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VARIATION OF PRESIDENTIAL APPROVAL FOR THE PATIENT PROTECTION
AND AFFORDABLE CARE ACT

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ABSTRACT

The Patient Protection and Affordable Care Act exhibited various policy interventions with the introduction, passage, the Supreme Court decision to uphold the bill, and implementation. Since President Obama vowed to reform the United States healthcare system during his campaign, people view this legislation as his responsibility to Americans and, as a result, they may have varying public approval rating of how President Obama handles his job in office. This kind of research will analyze literature, theory, and data in order to determine if variation does exist throughout his first term and the first month of his second term in response to the major events surrounding the Patient Protection and Affordable Care Act. With the information determined by the conclusion of this study, it could provide beneficial information for policy makers to design future legislation for greater public support, causing more policies to pass or to go through the process more efficiently.

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Chapter 1

Variation of Presidential Approval for the Patient Protection and Affordable Care Act

At the start of President Barack Obama's first term in office, the majority of Americans welcomed him into office with overwhelming support. This president – at a critical time for the history of the country – seemed to offer the changes that people envisioned the direction the country take. Just as most presidents have such strong support at the beginning of their presidency, so too did President Obama. His support began to vary with a decline as he undertook various pieces of legislation on his agenda to work with Congress. A major piece of legislation – the Patient Protection and Affordable Care Act (PPACA) – took up a vast amount of political resources and scrutiny throughout the majority of his first term, exhibiting a variation in presidential approval throughout this same time. Thus, we must ask why did public opinion of President Barack Obama vary throughout the significant events with its introduction, adoption, and implementation of the Patient Protection and Affordable Care Act?

The public expected that changes to occur to their healthcare as according to the campaign promises of that previous election year. By addressing healthcare as a major campaign initiative, elected officials on one hand must serve their constituents by relying on their job approval. On the other hand, elected officials would rather push to see the policies that most align with their political ideology succeed. With this in mind, the public's opinion in response to the PPACA presents an interesting study in how lawmakers develop policy based on the approval or disapproval of their job. While examining every member in Congress would provide detail, this analysis examines the executive position when faced to decide between the public's opinion and his own ambition to accomplish legislation – healthcare reform.

Understanding the variation of the public's opinion of the president should not relate to just any piece of legislation; the healthcare bill has significant meaning by its partisan nature and its efforts by the Obama administration and other policy makers to pass such a massive bill. Therefore, taking a deeper look into why the public's opinion of the president variation throughout the process of the bill will provide a basis for future policy initiatives. The public opinion of the president for the PPACA could act as a model for how elected officials in the future would want a major piece of legislation to pass with public support. By having the public's support, it could help the process to be more efficient or have the ability to pass more legislation. Understanding where the variation occurred after each event and policy intervention of the PPACA will provide lawmakers a way in which they can improve upon the public's support for future policies.

Throughout this study, a literature review, theory, analysis, and conclusion will fully develop the argument of the variation of public opinion of President Obama in response to the PPACA. The literature review examines previous research and articles written pertaining to this subject. Incorporating a theory section describes possibilities that explain the variation, a hypothesis of how to test this research question, and a model for how to research the variation of public's opinion. With the analysis, it will explain the variables, the data, and an interpretation of the results of variation of the PPACA. Summarizing the results and ways to improve upon more research into this subject will delve in depth in the conclusion section. Each section of the model contributes significantly towards providing a thorough analysis of the public's opinion of President Obama in response to significant events during the PPACA.

Chapter 2

Literature Review

Previous scholars have written and studied issues relating to healthcare policy, and this literature examines how they relate to the specific topic of the PPACA. Starting with broad areas related to policy, the literature review then focuses on more topic specific material about healthcare and public opinion.

Now that the outcome of the PPACA is law, the ability for politicians to implement such a massive bill exhibited positive feedback. The concept of positive feedback illustrates that "small inputs can cascade into major effects as they work their ways through a complex system (Baumgartner and Jones 2009, 16)." Increasing marginal returns of more lobbying efforts, financial support, media coverage, and time committed by legislators and interest groups saw that the incremental change resulted in a highly beneficial outcome where "each change is greater than the last one (Baumgartner and Jones 2009, 16)". National attention on the issue of healthcare saw a dense body of ideas shaping the policy in a dramatic and immediate way, so that this idea replaced older policy initiatives and gained the political momentum to gain further support.

Throughout modern United States history, several attempts at addressing a way to provide healthcare has come with various successes and failures. President Lyndon Johnson passed Medicare and Medicaid, whereas President Bill Clinton did not see changes in the healthcare system come to fruition despite his efforts during his presidency. At the crux of the problem with healthcare reform, it highlights two opposing views that align with the two main political party ideologies. Americans had conflicting opinions about this kind of reform, identifying with the core American ideals of self-reliance as well as collective social

responsibility. Such an issue has the potential to polarize the two opposing views so that, "Each side of the healthcare reform debate seeks to highlight one of these enduring attitudes and to bring it to the forefront of the public's mind during the process of evaluating proposals for policy change (Zis 1996)." As people attempt to justify whether they support or oppose healthcare reform, they vary in support for that kind of legislation and the president taking on the changes. The general ambivalence over the issue of healthcare reform that people had in the nineties proved that "major reforms…are unlikely to achieve sustained public support (Zis 1996)," because the competing political parties and their respective media outlets will highlight the attitude that aligns with their party's ideals. Relating to the current reform with the PPACA, the same contrasting views of Americans' value of self-independence versus social obligation became the focal point when President Obama introduced healthcare reform on his agenda. The PPACA did not have steady public support for the entire duration with both Democratic and Republican representatives seeking to emphasize their partisan beliefs.

