009, forty Blue Dogs had sent a letter to Speaker Pelosi that expressed strong reservations about the bill (Sinclair 2016). In addition, the Democrat's progressive flank proved unruly as well, concerned that the Blue Dog's opposition could kill the public option for healthcare, which their caucus demanded (Sinclair 2016). The Blue Dogs also managed to get the leadership to hold off on a vote on the floor until after the August recess, which turned out to be a disaster for public relations due to the lack of final bill. The bill had not been voted on in either chamber up to this point, and those anxious for change due to the possible swinging tides of the 2010 midterms were upset (Brown 2011; Sinclair 2016; Oberlander 2016). Unlike in the House, where centralization had been the theme since the 1970s, the Senate had resisted this change until the healthcare bill. Reid, initially giving more leeway to his committee chairs, had to force centralization into his office to reach settlements between the various coalitions in his own wing (Beaussier 2012; Sinclair 2016). By threatening to bypass the committees and focus on his own office, Reid buys in to the unorthodox lawmaking that had become commonplace (Beaussier 2012; Sinclair 2016).

What many scholars seem to ignore in this aspect is that those participating in the debates had differentiated points of view. Hacker (2010) characterizes some scholars as forgetting the aspect of differentiation between political actors, each with their own goals beyond simply campaigning and elections. The substance of their public policy makes an impact on them and the various groups that hold sway. So, while it is easy for some authors to find fault with caucuses within a party that threaten fragmentation, others make it clear these fault lines are due to more than just an arbitrary idea set, but rather a set of preferences in what should go in the public policy (Hacker 2010; Beaussier 2012).

The next feature of unorthodox lawmaking that was present in the healthcare debate was major changes that came from reconciling the bills that were passed through committee. A fragmenting Democratic caucus threatened the security of the bill during reconciliation. It seemed as though each compromise would get a rise out of one wing of the party or another (Sinclair 2016). One factor that got the most attention from all members of the Democratic party was the public option. The public option was championed by the progressive wing of the parties, including Speaker Pelosi. Yet, fearing she would not get the required 218 votes had to compromise on a version that had been contained in Education and Commerce committee compromise (Sinclair 2016). Another factor that was threatening the bill's viability to get the required 218 votes was the debate on abortion. Stupak led the anti-abortion Democrats on including more strict anti-abortion language in the bill, to which pro-choice Democrats sharply criticized, threatening their support (Burgin and Bereznyak 2013; Sinclair 2016). Another tipping point came when moderate Democrats wanted language prohibiting undocumented immigrants from purchasing healthcare through the plan, which galvanized the Hispanic Caucus against the language citing undue burdens that would be lace on legal immigrants (Sinclair 2016; Oberlander 2016). With each compromise, more intra-party splits were threatened.

The massive size of the bill, necessitating the need for multiple referrals and a long reconciliation process meets the criteria for an omnibus bill that is often the case in unorthodox lawmaking. Though the exact number of pages people think refers to the ACA, many believe the number of pages is around 10,000 (Kessler 2013). Though opponents sometimes argue over 30,000, the number of actual regulations still would necessitate an omnibus bill (Kessler 2013; Sinclair 2016).

Throughout the process, there was an increasing number of meetings between the leadership and legislators, which is another key feature of the new unorthodox lawmaking that is now the norm in congress. Once the Finance Committee bill was passed through committee on the 13th of October, Reid began meeting with the committee chairmen, as well as officials from the White House (Beaussier 2012). These meetings were crucial for both strategic planning and making sure the bill would still be passable after amendments. The meetings continued, with Reid forging agreements between the more liberal and conservative factions of his party (Beaussier 2012).

This same trend occurred in the House. Focusing on the undecided members, both House leadership and members of the executive branch made contact to sway the vote. One House member even reported being contacted by Obama, Speaker Pelosi, the White House Chief of Staff Rahm Emanuel, the HHS secretary, and education secretary to assure his support for the bill (Sinclair 2016). Obama even came to talk to all of the Democratic Caucus, arguing for the historic opportunity that was before them. These meetings helped ease the fears of those representatives that were uneasy, and galvanize the representatives who were in support of the bill (Beaussier 2012; Sinclair 2016).

In addition, Obama held a summit between congressional Democrats and Republicans in February. Though no bipartisan compromise came from the summit, Democrats were bolstered by the President's strong stance, and Republicans remained largely unchanged. Together, along with public calling for a vote on healthcare from the President, the stalling that had taken place until then stopped (Sinclair 2016). A vote was coming.

The trend of complex rules is paramount to the use of unorthodox lawmaking. The rules used were what kept people on track, even though it may have opened up new problems. By the

time both chambers were ready for rules, the open seat in Massachusetts due to Ted Kennedy's death was filled. However, it was filled by a Republican, Scott Brown. This complicated the rules that were going to be used, because the Democrats lost their filibuster-proof senate (Sinclair 2016).

One rule that was particularly complex was the Byrd rule for the senate. The rule requires anything used in reconciliation of bills must have a budgetary impact. If it does not that part is stricken from the bill. Because of this, the amount of changes Democrats could make during reconciliation were limited (Beaussier 2012, Sinclair 2016). In addition, the chamber rules complicated the intra-party changes many people wanted. As each person in the Democratic party got a veto due to the slim majority, each threat of a veto had to be taken seriously (Burgin and Bereznyak 2013).

In the house, the reconciliation bill passed the House Budget committee and the Congressional Budget Office report for the criteria that Obama had laid out. As the bill was filed Pelosi gave her members a bit of cover with rules allowing them to vote on the fixes to the senate bill, rather than a direct vote on the senate bill that contained some toxic provisions for house members (Beaussier 2012). At the time however, cable news had been running healthcare coverage non-stop. Despite Republicans doing similar moves in the past, they now called the moves an abuse of power, and the cover Pelosi had tried to lay was actually having the opposite effect (Sinclair 2016). She ended up dropping the rule, but reiterated that voting on something like the senate abortion or immigration language would not pass the Byrd test, and therefore would be thrown out if changed (Beaussier 2012; Sinclair 2016).

Throughout the final days, Republicans attempted to delay by calling for points of order, and making parliamentary inquiries before the final vote could occur (Sinclair 2016). The final

vote came down party lines, with some Democrats crossing over in opposition. The final vote for the bill in the house was 220-211. The senate took the reconciliation and passed it 56-43. Finally, the bill was voted in the house for the final time, and passed 219-212 (Sinclair 2016). Healthcare would become law.

The American Health Care Act and The Better Care Resolution Act

The American Health Care Act was introduced in March 2017 as the Republican plan to “Repeal and Replace” the Affordable Care Act. It was introduced in the House first on March 7th, and referred to the Energy and Commerce as well as the Ways and Means committees (Pear and Kaplan 2017). President Trump immediately signaled his support for the bill on the same day it was released to the public.

The following day, both House committees passed the bill out of committees on strict party lines. These bills were passed out of committee despite the lack of a Congressional Budget Office economic analysis. On March 12th, the CBO analysis was finally released, which indicated that 52 million Americans were projected to be uninsured if the AHCA in the original form was passed. Additionally, premiums would be higher until 2020, at which point premiums were projected to be less than ACA levels (2017).

On March 16th, the House Budget committee voted the bill to the floor, but recommend several changes to the bill. These changes were recorded in the Manager’s amendment, which included several unpopular clauses for moderate Republicans including creating a work requirement for Medicaid enrollees and giving states the option to fund adult and children populations with block grants. Due to the lack of cooperation from moderate Republicans, Speaker Ryan pulls the bill from the floor due to lack of support for the bill “or anything close to it” on March 24th (Hughes and Peterson 2017; Portnoy 2017).

On April 20th, House Republicans are working on a new version of the bill when the revised version was leaked to the press (Sherman, Palmer, and Lippman 2017). The changes to the bill included waivers to the states for some of the ACA's key provisions aimed at appealing to the far-right Freedom Caucus representatives (Costa and Winfield Cunningham 2017). This was followed by the MacArthur amendment, which also aimed for appeal to Freedom Caucus members, by adding to the replacement bill that States could apply for a waiver from the federal government which would essentially allow them to opt out of many provisions of the ACA. Under such waivers, states could allow insurers to charge consumers more based on age, change or eliminate the ACA's essential health benefits requirements, and charge individuals with pre-existing conditions higher premiums.

On May 4th, the House passes the AHCA 217-213 along party lines, with 20 Republicans voting no with all Democrats (Sanger-Katz 2017). On the same day, many Republican senators announced plans to write their own bill, rather than work within the confines of the House bill (Sullivan, Winfield Cunningham, and Snell 2017). The House bill was too ideologically extreme to pass in the Senate, similar to what happened in the passage of the ACA. Additionally, the Senate did not have a Republican supermajority, subjecting any comprehensive repeal plan to filibuster by Democrats. Therefore, the senate had to use reconciliation rules, which eliminates filibustering. However, the rule also restricted what could be in the bill, as it must have a budgetary impact (UCSF 2017).

Unlike the ACA passage however, Senate Majority Leader Mitch McConnell did not farm out his bill for multiple referrals right away. Instead, he created a 13-man team of legislators to craft the bill in relative secrecy. 13-man team is the correct verbiage, as there were

no women included in the crafting process, a move sharply criticized by Republican swing vote Sen. Susan Collins (R-ME) (Pear 2017).

On June 19th, McConnell announces that the secret bill was sent to the CBO for scoring. Reportedly only a few members of the 13-man group had seen the final version sent to the CBO, which garnered sharp criticism from both sides of the aisle, with Senators expressing frustration at being left out of the drafting process (Bump 2017).

By June 22nd, a discussion draft of the Senate bill was released. It is named the Better Care Reconciliation Act (BCRA). Within hours, several Republican senators speak against the bill. This issue of Republican support was compounded by a CBO score that indicated 22 million people would lose insurance under the bill (Kaplan and Pear 2017). Due to this negative scoring, the bill voting was pushed until after the July recess (Parlapiano and Benzaquen 2017).

After the recess, several amendments were introduced to the Senate bill. One of note was the Cruz amendment, which would have allowed for insurers to offer minimal coverage plans that do not comply with ACA requirements so long as the insurer also made available at least one gold plan, one silver plan, and one bronze plan. Additionally, it made changes to Medicaid, allowing states to apply block grant funding for the Medicaid expansion population. Second, under the amendment, the bill would have also allowed states to exceed block grant caps in the case of a public health emergency. Immediately Both Susan Collins and Rand Paul announced they would not support the bill (Kaplan 2017). In the following days, two more Republican senators announced they would not support the bill either, making it impassable (Parlapiano and Benzaquen 2017).

Due to the lack of support of the BCRA a repeal only plan was floated. This is named the Obamacare Repeal Reconciliation Act (ORRA). This was quickly shot down as three senators

say they will not vote for a full repeal (UCSF 2017). McConnell elects to hold a vote on the unpopular bill, despite the fact that it is likely it will not pass. Right during this time, Sen. John McCain was diagnosed with brain cancer, sending the senate into panic as he was viewed as a mandatory vote to pass any bill. As a result, McConnell is once again forced to slightly delay the voting until McCain was back to the Senate. During this time, the CBO scores the latest version of the BCRA, and finds that 21 million people would lose health coverage under the final plan (UCSF 2017).

In addition to BCRA and ORRA, Senate leadership also unveils the “Skinny repeal,” which would eliminate the individual mandate, the employer mandate, and the medical device tax. This was unveiled as leadership is expecting that both the ORRA and BCRA would fail, and this would be the last resort to pass a healthcare bill (UCSF 2017).

On July 26th, the Vote-O-Rama begins. This is the procedure when the Senate introduced and voted on a number of bills and amendments in a very short time. In this time, the ORRA was voted down. Additionally, the BCRA fails in the Vote-O-Rama. In the morning of the 27th, Senate Republicans expressed opposition to the Skinny Bill. That night, the Skinny Bill fails 49-51, with Sen. Collins, Sen. Murkowski, and Sen. McCain voting against. The picture of Republican healthcare ends with John McCain emphatically thumbs-downing the final healthcare bill. The Republican attempt to “Repeal and Replace” the ACA with the AHCA failed (Peterson, Hackman, and Armour 2017).

Unorthodox Lawmaking was clearly used in the case of the ACA passage. But what about in the AHCA and BCRA? The first major component of the unorthodox lawmaking process is multiple referrals. In the House, the AHCA was referred to two committees, but more so in a ceremonial way as the bills were immediately passed out of the committees the following

day. In the senate, no committees were consulted, instead Majority Leader McConnell elected to bypass committees entirely and use a team he handpicked to craft the bill. Though bypassing committees is another component of unorthodox lawmaking, typically the bills are still referred and then committee heads are threatened with being bypassed if they are not team players. The strategy employed does not fall into the mold of unorthodox lawmaking style, especially in the Senate. This next major piece of unorthodox lawmaking, bypassing committees, is completely overlooked by Republican leadership. Bypassing committees was typically looked upon as a referral, then threat or action. In the case of AHCA and BRCA, the committees were ceremonial or nonexistent.

Third, major reconciliation changes are nearly nonexistent. First, there can be no major reconciliation between chambers as the Senate failed to pass any version of their healthcare bills. Even intra-chamber reconciliation was limited as most of the members, rather than work out kinks, elected to introduce new bills instead. Only a few amendments were added in either chamber, and even then, these did not reconcile the differences people had in the bills, working to merely appease some wavering members. As such, this process was once again left out.

Fourth, Omnibus legislation was present during the process. Due to the scope of the bills set forth, omnibus legislation was definitely in action. It should be noted here that omnibus legislation is not the major focus of the unorthodox lawmaking process. However, it is closely tied with major reconciliation changes. With massive bills, it is expected there will be differences between ideologically different chambers.