The debate remained pretty much over the same core values from previous attempts of healthcare reform as with the PPACA. However, enough variation in public support for this kind of legislation and the president must have encouraged a higher approval rating during periods when reform did indeed occur. This brings about the issue of causality or reverse causality to determine whether "public opinion either drives or follows health policy (Blendon, Brodie, Benson, Altman, and Buhr 2006, 625)." Public opinion and interest for the healthcare reform either determines whether a president pursues this policy or vice versa, according to when it has relevancy among society. This explains variation of public interest and opinion between presidential administrations as opposed to variation of the specific policy initiative. Nixon and Clinton addressed reform when, "The two most recent attempts at major health care reform were made when the public was in a more 'liberal mood' and wanted more from the government (2006, 625)." This article explains why the preference shifts to the attention for reform during

certain time periods, while providing less insight into why variation exists for presidential approval over a healthcare initiative.

Examining more closely polling about healthcare reform during President Obama's administration relates to how the public perceives the healthcare bill itself and not the approval rating of the President himself. Public opinion polling breaks down into more specific questions relating to attitudes towards healthcare, and the answers offer contradicting opinions about reform. For example, "In 2000, when asked generally about national health insurance financed by taxes, 56 of the public favored it (54 percent of registered voters) favored it. But when a clause was added specifying that all Americans would obtain their health insurance from a single government plan, support fell to 38 percent of registered voters, a result that illustrates the lack of public consensus on a national health plan (Blendon, Brodie, Benson, Altman, and Buhr 2006, 640)." When researchers pose the questions differently, then this creates variation in public opinion about healthcare; their opinions demonstrate a change depending on the phrasing of the question. This same logic of variation could exist concerning the public's approval rating of President Obama.

When comparing between retaining the healthcare system already in place between implementing a new healthcare policy, this did not bode well for President Obama. The *Christian Science Monitor* reported from polling done by the *Washington Post* and *ABC News* that the sample as of December 16, 2009 "found that only 37 percent of respondents said they expected the quality of the new healthcare system to be better than the current one (Sappenfield 2009)." In the midst of Congress's debates over healthcare reform, reporting a low figure illustrates that the majority of citizens did not approve of a new healthcare system. Low support for changes in healthcare would seem to translate over to presidential approval, since this was an issue at the forefront of political discourse. Opponents to the healthcare reform could use the fact that the president's constituents did not want a new healthcare policy, so they should not plan to have

reform. Overall, examining the public's opinion to plans for a new health policy would translate into a similar view of the president's job approval.

To further support the argument in the previous paragraph, variation did indeed occur for the public opinion's view on President Obama's proposed healthcare reform. *The Hill* reported the ups and downs in the public's perception of the PPACA, reiterating the difficulty President Obama and Congress had in convincing the public to have confidence in the bill. Observing the polling data about public opinion and healthcare reform, "Support for President Obama's healthcare reform law rose slightly over the past month after reaching a low of 34 percent in September, according to the latest Kaiser Health tracking poll. The poll found that 44 percent of Americans had a negative view of the law in October, down from a high of 51 percent a month earlier (Pecquet 2011)." Even though the trend in public support for the PPACA did not move in the direction that President Obama and supporters of the reform would have wanted, it does signify that variation in the support did exist. The article hints at explaining why the fluctuation occurred by stating, "September's poor polling had been tied to flailing enthusiasm among Democrats (Pecquet 2011)", while further investigation would adequately explain the changes in approval from September to October. Variation in the public's opinion of the healthcare bill could relate to how they feel towards President Obama by reflecting in his job approval.

These articles begin to offer an explanation about why variation of President Obama's approval rating might occur throughout the PPACA, but falls short of relating to the topic in this study. None of the literature discusses specifically the PPACA or the public opinion of President Obama's approval rating; they illustrate past initiatives for health policy and the public's opinion related directly to the bill, but not the president. It would add value to understand the variation throughout the time period of the bill instead of comparing between eras when healthcare policy had interest in the public, as in the observation with the Nixon and Clinton attempts at healthcare reform. Further evidence based on the variation of job approval rating of the president will

provide the most relevant and up-to-date information related to healthcare policy initiatives, or

policy initiatives in general, for offering advice and plans for policy implementation.

Chapter 3

Theory

When lawmakers introduce a policy with plans to implement, public opinion may vary for different reasons throughout the time period that the initiative captivates people's attention. A policy that the public typically associate with a certain political party introduces controversy the moment Congress and the President begin discourse on the bill. The PPACA incited partisan discussion that involved strong opinions and bitter arguments when Congress communicated the items that the bill included. As negotiations and compromises transform the original bill, ultimately, public opinion will vary in response to these changes in the bill. Their support increases or decreases when people observe aspects and key features of the bill that will affect them.

Media outlets – websites, news programs, and newspapers – communicate the policy initiative by linking those knowledgeable on the subject with those uninformed. Depending on the main source of information, the events dealing with the PPACA could reinforce preconceived opinions or influence others to change their stance on the issue. Each intervention or major event of the policy attracts major attention from the media, which translates into an expected shift in public opinion. Critics of the PPACA can mobilize their supporters by communicating a counter message through media outlets; when they present an opposing viewpoint, this makes the healthcare bill more contestable and challenges people to change their opinion. With a greater amount of information made available to citizens over the time period that the bill was introduced, debated, and voted on, they may decide to change their minds on the support for the

bill. Overall, the information relayed from policy makers to the public can have a significant impact on the variation of public opinion of the healthcare bill.

From the time that President Obama first introduced a bill to overhaul the American healthcare system to the most current implementation of the bill, momentum gradually caused people to become accepting to the idea of change. Each passing day that focused attention on the healthcare bill gave the public the opportunity to support the side that seemed to be winning the battle. If the public believes that either supporters or opponents pull ahead, then some people might change their stance, creating variation throughout the process. People changed their opinions as they became more or less comfortable with the government's increased involvement in regulating the healthcare system. Over time, the concept of change becomes more accepted by the public and begins to approve of the policies that could affect them.

Each event with the introduction, the passage, the Supreme Court's decision to uphold the PPACA, and the various rounds of implementation should have an outcome that affects the public's opinion of the president. Since the majority of Americans elected President Obama to represent them, they ideally support the policies that he introduced every step of the way. Each event that occurs would continue to increase public opinion and support for the bill, so that people become more accepting of the change to the American system. As an opposing hypothesis, time between each event will see a gradual decrease in public opinion for the PPACA. The critics of the healthcare reform will have the opportunity to rally their supporters and to convince people that it will harm, not help, their personal situation. The two hypotheses will provide a basis on how to examine the effects of public opinion in response to the PPACA. When comparing the two opposing forces that cause the variation, the public opinion in support for the President Obama will see a greater positive effect than the opponents to President Obama.

While the hypothesis states that variation does in fact exist, a counter argument would suggest that the process of passing healthcare legislation does not necessarily cause changes in

public opinion and a variation does not exist. Healthcare legislation attracted strong and polar opposite opinions that no matter the amount of convincing either party attempted, Americans would not budge on their opinion of the bill. Most Americans have established their support for a candidate that represents a political party for elections; likewise, approving or disapproving of plans for a healthcare initiative would result in the public's opinion remaining stationary depending on which side of the argument they had party affiliation. The discourse that politicians engage in would not have an affect on the variation in the public opinion for the PPACA.

In particular, some of the significant interventions – such as the Supreme Court's decision to uphold the bill – should not have an affect on people's approval of the bill. People have already debated the healthcare bill for months before and after is passed both houses of Congress, so a decision by the Supreme Court would not alter opinions of the bill. Basically, people's opinions rest sedentary, as it seems that no kind of effort could reverse the policy. The bill had already been in law for the country, and people started to exhibit some of the changes to their healthcare plan by the time the Supreme Court made a ruling. Variation of public opinion for President Obama would not expect to occur as a result of a policy intervention, such as the Supreme Court's decision to uphold the bill.

Figure 1 displays what is expected to occur as a result of each major event as an independent variable during the health care reform in affecting President Obama's approval rating:

Figure 1: Policy Interventions of the PPACA
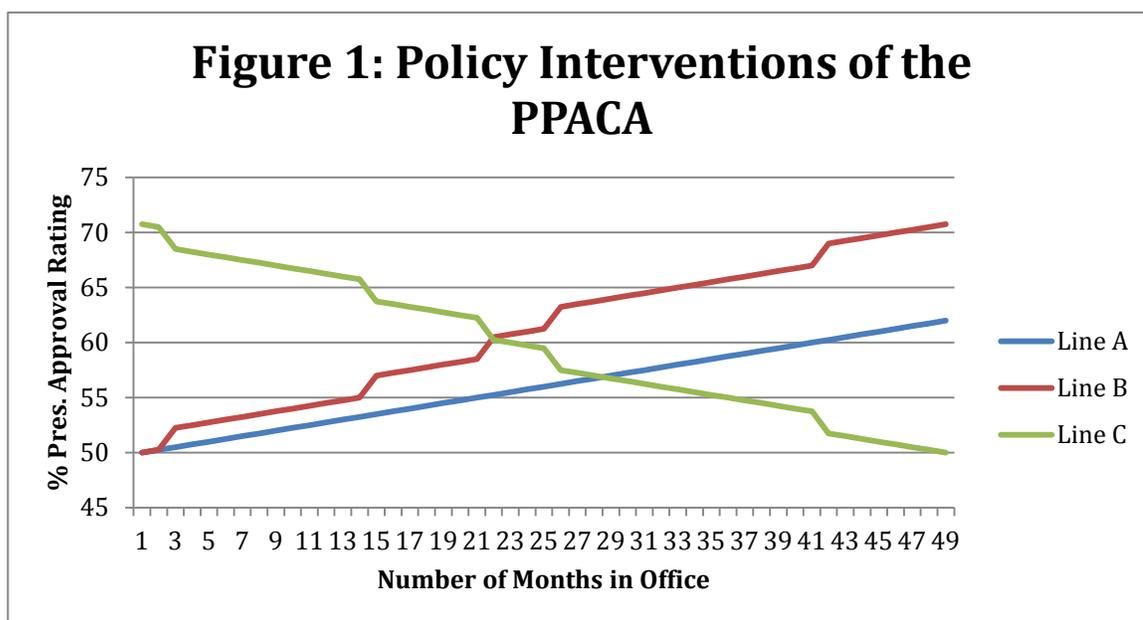
The policy events throughout the PPACA could have three possible effects, based off of the two hypotheses stated in this chapter. If the interventions do not play any role in altering the trend of president, line A reflects a continuous upward trend. Line B illustrates that after each event the approval rating will increase and then return to its original rate of increasing approval. This would mean that if presidential approval began to increase after President Obama signed the bill into law, then the approval rating would receive a boost and return to its original steady rate of increasing approval. Finally, line C illustrates that the presidential approval rating will decrease in a similar manner as line B except in the opposite direction, with each policy intervention as a jump downward in approval rating.