The next facet of unorthodox lawmaking, increased number of summits between executives and legislators was not present. Instead, when faced with setback President Trump elected to tweet his frustrations, and leave House and Senate leadership to clean up the mess.

Though the tweets set in public record what the focus of the President was toward the healthcare bills, it does not constitute the actual summits needed to convince legislators to vote in a certain way.

Finally, the last piece of Unorthodox Lawmaking is the use of complex rules. In the failure to pass the bills, the most complex rule used was the Senate reconciliation rule. This determined that anything without a budgetary impact is subject to filibuster. However, this is not a unique rule, and is in effect always, not just on major legislation. Therefore, this rule is not complex in the case of this specific bill. Once again, the attempt to “Repeal and Replace” does not meet the criteria to constitute the facet of unorthodox lawmaking.

In five of the six major categories that constitute unorthodox lawmaking, the AHCA and BCRA fail to qualify. This indicates that the unorthodox lawmaking approach used in the passage of the ACA was not used during the failure of the AHCA. Due to this, the hypothesis that there is a positive relationship with unorthodox lawmaking processes and major legislation passage is tentatively confirmed as the use of unorthodox lawmaking helped pass the ACA, and the lack of use led to a negative legislative outcome.

Discussion on Public Opinion

One factor that is not included in unorthodox lawmaking is the use of public opinion data to inform how a bill was passed. The structure was very similar in both the cases of healthcare attempts, so something on the outside must have changed. Many members of congress after the failure of AHCA remarked that the topic was politically toxic, and it would be unable to pass the senate in a form Republicans wanted. In order for the topic to be toxic, however, an aspect must be incorporated on public opinion of policy. Jacobs and Mettler (2011) discusses the implications of public opinion on health and health policy. They discover that situational framing generally

will be the most important piece of the public opinion rather than long term impacts. These short-term effects in 2009-2010 were generally framed in a positive way, bringing healthcare to millions of people. In 2017, the opposite frame took effect and then the public opinion of the healthcare bills in turn were negative. One aspect of this framing they discussed was the media. Media effects were strong for many Americans, despite the framing partisan news sources gave. Jacobs and Mettler (2011) discuss that these frames from media were the most important factor in forming the public opinion. Specifically, intense media framing was the most important piece in determining public opinion.

Concurrently with Jacobs and Mettler (2011), Franklin Fowler, Baum, Barry, Niederdeppe, and Gollust (2017) discuss the polarization of public opinion of the Affordable Care Act since its passing. They also find that news coverage informs the public opinion surrounding the issue of healthcare (Jacobs and Mettler 2011; Franklin Fowler et al. 2017). Due to polarization, the healthcare debate has largely remained stagnant, with each side unwilling to budge. The implication is that once people have determined their opinion, it is very difficult to change. Though both sets of authors agree the media has an effect on the public opinion, there is some disagreement as to which factor is most important in the media itself, whether its short-term framing or long-term polarization of messaging.

Partisan bias permeates into all forms of framing, but it seems that healthcare is one of the most divisive topics of the day. How does this attitude responsiveness impact the public opinion surrounding the issue? McCabe (2016) examines this issue in depth. She finds that motivated reasoning shapes the public opinion of this issue. In the case of the affordable care act, these often are informed by that partisan divide that Fowler et al. (2017) explain. McCabe (2016) describes that personal experience with the law was more important in shaping the opinion of the

public than anything, but barring a personal experience, people turned to elites and the media to inform their opinions.

Where Jacobs and Mettler (2011), McCabe (2016), and Fowler et al. (2017) converge is the idea that media has an impact of the public opinion on healthcare. The strength of this relationship differs, but when looking at where attitudes are formed, looking at the media's role cannot be ignored in the public policy of health care.

McCabe (2016) refers back to motivated reasoning as a primary driver in public opinion, and it is informed by political bias in a frame of personal experience. McCabe remarks, "Republicans are more likely to blame the health reform law for negative changes in their health insurance situations, while Democrats are more likely to credit the law for positive changes in their situations." Political framing is a way to put oneself on a team, where one would defend the team's actions at all costs.

Knoll and Shewmaker (2015) investigate a facet that might play into motivated reasoning. They study nativism, the idea that American culture and way of life needs to be protected from foreign influences. This idea is held often in other issues, such as military usage or race/immigration issues, and might play into the reasoning people use in their opinion of the ACA. Knoll and Shewmaker (2015) discover that those who held nativist beliefs often had a significant negative feedback regarding the ACA. This is concurrent with the findings in McCabe (2016).

The results indicated that many with negative views of the Affordable Care Act saw it as a cultural threat to America, which then motivated their reasoning to disagree with it. Once again, this piece was formulated by elites and the media, as noted earlier in Fowler et al. (2017), McCabe (2016) and Jacobs and Mettler (2011). These existing messages about nativism likely

resonated with pre-existing conditions toward accepting nativism. Lucky for them, preexisting conditions are covered under the ACA.

Pacheco and Maltby (2017) examine the role public opinion has taken in actual decisions surrounding the ACA. They note that often in discussion of policy diffusion across states the only public opinion taken into consideration is the opinion in the home state. They argue that opinion across states is an important measure of decision making in elected. The argument for home state opinion being more important remarks that policymakers are concerned with reelection primarily, so they would be unwilling to risk accepting the diffusion of ACA decisions if the public opinion was hostile. Pacheco and Maltby (2017) argue that when the popularity of a policy in another state is considered, the actual policy decision in state is changed. This is because the measure is tested, and confirms or denies a policy choice (Pacheco and Maltby 2017).

As discussed previously, motivated reasoning will play into the way people behave in regard to their opinions. If their party introduces something, they are more likely to defend that decision because it agrees with their sense of loyalty. The same could be expected to hold for the healthcare laws discussed both in 2009-2010 and 2017. To start, an examination of the public opinion polls during the 2009-2010 healthcare debates will occur. This will be followed by an examination of 2016 ANES data on healthcare opinions by party identification. Following that, a discussion of the 2017 public opinion data will occur.

The first step is to find the public opinion data. This study will use the Kaiser Family Foundation public opinion polls. Starting with the June 2009 Public Opinion Release, the Kaiser Family Foundation found that Beaussier's (2012) Window of Opportunity Hypothesis was very active during this time. In 2009, the KFF surveyors asked if the respondents thought now was the

right time for healthcare reform (2009). A majority of Americans, 61 percent, from the sample responded that it was more important than ever to take on health reform during this time. By March of 2010, these opinions were strongly backed into partisan corners. On the whole, people were less likely to cross party lines on the issue of health and healthcare. In 2010, respondents were asked if they supported or opposed the reform proposals (2010). Overwhelmingly, people choose to support their party rather than cross party lines. In total, the country was 46%-42% in favor of the reforms. This is not a majority of Americans, but it was a plurality of Americans, which is the type of majority that Americans tend to like. By the time reforms were on the horizon, it was clear that the partisanship and polarization of the electorate was the driving force behind if people approved or disapproved of the potential law changes.