While the policy interventions offer a source for explanation of variation in public opinion, other factors could have contributed to people changing their stance on the issue throughout this same time period. First, households who have not had family members with a chronic illness – such as diabetes – might less likely welcome the idea of healthcare reform and providing aid to those who cannot afford it. They have not had to personally experience months of making difficult decisions about how to afford adequate healthcare for a loved one. During the

time of the healthcare reform discourse, a family member may have become ill, and this changed their perspective to realize that a safety net for the government to regulate costs and insurance companies will benefit their situation. As a result, that household would have a more favorable opinion on some kind of healthcare reform, thus causing variation in support of the President's policy reform.

The employment status of unemployed and employed people may have changed, and therefore, their employer may now provide a private healthcare plan or they lost their job and cannot afford their medical costs. If they recently became employed, they would feel more comfortable about their position and change their opinion to disapprove of healthcare reform. People who are employed are in a better financial situation and do not see it necessary to allow for a tax to pay for others. They also might be understanding of people who do not have an insurance plan, since they just came from a similar situation, and still show support for the healthcare bill. Further, those who lost their jobs during that same time period would value a healthcare bill, since they feel the struggle of paying for healthcare costs. That kind of safety net would benefit them and would shift public opinion in a positive direction, also, creating variation.

The 2010 mid-term election outcome could have affected the public opinion of the healthcare legislation and the President as well. Since the country elected more right leaning candidates into office, then President Obama and his supporters in Congress could lose political momentum they had worked so arduously for support of their healthcare legislation. People might see that others lose confidence in the job that Obama and the Democrats have accomplished and go with the party that seems to have the upper hand in the political arena. With the variables of chronic illness, the status of employment, and the 2010 election outcome, controlling for them in the analysis will allow for a more accurate picture of the affect of policy interventions and the public's opinion of them.

The hypothesis and theoretical explanation present an argument as to why public opinion polls of President Obama may or may not vary as a result of policy interventions for the PPACA. With the dependent variable of the public opinion, this will rely on the independent variables of the introduction, the passage, the Supreme Court's decision to uphold the bill, and two rounds of implementation. The analysis will consist of coding data of binary and counter variables for the policy interventions that indicate before and after it occurred as well as coding data for the control variables. Internal validity will use the control variables to rule out rival explanations in order to determine a causal relation. That is, by regressing different models with the trend variable, this will provide evidence about a different explanation besides an event of the PPACA. The model will resemble $y=a+bX_1+bX_2$ where y equals the change in the public's opinion of the President. At coefficient a, this signifies the presidential approval if no intervention occurred, intersecting at the y-axis. When considering each event collectively, X_1 indicates the dummy variables for the introduction, passage, the Supreme Court's decision to uphold the bill, and two dates of policy implementation. X_2 indicates any other possible explanations for the variation in presidential approval. The dummy and counter variables will explain the shift in the presidential approval, while exhibited possibly some variation attributable to the trend variable. From this conceptual model, the intended results will illuminate an understanding on the public's opinion towards the President and the PPACA.

Chapter 4

Analysis

An interrupted time series model most appropriately addresses an explanation for the variation of presidential approval rating during the PPACA. Upon gathering a reliable presidential approval rating, this number came from Gallup polling because of its reputation for accuracy and unbiased data. Gallup recorded the presidential approval every few days, so some months had a different number of observations, although normally around 28 or 29 observations. Averaging the number of observations provided that month's value; this method was used for all of the values for presidential approval in order to have consistent data. Even though presidential approval had data for every few days, taking the average of each month proved sufficient for this analysis. Presidential approval, for one, does not vary dramatically between every few days or even from week to week, so aggregating the approval for each month exhibit more of a fluctuation. Additionally, the independent variables of the intervention did not exactly align with the dates of the week, reinforcing the decision to average out presidential approval for each month. Presidential approval rating started the month that President Obama took the oath of office until the most recent completed month – January – in time for this analysis. Given the reasoning behind presidential approval, the Figure 2 illustrates the realized dependent variable and its relationship between the time that passes and the public's opinion of President Obama's job performance.

Figure 2: % Presidential Approval
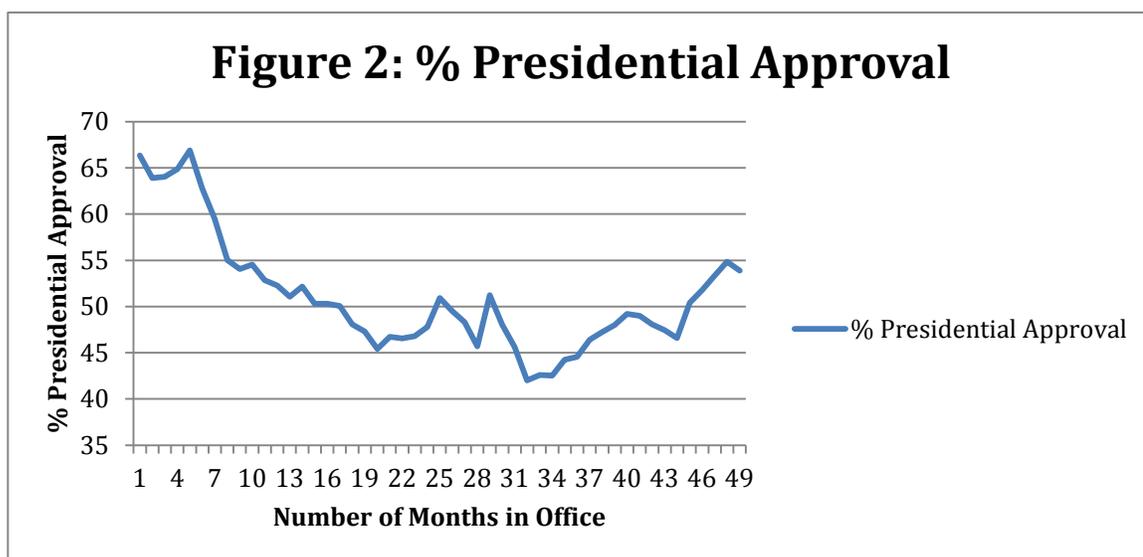
The independent variables for the interrupted time-series model make the connection in order to explain the causality of the public opinion of the president. The events receive a zero for each month leading up to the event and a one starting on the month with that event and the subsequent months. Binary coding demonstrates an immediate change in presidential approval – the dependent variable – and if it did, in fact, occur. Additionally, each event that occurs throughout the process of the PPACA was coded by a counter method with a zero for each month until the event occurs, then starting an ascending count for the months after the event. With a counter variable for each of the independent variables, this will take into account the effects of the policy to determine whether the effects lasted over time. A trend variable was run in the regression as an independent variable in order to pick up any effects from control variables. This variable became a counter starting with one on the first month ascending count to the last month judged for presidential approval. The event might have caused a slight change in presidential approval immediately as observed with the binary variable, as well as the event could have longer lasting changes like with the counter variables.

The independent variables include the date President Obama introduced a plan to overhaul the healthcare system, the date the bill became adopted, the date that the Supreme Court

upheld the law, and two dates of policy implementation after the bill became law. These variables seem valid in order to understand the change in presidential approval, because they were specific events that created enough public attention or shifted the course of policy of the PPACA. President Obama introduced plans for a healthcare overhaul on March 5, 2009, and he signed the PPACA into law on March 23, 2010 (Dunham 2010), two days after Congress voted to pass the legislation. Referring to the date that Obama officially signed the bill on March 23 rather than when Congress passed it on March 21 as the implementation holds more weight as an official piece of legislation.

In determining implementation dates, various rounds of implementation came into effect of different degrees. Six months after the bill was signed, so on September 23, 2010, stood out as important, because on this date "Insurance companies would have to provide coverage for dependent children up to the age of 26", and "Insurance companies would be barred from denying coverage to children who have pre-existing medical conditions (Manchikanti et al. 2011, E39)." January 1, 2011 added another round of implementation, because large policies took effect, such as a fee imposed on pharmaceutical manufacturers (Manchikanti et al. 2011, E39). These two policy implementations for this analysis illustrate how the public realizes the effects of the healthcare legislation, and it might change their opinion on the presidential job approval. With more than one policy implementation as an independent variable, this creates credibility and that a variation after the date did not reflect just a coincidence, whereas having more than the two episodes of policy implementation would not introduce any groundbreaking trends.

Now having examined the dependent and independent variables for this analysis, two tables, each with three models, illustrate the data and the outcome of presidential approval. The tables apply the Ordinary Least Squares (OLS) model to estimate the linear regression model. Since this model is a two-tailed test, the significance is determined by whether the value is greater than or less than the range of values. In both tables, the three models report the coefficients,

standard error terms, t-values, the constant, and the R-squared. The first model regresses the dummy variables on the presidential approval, the second model regresses the counter variables on the presidential approval, and the third model regresses both the dummy and the counter variables on the presidential approval. Results concluded below:

Table 1: OLS for Changes in the Presidential Approval Rating from Events of the						
		PPACA for 49 months				
	Dependent Variable: % Presidential Approval					
Ind. Variable	Model 1		Model 2		Model 3	
Dummy Date of	-5.09	#	--		3.21	
Introduction	2.83				2.68	
	-1.9				1.2	
Dummy Date of	-5.67	##	--		2.74	
Passage	2.15				2.46	
	-2.64				1.12	
Dummy Supreme Court	8.54	###	--		-0.44	
Decision to Uphold Law	2.3				2.07	
	3.71				-0.21	
Dummy First Round	0.19		--		0.04	
Of Implementation	2.35				3.24	
	0.08				0.01	
Dummy Second Round	3.59		--		0.24	
Of Implementation	2.43				2.23	
	1.48				0.11	
Counter Date of	--		-0.92		0.96	
Introduction			2.55		3.23	
			-0.36		0.3	
Counter Date of	--		0.66		0.47	
Passage			0.4		0.58	
			1.65		0.81	
Counter Supreme Court	--		1.22	###	1.29	###
Decision to Uphold Law			0.28		0.37	
			4.44		3.49	
Counter First Round	--		0.92		1.36	
Of Implementation			0.65		1.16	
			1.41		1.18	
Counter Second Round	--		-0.39		-0.46	
Of Implementation			0.46		1.02	
			-0.83		-0.45	
Trend Variable	-0.36	##	-0.38		-2.44	
	0.14		2.48		3.23	
	-2.57		-0.15		-0.76	
Constant	65.65		66.71		68.77	
R-Sq.	0.73		0.89		0.9	
Coefficients are unstandardized with t-values in italics and with std. errs. Underlined						
#=p<0.10, ##=p<0.05, ###=p<0.01. two-tailed tests.						