In 2016, the landscape of public opinion had not changed. Partisanship is still the driving force behind the opinions of respondents. The 2016 ANES asked questions about the opinions

PRE: Favor or oppose 2010 health care law * PRE: Party ID: Does R think of self as Dem, Rep, Ind or what Crosstabulation

		Party ID: Does R think of self as Dem, Rep, Ind			
		1. Democrat	2. Republican	3. Independent	Total
Favor or oppose 2010 health care law	1. Favor	940	141	446	1578
		59.6%	8.9%	28.3%	100.0%
	2. Oppose	205	899	593	1808
		11.3%	49.7%	32.8%	100.0%
	3. Neither favor nor oppose	304	190	327	881
		34.5%	21.6%	37.1%	100.0%
Total		1451	1231	1367	4271
		34.0%	28.8%	32.0%	100.0%

Figure 2. 2016 American National Election Study Health Care Attitudes. *Data From ANES. Compiled by Author*

people hold of the 2010 healthcare laws. Figure 2 shows the opinions of the law by party, and finds that Democrats still like the law more than Republicans.

One thing that is interesting to note is that by 2016, the percent of Republicans that opposed the law had dropped below 50%. This is significant as it could show that the window of

opportunity hypothesis Beaussier (2012) explains may not be present for reversing the bill following the election cycle.

After the 2016 election, where Republicans take control of both the legislative and executive branches, they begin work on “Repeal and Replace” efforts on the ACA. As mentioned, the window of opportunity did not seem to be present when Republicans attempted to pass their health bills. It is clear that partisanship is at play for why people said it was a good thing that the AHCA vote was initially pulled from the floor (Kirzinger, DiJulio, Sugarman, et al. 2017). However, the partisanship on Republicans is lower than that of Democrats, with only 54% of Republicans saying it was a “Bad thing” that the House did not pass the bill, compared to 39% of Republicans agreeing with Democrats and Independents that it was a “Good thing.” As expected, Democrats were strongly in favor of that bill not passing through the House initially, with an overwhelming response of 87%. In June of 2017, the view had shifted even further. 55% of Americans found the ACA replacement plans unfavorable, compared to 30% of people that found it favorable. Republicans still had a majority approving it, but only by a margin of 6% in the party (Kirzinger, DiJulio, Wu, et al. 2017). Even with motivated reasoning, Republicans were finding it difficult to get behind the replacement plans going through congress. By July, the plans failed in the Senate, and the final push to pass healthcare was finished for now. Due to slim public opinion support even from the Republican base, Republicans in congress could not garner the support needed to pass their version of healthcare replacements.

Factionalism in the ACA and AHCA

The final model to examine is the effect of Conditional Party Government. This will be done by examining DW-NOMINATE scores for both the 111th Congress and the 115th Congress. This is done to test for intraparty fractures within the majority party. If these fractures are

strong, then leadership styles will be weaker, resulting in negative legislative results. In this examination, the median and mean member of congress will be found for both nominate dimensions, then a box and whisker plot will be examined to determine the range of the members in a certain congress, and if a further distance within party results in negative legislative outcomes. It is important to note that this does not happen in a vacuum. It is likely that legislators are influenced by a variety of factors, not just the leadership style of the party leaders. However, it is an important facet to understand in the legislative process.

To start, the 111th Congress will be examined. Of course, the end of this story is that they were able to pass the ACA. The DW NOMINATE scores for the 111th Congress were gathered from VoteView.com. Each member of congress is given a score between 1 and -1 on two scales, where 0 is the ideological middle, 1 is ideologically conservative, and -1 is ideologically liberal. The first scale is the economic scale, where economic issues are captured. This is the typical left-right spectrum most people think of when referencing American political spectrums. However, a second dimension is captured here as well, the social spectrum. This second dimension captures the social spectrum of liberalism and conservatism.

The DW NOMINATE Scores can be used to visualize how compact the ideology of party members in congress are. With a larger spread between members, those intraparty factions may

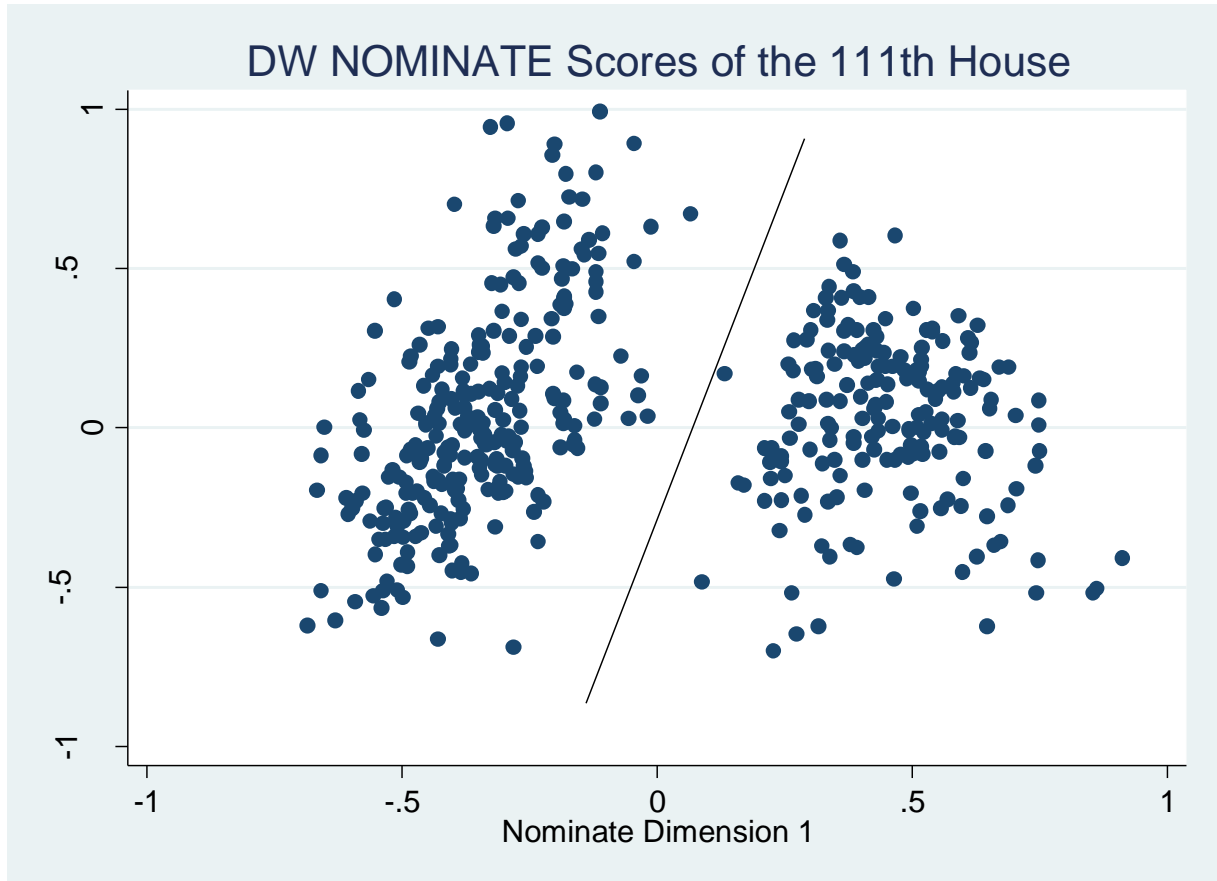


Figure 3. DW NOMINATE Scores of the 111th House. *Voteview.com.*
Compiled by Author

show in votes more than the tightly knit and cohesive parties. To begin, the 111th Congressional House is shown. In the 111th congress, the Democrats were the majority party and were attempting to pass their healthcare legislation, the ACA.