If all of the independent variables equaled zero, the presidential approval would intercept the y-axis at a rating of 65.65 in Model 1 with an r-squared explaining for 73 percent of the model. The date of introduction had a 5.09 drop and the date of passage had a 5.67 drop in Model 1 for a dramatic decrease in the presidential approval rating, both significantly statistical. The Supreme Court decision to uphold the PPACA as constitutional had dramatic effects by increasing President Obama's approval rating by 8.54 and proved statistically significant in affecting the predicted value. This demonstrates that as time passes, Americans have become more comfortable with the idea of the healthcare policy and might even feel the benefits of the policy in their health insurance. Observing the two rounds of implementation of the PPACA in Model 1, the first round of healthcare implementation saw a slight increase in the presidential approval by 0.19, and the second round saw an immediate increase of 3.59. However, neither the first round nor the second round of implementation in Model 1 proved significant, so the results do not matter in altering the Obama's approval. When taking into consideration the trend variable, events outside of the PPACA cause the presidential approval to decrease by overall 0.36 at a significant level.

In comparison with Model 2, if all of the other independent variables equaled zero, then the presidential approval would intercept the y-axis at 66.71 at an r-squared explaining for 89 percent of Model 2. The counter variable for the Supreme Court decision to uphold the bill was the only variable in Model 2 to prove statistically significant; in other words, this was the only variable to have affected the job approval rating of President Obama. After the date of the Supreme Court judgment, the approval rating of President Obama increased by 1.22 each month following the intervention with each month as a one-unit change. This suggests that as other branches of the federal government approve of the legislation, this brings about legitimacy to President Obama and his ability to lead the country. People could have jumped on the bandwagon in support of the bill as months passed between its introduction and the Court ruling, so that by

the time the Court made a decision, Americans had more support for the bill. If the other variables in Model 2 had statistically significant results, the date of introduction, the date of the second round of implementation, and the trend variable would decrease the presidential approval by 0.92, 0.39, and 0.38, respectively. Pulling the approval in the opposite direction, the date of passage and the first round of implementation would increase President Obama's approval by 0.66 and 0.92 each month after the event. Americans might have noticed the personal effects of the first round of implementation more than the second round of implementation, causing the approval rating to increase by the first round but decrease by the second round.

Models 1 and 2 provide mutually exclusive results on the outcome of presidential approval, but Model 3 of Table 1 takes into account that both of those circumstances occur together, representing a more accurate account. If all of the independent variables equaled zero, the presidential approval rating would cross the y-axis intercept at 68.77, and the r-squared value explains that 90 percent of the model affects presidential approval. As similar with Model 2, Model 3 has the only significant result to increase the approval rating of 1.29 for the counter variable of the Supreme Court ruling to uphold the healthcare law with each month as a one-unit change. This event proved dramatic enough to continue to positively affect the approval rating in the months following the event. Since only a counter variable had an effect, this signifies that the event itself does not change the approval rating of the president, like with the dummy variables. Rather, the months after the PPACA event created an upward trend in the presidential approval.

Table 2 – as shown below – follows the same models as in Table 1 in that Model 1 is the dummy variables, Model 2 is the counter variables, and Model 3 is both the dummy and counter variables. However, Table 2 differs by not including the two rounds of implementation in any of the three models. Not incorporating the implementation events will present results of how just the three most important events concerning the legislative process affected presidential approval.

Table 2: OLS for Changes in Presidential Approval Rating from the Introduction, Passage, and the Supreme Court Decision to Uphold the PPACA for 49 Months					
	Dependent Variable: % Presidential Approval				
Ind. Variable	Model 1		Model 2		Model 3
Dummy Date of	-6.3	##	--		3.21
Introduction	2.74				2.66
	-2.3				1.21
Dummy Date of	-6.65	###	--		-0.65
Passage	2.01				1.52
	-3.31				-0.43
Dummy Supreme Court	6.86	###	--		-0.31
Decision to Uphold Law	2.01				1.96
	3.41				-0.16
Counter Date of	--		-1.63		0.96
Introduction			2.55		3.21
			-0.64		0.3
Counter Date of	--		1.32	###	1.37 ###
Passage			0.15		0.19
			8.76		6.92
Counter Supreme Court	--		1.29	###	1.29 ###
Decision to Uphold Law			0.23		0.35
			5.64		3.64
Trend Variable	0.18	##	0.18		-2.44
	2.5		2.5		3.21
	0.07		0.07		-0.76
Constant	65.39		66.15		68.77
R-Sq.	0.72		0.88		0.89
Coefficients are unstandardized with t-values in italics and with std. errs. Underlined #=p<0.10, ##=p<0.05, ###=p<0.01. two-tailed tests.					

With all of the independent variables in Model 1 equal to a value of zero, the presidential

approval would be a constant of 65.39, and the r-squared signifies that the model explains 72