The main dimension that will be focused on for this frame of discussion is Dimension 1, where the economic propensities are measured. This is done because the Healthcare bills are largely economic in thought. The House Democrats were largely cohesive in the 111th congress. They had variance, but the party as a whole was more liberal on the first dimension. This

indicates that in economic terms, most democrats were huddled around one point of the ideological spectrum. Given Speaker Pelosi's strong leadership style as discussed during the Unorthodox Lawmaking section, and where her members lie on the ideological spectrum, there was not much room for factionalism in the 111th Congressional democrats. There was some, for example an outlier of a Democrat that was more conservative than liberal, but on the whole, Democrats did not have too many factions in the House at this time.

A similar story holds true for the Senate Democrats. Though not as liberal, as expected,

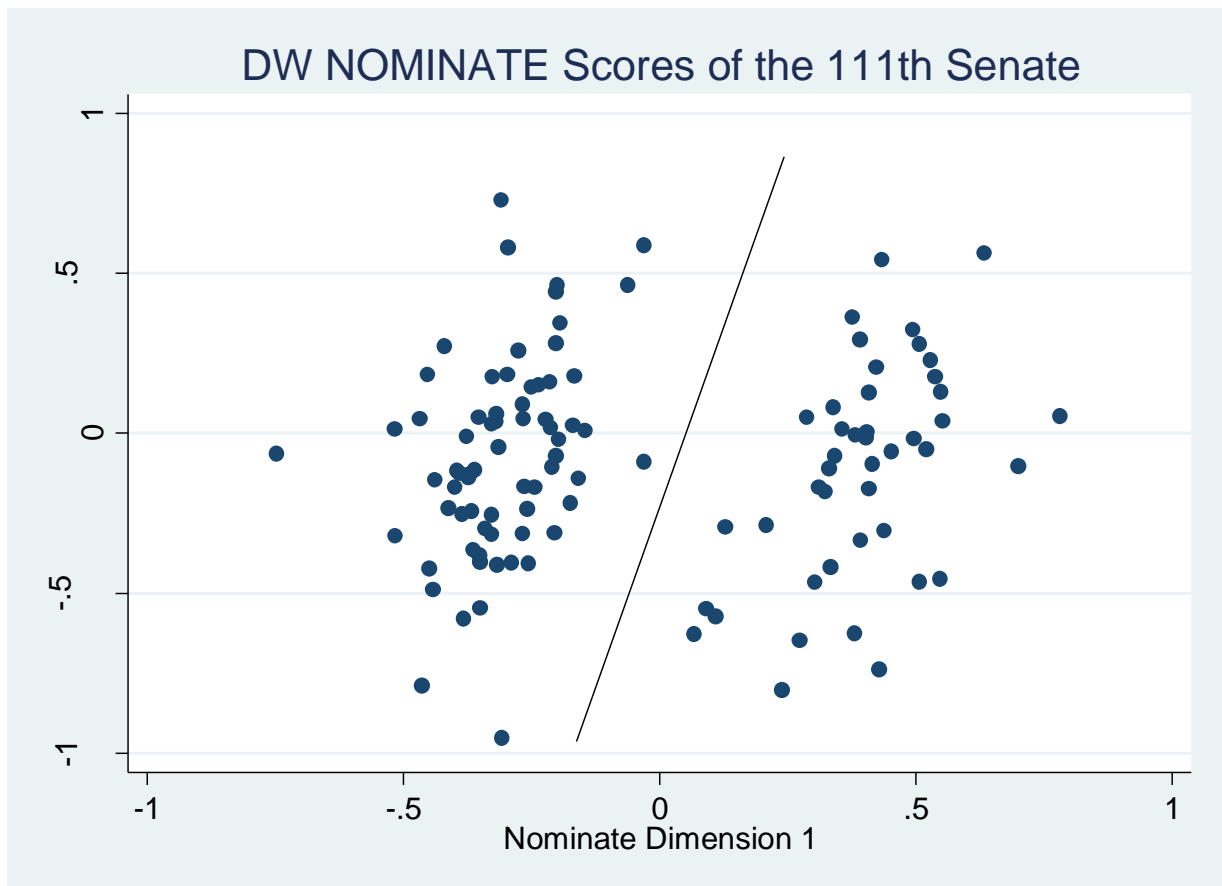


Figure 4. DW NOMINATE Scores of the 111th Senate. *Voteview.com.*
Compiled by Author

the same tight bunching was seen on the economic Dimension for the Senate. The variability within Senate Democrats was very low, and gathered around a moderately liberal standpoint. This lack of variance makes it clear that the factionalism that appeared to be an issue when

attempting to pass this bill between the progressives and blue dogs were more symbolic than actually true. On the whole, Democrats were on the same page for the 111th congress when passing the ACA.

On the other hand, the 115th Congressional Republicans may have something different. The punchline to this story is that the Senate failed to pass the BCRA, their version of the AHCA. However, was this due to factions within the Republican Party? Or something else?

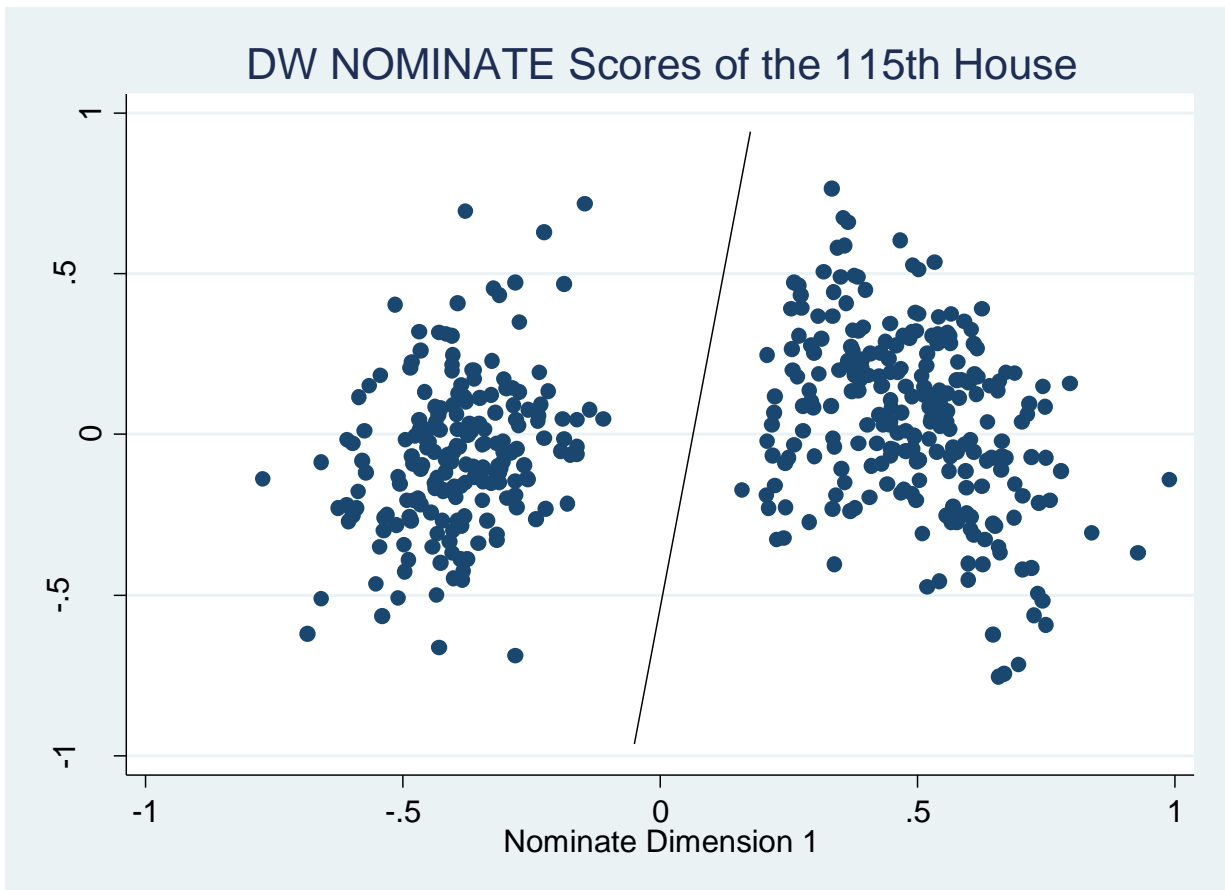


Figure 5. DW NOMINATE Scores of the 115th House.
Voteview.com. Compiled by Author

The first thing to look at is the House Republicans in the 115th Congress. Overall, in economic terms, House Republicans exhibit the same characteristics of the House Democrats in the 111th congress. They are tightly knit, and the variance is not that great. There is one outlier, but it is to the more conservative side of the spectrum, so it should not cause issues of voting against conservative bills. This DW-NOMINATE spread makes sense as the House Republicans were able to pass the AHCA with relative ease, taking only 2 months to pass even with setbacks. As mentioned earlier, the Senate BCRA was the part of the “Repeal and Replace” movement that caused issues.

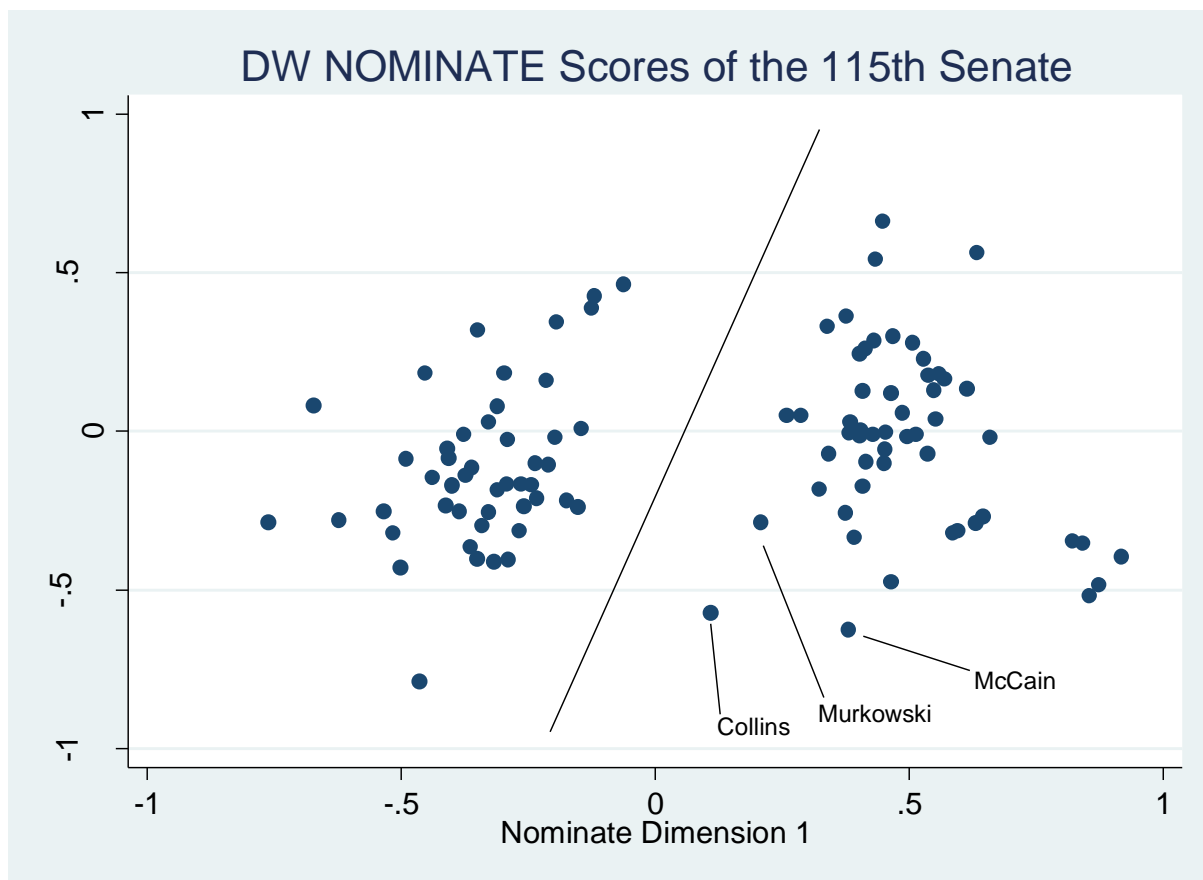


Figure 6. DW NOMINATE Scores of the 115th Senate. *Voteview.com.*
Compiled by Author

The Senate Republicans’ DW-NOMINATE scores should therefore be different when examined. With a thin margin for losing votes, losing three senators would push the bill into

unpassable territory. The end result was that three senators (McCain, Murkowski, and Collins) did vote against the BCRA, citing the lack of inclusion of women in the bill drafting process, as well as that the bill itself was not a bill they agreed with passing.