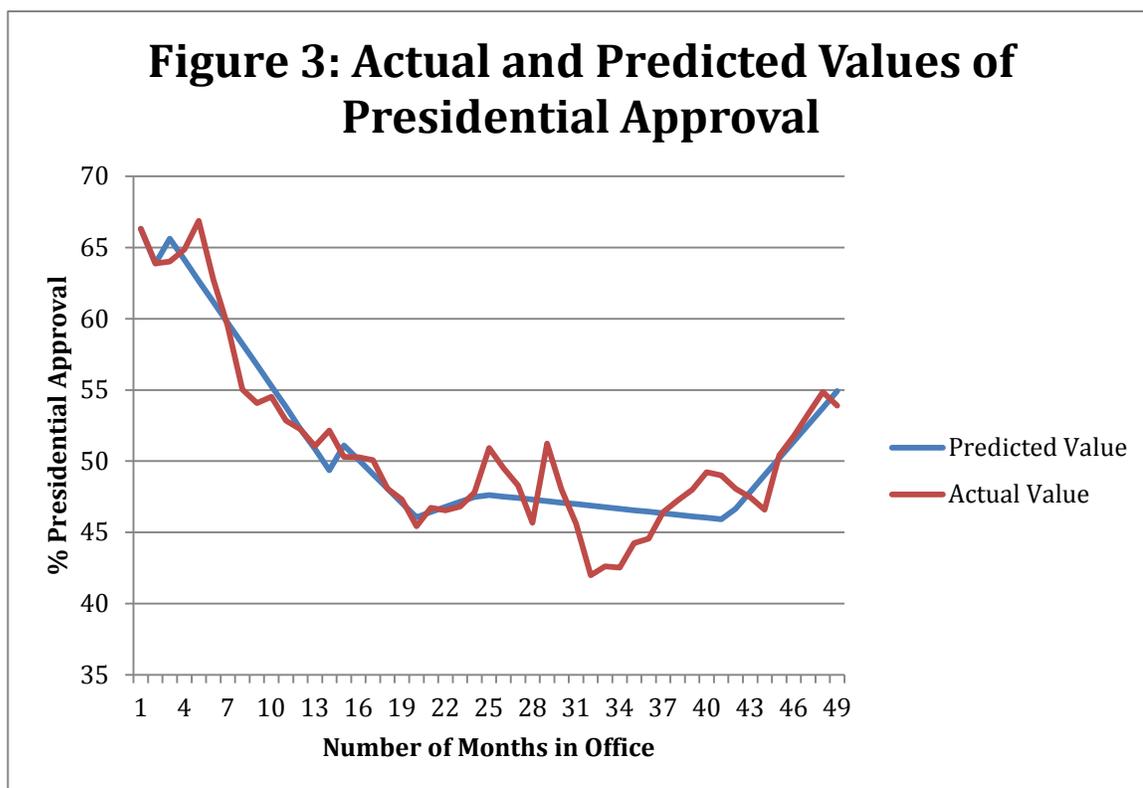percent of the outcome. All of the independent variables in Model 1 proved significant in

affecting President Obama's job approval rating. The dummy variables are interpreted as every one-unit change in the event, causes the coefficient change in the percent presidential approval rating. Therefore, the date of introduction and the date of passage would have an immediate decrease in the presidential approval rating by 6.3 and 6.65, correspondingly. The Supreme Court ruling and the trend variable positively affect the presidential approval rating by 6.86 and 0.18, in that order. These results suggest that people did not feel comfortable with the initial change to the healthcare or the notion of a more all-encompassing government, but began to change their mind by the time the Supreme Court came around in support of the bill. By an increase with the trend variable, this would seem to suggest that other circumstances besides the PPACA favored President Obama's handling of the presidency.

With Model 2, if all of the independent variables equaled zero, the presidential approval would intercept the y-axis at 66.15 percent approval, and the results explain for 88 percent of the model, as determined by the r-squared value. The date of passage and the date of the Supreme Court decision were the only two variables that proved significant. For every one-unit change or every month, the presidential approval increased by 1.32 for the passage and by 1.29 for the Court ruling. Comparing Model 2 with Model 1, the date of passage had an immediate negative effect on the approval rating while it had a steady increasing the approval rating. This seems to present contradictory results, but rather it reinforces themes coming from the data already discussed in this section; as people become more comfortable with a policy, they would tend to reflect this support in the presidential approval rating. The trend variable and the date of introduction in Model 2 do not have statistically significant results.

When running the regression for Model 3, the approval rating of President Obama would cross the y-intercept at 68.77 if all other variables equaled zero, and the model explains 89 percent of the results, as determined by the r-squared value. The counter date of passage and the counter Supreme Court decision independent variables were the only two variables in this model

that had statistically significant results in determining the outcome of the presidential approval rating. For every one-unit change or every additional month, the presidential approval rating would increase by 1.37 after the adoption and by 1.29 after the Court ruling on the PPACA. None of the dummy variables had a statistically significant effect on the change in the presidential approval rating, and the counter date of introduction and the trend variable did not prove significant either. This reemphasizes that the event itself does not play a role, but the months following the event create a gradual change in the presidential approval.

In order to make a comparison, Figure 3 plots each month to illustrate the actual and predicted presidential approval rating, as well as a best-fit line. A figure like this allows for a visual of the differences between the regression model and the actual values. Figure 3 below displays the results below:

Figure 3: Actual and Predicted Values of Presidential Approval

Starting from a predicted value of 66.33 percent if all of the independent variables equaled zero, the variables resulted in the final predicted outcome of 54.93 percent approval of President Obama's job. As a result of the PPACA, the American people decreased the president's approval rating. President Obama's approval rating decreased from his efforts on reforming the healthcare bill, but still the majority of the population supported him after all of the events that occurred during legislative and implementation process. This presents an issue for President Obama – as well as future presidents – on future policy initiatives. He must weigh the cost of pursuing an issue with the benefit of receiving public support in order to determine whether it is still worth pursuing the policy. Since the people grant the executive public service through an election and have the power to hold him accountable by not reelecting him, he must pursue policies that his constituents approve of. The predicted value from this analysis provides a point where President Obama can now observe how his actions and the events of the PPACA affected his popularity. In turn, he can try to observe how certain events played a role and improve upon this for future policy reforms.

One surprising element of Figure 3 is the sharp negative prediction line at the beginning of the time series. Clearly, the predicted values indicate that the model is picking up this decline although the trend variable did not produce significant coefficients in Model 3 of Tables 1 and 2. This means that the trend variable is highly collinear when both the dummy and counter variables are included in models. Given this, it seems likely that there was a strong negative reaction in public opinion following the date of introduction.

Chapter 5

Conclusion

The research findings emphasized that as time passed by, the public began to approve more of the PPACA, as reflected in their support for President Barack Obama. From Model 3 in Tables 1 and 2, the Supreme Court decision to uphold the healthcare bill proved significant both times, meaning that this event had significant attention and concern by Americans. This ruling legitimized President Obama's competency to lead, as well as Americans realizing the positive effects on their healthcare as attributed to the bill. Americans would not want this policy repealed now that they feel the benefits. Another explanation of the shift to an increasing approval could be attributed to the idea of a bandwagon effect, where people see political momentum going in support of the policy reform and more people join the movement. Further, the dummy variables in both Model 3 of Tables 1 and 2 did not have significant results, so that the event itself did not have an immediate impact on the presidential job approval rating. People did not change their opinion of the president because of the event, but rather, allowed for time to pass to gradually change their opinion in approval or disapproval of the event. The two implementation rounds did not produce significant results, meaning that the date those occurred did not drastically cause Americans to change their opinion of President Obama. When comparing the models, the trend variable did not prove statistically significant in Models 2 and 3 in both tables; the trend variable resulted in significance when run with only the dummy variables in Model 1 in both tables. Outside variables could have explained for a negative effect on President Obama's job approval rating, because the president does not receive as high a level of support after time passes from when he first takes office.

The original research question of why variation occurred throughout the events of the PPACA developed a supported explanation from the research findings. According to Model 3 in Table 1, the Supreme Court ruling to uphold the PPACA seemed to offer a well-supported explanation for why variation existed. Since the Supreme Court – with bipartisan support of the Court members – decided to approve the healthcare reform, this created a shift in public opinion in support for President Obama in the subsequent months. Dramatic and groundbreaking, Americans had been captivated by the decision of this bill, since it had taken so much political resources to debate, adopt, and implement. It seemed as if the bill needed extra legitimacy of the Supreme Court in order to fully support President Obama by rewarding him with a higher approval rating. When examining Model 3 in Table 2, the counter date of passage proved significant in positively affecting President Obama's approval rating. Each month, the approval changed or varied from its level of the previous month. After the date of passage, this improved presidential approval each month for more than half of his months in office, creating an explanation for variation. Overall, Model 3 in Table 1 reflects the most accurate effect that the events had on the presidential approval with all of those events having actually occurred, and from that model, variation of presidential approval occurred only from one of the variables – the Supreme Court ruling. This would settle that, in fact, variation of the presidential approval rating did not exist from the other events in the PPACA.

From these results, the policy-setting branches of government must take into account the effect of the adjudicating powers of the Supreme Court. When considering if the Court ruled the alternative way by overturning the healthcare reform, this could have just as dramatically effected President Obama's approval rating, but most likely, with a negative outcome. The President and Congress must work with the Supreme Court and their staff in order to determine how the judges on the Court might argue about the bill in the future. They should take into account how past laws have been analyzed by the members of the Supreme Court, assuming that they would rule by

precedent. Such a landmark piece of legislation would create public attention so that people would hold the president accountable by approving or disapproving of his job as president. Before the President dives into such a massive undertaking, he should have a satisfactory amount of research that indicates that his constituents support his initiatives. Even if they do not support him, he could find a way to garner that support by messaging certain aspects of the bill and incorporating more popular components. From this analysis, the two branches of federal government need to create policy that would take into account the Supreme Court's ruling of a major piece of legislation, and they must create messaging and must incorporate components of the bill supported by the people to develop a reason for them to stand behind the President's efforts. Policy like this would create a higher approval rating for the President and could possibly have a swifter time to adopt the legislation, creating more time to tackle other issues.

A more thorough analysis of this study would have more observations to create more reliable and accurate results. While this research had a sufficient amount of observations, it could possibly produce different results if the same type of study occurred after President Obama's second term in office; the more observations, the less standard error and possibly some of the variables would become significant in affecting President Obama's variation of public opinion. While the trend variable picks up the effects outside of the PPACA events, this analysis does not have control variables with specific events, like discussed in the theory section. For example, coding and regressing the employment level and the 2010 mid-term elections might contribute to a better explanation for what causes variation outside of the PPACA. Understanding with more specificity would allow for a greater comprehension of policy initiatives to consider for those control variables, which could in turn cause a better public opinion of President Obama.

These findings open a Pandora's Box for further research into this exact subject of public opinion of President Obama and the PPACA, as well as more general research into the presidential approval and legislative initiatives. The literature review from this analysis discusses

in theory and in a case study about presidential support from constituents and the PPACA; however, incorporating a study about what the media at the time recorded of the events surrounding the PPACA provides greater insight into the topic. At the time, this issue highlighted vast differences along political parties' lines, and an ugly, drawn-out process on the road to change. Examining the media and how people reacted to the events would create a greater understanding to how interest groups mobilized supporters on either side of the debate, so that the President could take this information to create a message for Americans to support healthcare reform. Another interesting study stemming from this research would examine variation of public opinion of past presidents and their landmark pieces of legislation in their legacy. Having a similar system of coding for the events with dummy, counter, and trend variables of those legislative measures would keep consistency between the presidents for a reliable comparison, but could present new information as to how different events produce significant results in varying the job approval rating. Finally, further research could involve understanding public opinion related to specific aspects of the PPACA. Researching other major or detailed components and how the public approves of those could increase the rating of the President by constituents. Determining the results from that third research idea could allow for the President to incorporate components to a bill that would increase his popularity. With all of these further research ideas, the results could then be applied to initiatives of presidents in the future for similar policies to increase their approval rating. This study with the introduction, literature review, theory, analysis, and conclusion creates original work and advances the wealth of knowledge on the subject of national presidential polling of President Obama and how it relates to the Patient Protection and Affordable Care Act.

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