In the scores of the 115th Congress, Senate Republicans had three errors voting against the BCRA. These votes came from the more moderate flank of the party, and indicate a sort of factionalism from the moderate Republicans. The lowest score was from Susan Collins. The next lowest score of Republicans was Lisa Murkowski, who also voted against the bill. There is a clear moderate faction that formed against the BCRA. The final vote against the BCRA came from John McCain. Together, these three senators were able to effectively kill the BCRA, making it impossible for a Republican “Repeal and Replace” plan to come to fruition.

One aspect that also could have come into play was that all three of the senators who voted against the bill have negative NOMINATE scores on dimension 2. Though the bill was mostly economic in nature (especially because Senate Republicans used reconciliation in the bill), there could have been a social aspect that the Senators who voted against the bill considered. The Senate Republicans are actually much more moderate, or even liberal on the social dimensions. These differences could have been the deciding factors when the Senators voted against the BCRA.

As a whole, it becomes clear that there were enough senators gaging in factionalism against the BCRA from the Republican party that when the final votes came it, the ACA was largely left in place, and a “Repeal and Replace” plan had failed to pass through congress.

Discussion

Nothing in the legislative process happens in a vacuum. Each theory discussed above happens simultaneously, and many other theories and models could have been explored in this

case study. The findings of this research indicate that a combination of phenomena and events that influenced the ACA did not happen in the Republican “Repeal and Replace” effort.

The first part was that while the 111th congress used unorthodox lawmaking, the 115th congress elected not to use it. As the typical orthodoxy does not apply in major legislation, this was a political mistake made by Republicans, especially in the Senate. Within this framework, the window of opportunity was not present. As Beaussier (2012) mentions, there must be a public willingness for the law change, which stagnating and partisan opinion did not allow for in the Repeal effort.

Public opinion also is also likely to have had an effect on individual senate votes. By the voting time for the BCRA, it was clear that a majority of Americans did not support the repeal efforts being made due to the amount of people that would lose their insurance. This CBO Scoring swayed public opinion, which in turn likely swayed the votes of the three Republican Senators who voted against the final versions of the Repeal efforts.

Finally, a degree of factionalism in the Republican moderate wing led to three swing votes to vote against the BCRA, making it unable to be passed out of the upper chamber. This factionalism was unsurprising given the three senators DW-NOMINATE scores, as well as taking into consideration the public opinion polling and the lack of hardline legislative process that one would find through unorthodox lawmaking.

Conclusion

The ACA and the AHCA has very similar structural components, that is a majority in each chamber and control of the executive branch for one party. However, the legislative outcomes were markedly different. Through this examination, the differences in processes, public opinion, and factionalism in Congress have attempted to explain how one law was able to

pass, and one failed. A combination of the three models working in tandem explain how subtle differences acted like poison pills in the attempted passage of the “Repeal and Replace” efforts by Republicans in the spring and summer of 2017. Through differences in processes, stagnated public opinion, and a faction of rebelling Republicans, these efforts were doomed.

Works Cited

- Abramowitz, Alan I. 2010. "The disappearing center." *New Haven*.
- Affordable Health California. 2017. "Timeline: Affordable Care Act." accessed April 7.
- Aldrich, John H, and David W Rohde. 2000. "The consequences of party organization in the House: The role of the majority and minority parties in conditional party government." *Polarized politics: Congress and the president in a partisan era*.
- Beaussier, A. L. 2012. "The Patient Protection and Affordable Care Act: The Victory of Unorthodox Lawmaking." *Journal of Health Politics Policy and Law* 37 (5):741-778. doi: 10.1215/03616878-1672709.
- Bennett, Kitty, Amanda Cox, and Alicia Parlapiano. 2011. "Comparing Two Health Care Laws." *The New York Times*.
- Bolsen, Toby, James N Druckman, and Fay Lomax Cook. 2014. "The influence of partisan motivated reasoning on public opinion." *Political Behavior* 36 (2):235-262.
- Brodie, Mollyann, Claudia Deane, and Sarah Cho. 2011. "Report from the States: Regional Variations in Public Opinion on the Affordable Care Act." *Journal of Health Politics, Policy & Law* 36 (6):1097-1103. doi: 10.1215/03616878-1460587.
- Brown, Lawrence D. 2011. "The Elements of Surprise: How Health Reform Happened." *Journal of Health Politics Policy and Law* 36 (3):419-427. doi: 10.1215/03616878-1271045.
- Brunell, Thomas, Bernard Grofman, and Samuel Merrill. 2016. "The volatility of median and supermajoritarian pivots in the U.S. Congress and the effects of party polarization." *Public Choice* 166 (1/2):183-204. doi: 10.1007/s11127-016-0320-0.
- Bump, Phillip. 2017. "Senate leaders plan to rush a health-care bill to a vote, and there's nothing Democrats can do about it." *The Washington Post*, June 19, 2017, Politics.
- Burgin, E., and J. Bereznyak. 2013. "Compromising Partisans: Assessing Compromise in Health Care Reform." *Forum-a Journal of Applied Research in Contemporary Politics* 11 (2):209-241. doi: 10.1515/for-2013-0037.
- Collier, David. 2011. "Understanding process tracing." *PS: Political Science & Politics* 44 (4):823-830.
- Congressional Budget Office. 2017. H.R. 1628 American Health Care Act of 2017 Congressional Budget Office Cost Estimate. edited by Congressional Budget Office.
- Cooper, Joseph, and David W Brady. 1981. "Institutional context and leadership style: The House from Cannon to Rayburn." *American Political Science Review* 75 (2):411-425.
- Costa, Robert, and Paige Winfield Cunningham. 2017. "House Freedom Caucus leaders back new health-care plan." *The Washington Post*, PowerPost.
- Fiorina, Morris P, Samuel A Abrams, and Jeremy C Pope. 2008. "Polarization in the American public: Misconceptions and misreadings." *The Journal of Politics* 70 (2):556-560.
- Fowler, Erika Franklin, and Sarah E. Gollust. 2017. "Here's how local TV news is making it harder for the Senate to repeal Obamacare." *The Washington Post*.
- Franklin Fowler, Erika, Laura M. Baum, Colleen L. Barry, Jeff Niederdeppe, and Sarah E. Gollust. 2017. "Media Messages and Perceptions of the Affordable Care Act during the Early Phase of Implementation." *Journal of Health Politics, Policy & Law* 42 (1):167-195. doi: 10.1215/03616878-3702806.
- Goodnough, Abby, and Kate Zernike. 2017. "These Americans Hated the Health Law. Until the Idea of Repeal Sank In." *The New York Times*.

- Gottschalk, Marie. 2011. "They're Back: The Public Plan, the Reincarnation of Harry and Louise, and the Limits of Obamacare." *Journal of Health Politics Policy and Law* 36 (3):393-400. doi: 10.1215/03616878-1271009.
- Hacker, Jacob S. 2010. "The Road to Somewhere: Why Health Reform Happened." *Perspectives on Politics* 8 (3):861-876. doi: 10.1017/S1537592710002021.
- Hacker, Jacob S. 2011. "Why Reform Happened." *Journal of Health Politics Policy and Law* 36 (3):437-441. doi: 10.1215/03616878-1271063.
- Hohmann, James. 2017. "The Daily 202: Secrecy backfired on Mitch McConnell as Senate health-care bill teeters." *The Washington Post*.
- Hughes, Siobhan, and Kristina Peterson. 2017. "GOP House Leaders Pull Their Health Bill." *The Wall Street Journal*, Politics, Health Policy.
- Jacobs, Lawrence R., and Suzanne Mettler. 2011. "Why Public Opinion Changes: The Implications for Health and Health Policy." *Journal of Health Politics, Policy & Law* 36 (6):917-933. doi: 10.1215/03616878-1460515.
- Jacobson, Gary C. 2000. "Party polarization in national politics: The electoral connection." *Polarized politics: Congress and the president in a partisan era*.
- Jacobson, Gary C. 2012. "The electoral origins of polarized politics: Evidence from the 2010 Cooperative Congressional Election Study." *American Behavioral Scientist* 56 (12):1612-1630.
- Kaiser Family Foundation. 2009. Kaiser Health Tracking Poll - June 2009. In *Kaiser Health Tracking Poll: Kaiser Family Foundation*.
- Kaiser Family Foundation. 2010. Kaiser Health Tracking Poll -- March 2010. In *Kaiser Health Tracking Poll: Kaiser Family Foundation*.
- Kaplan, Thomas. 2017. "Health Care Overhaul Collapses as Two Republican Senators Defect." *The New York Times*, July 17, 2017, Politics.
- Kaplan, Thomas, and Robert Pear. 2017. "Vote Delayed as G.O.P. Struggles to Marshal Support for Health Care Bill." *The New York Times*, June 27, 2017, Politics.
- Kessler, Glenn. 2013. "How many pages of regulations for 'Obamacare'?" *The Washington Post*, Politics.
- Kirzinger, Ashley, Bianca DiJulio, Elise Sugarman, and Mollyann Brodie. 2017. Kaiser Health Tracking Poll - Late April 2017: The Future of the ACA and Health Care & the Budget. In *Kaiser Health Tracking Poll: Kaiser Family Foundation*.
- Kirzinger, Ashley, Bianca DiJulio, Bryan Wu, and Mollyann Brodie. 2017. Kaiser Health Tracking Poll – July 2017: What’s Next for Republican ACA Repeal and Replacement Plan Efforts? : The Kaiser Family Foundation.
- Knoll, Benjamin, and Jordan Shewmaker. 2015. "'Simply un-American': Nativism and Support for Health Care Reform." *Political Behavior* 37 (1):87-108. doi: 10.1007/s11109-013-9263-z.
- Levendusky, Matthew. 2009. *The partisan sort: How liberals became Democrats and conservatives became Republicans*: University of Chicago Press.
- Malloy, Tim, and Rubenstein Pat Smith. 2017. 21% Of U.S. Voters Approve Of Revised GOP Health Plan, Quinnipiac University National Poll Finds; Voters Reject Trump Tax Plan Almost 2-1. Quinnipiac University.
- McCabe, Katherine. 2016. "Attitude Responsiveness and Partisan Bias: Direct Experience with the Affordable Care Act." *Political Behavior* 38 (4):861-882. doi: 10.1007/s11109-016-9337-9.

- Merrill, Samuel, Bernard Grofman, and Thomas L. Brunell. 2014. "Modeling the electoral dynamics of party polarization in two-party legislatures." *Journal of Theoretical Politics* 26 (4):548-572. doi: 10.1177/0951629813508847.
- Oberlander, Jonathan. 2016. "Implementing the Affordable Care Act The Promise and Limits of Health Care Reform." *Journal of Health Politics, Policy & Law* 41 (4):803-826. doi: 10.1215/03616878-3620953.
- Pacheco, Julianna, and Elizabeth Maltby. 2017. "The Role of Public Opinion--Does It Influence the Diffusion of ACA Decisions?" *Journal of Health Politics, Policy & Law* 42 (2):309-340. doi: 10.1215/03616878-3766737.
- Parlapiano, Alicia, and Mercy Benzaquen. 2017. "Where Senators Stand on the Health Bill." *The New York Times*, July 7, 2017, Politics.
- Pear, Robert. 2017. "13 Men, and No Women, Are Writing New G.O.P. Health Bill in Senate." *The New York Times*, May 8, 2017, Politics.
- Pear, Robert, and Thomas Kaplan. 2017. "House Republicans Unveil Plan to Replace Health Law." *The New York Times*, Politics.
- Peterson, Kristina, Michelle Hackman, and Stephanie Armour. 2017. "Senate GOP's Fallback Plan Gains Support After Vote to Repeal Health Law Fails." *The Wall Street Journal*, July 26, 2017, Politics.
- Portnoy, Jenna. 2017. "Rep. Comstock would have voted against health care bill." *The Washington Post*, Politics.
- Quadagno, J. 2014. "Right-Wing Conspiracy? Socialist Plot? The Origins of the Patient Protection and Affordable Care Act." *Journal of Health Politics Policy and Law* 39 (1):35-56. doi: 10.1215/03616878-2395172.
- Sanger-Katz, Margot. 2017. "Republicans Disregarded the C.B.O., but it Won't Be Ignored." *The New York Times*, May 5, 2017, TheUpshot.
- Shaffer, E. R. 2013. "The Affordable Care Act: The Value of Systemic Disruption." *American Journal of Public Health* 103 (6):969-972. doi: 10.2105/ajph.2012.301180.
- Sherman, Jake, Anna Palmer, and Daniel Lippman. 2017. "FIRST IN PLAYBOOK: The changes to the GOP health-care bill " *Politico*, April 20, 2017.
- Sinclair, Barbara. 2016. *Unorthodox Lawmaking: New Legislative Processes in the U.S. Congress*. 5th ed. California: CQ Press.
- Smith, Steven S, and Gerald Gamm. 2013. *The dynamics of party government in Congress*. Vol. 10, *Congress reconsidered*: Congressional Quarterly Press Washington, DC.
- Sullivan, Sean, Paige Winfield Cunningham, and Kelsey Snell. 2017. "While House passes GOP health-care bill, Senate prepares to do its own thing." *The Washington Post*, May 4, 2017.
- UCSF. 2017. "Health Reform Tracker." UCSF/UC Hastings, accessed December 22. <http://www.healthreformtracker.org/ahca-timeline/>.
- Webster, Steven W, and Alan I Abramowitz. 2017. "The Ideological Foundations of Affective Polarization in the US Electorate." *American Politics Research*:1532673X17703132.