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The Electoral Consequences of Roll Call Voting: Health Care and the 2018 Election

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Abstract

For years, Republicans in Congress promised to “repeal and replace” the Affordable Care Act. The results of the 2016 elections put them in position to take action on the seminal domestic policy achievement of outgoing President Barack Obama. Repeal efforts faced many obstacles, including angry constituents crowding town hall style meetings with Republican members. Many members faced a stark choice between voting with their constituents or voting with their party. We use data on the number of town halls held by members to analyze whether members who heard from upset constituents were more likely to oppose the repeal effort. Next, we utilize data on House primaries and the 2018 general election to test whether the member’s position on repeal had any effects on the member’s electoral success. We find clear evidence that member’s voting behavior on the health care repeal had electoral effects in the 2018 general election.

Keywords Congress · Roll call voting · Health care · Elections

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Introduction

No issue has spent more time at the forefront of American politics over the past decade than health care. Health care reform was a key priority for former President Barack Obama and his Democratic allies in Congress, with President Obama making a televised address to Congress on the need to overhaul health care in September 2009. On the heels of the speech, Congress enacted the Affordable Care Act (ACA) during the 111th Congress (2009–2010). The Affordable Care Act was the signature domestic policy achievement for President Obama and the Democratic Party. Enactment was neither easy nor costless, however. Democrats in Congress had to provide all the votes for passage in both chambers as Republicans stood in unified opposition to the policy initiative.¹ The bill was, undoubtedly, a major policy win for liberal Democrats and its enactment led to more Americans having health insurance, but electorally, it was costly. House Democrats lost 61 seats as well as the majority in the subsequent 2010 midterm election. One estimate of the electoral effects of the vote for the Affordable Care Act attributes the loss of 25 of these seats to this one policy alone (Nyhan et al. 2012).

The post-enactment time period has been no less contentious for the Affordable Care Act and health care policy in general. The act has faced a number of legal challenges which have spawned two Supreme Court cases to date. In addition, the policy dispute has spilled over into state capitals as state legislators and governors across the country grapple with whether or not to accept the Medicare expansion that is a core component of the law. Health care policy, including opposition to the Affordable Care Act, has also continued to be a focal point for congressional campaigns in recent elections. In fact, in the 2018 midterms, a year that saw a record-breaking number of ads, 55.4% of pro-Democratic ads were on health care.² By contrast, the second largest issues was taxes, at a mere 14.7%.

At the same time, congressional Republicans did not stop fighting the ACA after it was enacted in 2009. Instead, one of their signature policy promises has been to “repeal and replace” the act. To that end, the Republican-led House voted to repeal the law more than 50 times between 2011 and 2016, yet these were merely messaging votes as none stood a chance at becoming law while Barack Obama was president (Lee 2009). However, Donald Trump’s victory in the 2016 presidential election finally gave Republicans the institutional power necessary to carry out their years long promise to “repeal and replace” the Affordable Care Act (Berry et al. 2010).

Yet when the votes were consequential in 2017, House Republicans found that their efforts to repeal the law faced a number of obstacles that made many Republicans suddenly reluctant to support repeal. One of those factors was that large numbers of angry constituents flooded Capitol Hill phone lines and crowded town hall style meetings with Republican members. The political environment made it clear that the public was engaged, and in many cases angry about the possibility of repeal.

¹ Joseph Cao (R-LA) was the sole Republican to support the bill initially, but he voted “nay” on the final House vote.

² Data from the Wesleyan Media Project, <https://mediaproject.wesleyan.edu>.

Members who held town hall meetings were often confronted by large crowds that subjected them to pointed questions about their positions. For example, Rep. Joe Wilson (R-SC) faced chants of “You Lie!” after he answered a question in an unsatisfactory manner,³ whereas Rep. Joe Barton (R-TX) appeared to lose his temper during a town hall, yelling at an attendant, and probable constituent, “You sir, shut up!”

These town hall meetings were great political theater, but, of course, ultimately only a small proportion of each member’s constituents attended a town hall meeting. However, the available public opinion data on health care suggests that it was not just town hall attendees who were attuned to the debate over the ACA. Data from the Kaiser Family Foundation and Gallup showed that health care was the top issue for voters in the 2018 midterm election. More than 70% reported that the issue was “very important” in making their decision about who to vote for, and a plurality of respondents rated health care as the “most important” issue for them. Exit poll data also revealed that health care was the most heavily cited issue for voters leaving the polling place.

Typically, one would expect a vote on a contentious issue like health care to be a tough one for members as they weighed the competing demands of party pressure and the views of their constituents. There is a considerable literature that demonstrates that members who compile an overly partisan voting record often suffer at the ballot box (Canes-Wrone et al. 2002). However, if members had to weigh potentially-conflicting partisan and constituency considerations in their vote choice, they were faced with a massive discrepancy in the clarity of signals being sent. The partisan signal was extraordinarily clear, as the repeal of the Affordable Care Act had been a major goal of the Republican party from the time it was passed. The constituency signal, on the other hand, was highly muddled. While the Affordable Care Act as a whole was largely unpopular with Republican voters, certain components of the law maintained broad bipartisan popularity in the electorate. Given the mixed signals of constituents, and the inherent uncertainty surrounding the public’s reaction to an actual repeal of the ACA, members were stuck in an exceedingly difficult situation.⁴

Potentially making things easier for members, partisanship—both negative and positive—has surged in recent years both at the mass and elite level (Abramowitz and Saunders 2008; Levendusky 2010; Hetherington 2001; Abramowitz 2016). Voters now overwhelmingly vote for co-partisans up and down the ballot and vote choice has increasingly become a function of voters’ partisanship (Bartels 2000).

³ This chant was clever as it was Rep. Joe Wilson who famously yelled “You Lie” at President Obama as he addressed a joint session of Congress to outline his plan for health care reform in 2009.

⁴ The dynamics of public opinion on the ACA have been somewhat bizarre from the outset of the law. The law itself has never been overwhelmingly popular and support/opposition for the law has been heavily structured by partisanship — Democrats have tended to favor the law, Republicans have tended to oppose it. However, many of the key components of the law such as the increased age limit for children to stay on their parents’ insurance plan, the expansion of covered preventive services, and the prohibition on excluding patients due to “pre-existing” medical conditions have been supported by bipartisan supermajorities in the public. See, “6 Charts About Public Opinion on the Affordable Care Act,” <https://www.kff.org/health-reform/poll-finding/6-charts-about-public-opinion-on-the-affordable-care-act/>.

The correlation between the presidential vote and the House vote in a district reached a record high in 2012, and only a handful of congressional districts now vote for a presidential candidate of one party and a congressional candidate of another. With the increase in party-line voting, the value of an incumbent's track record and reputation have declined markedly. The incumbency advantage was once estimated to be worth 8-10% of the vote for incumbent House members, but has now declined to less than half what it was in the 1980s (Jacobson 2015). This change, combined with widespread partisan gerrymandering, has rendered many districts non-competitive in the general election. If members know that voters are likely to stick to party affiliation when deciding who will represent them in Congress, then the job of a representative becomes easier. Rather than feeling buffeted by cross-pressures, they can simply vote the party line.

Purely partisan behavior by voters might make the job of representative easier, but it may reflect poorly on the health of the representational relationship between members and their constituents. The U.S. House was uniquely designed to reflect the "passions of the public" with the direct election of its members, short terms of office, and relatively small districts. The fact that U.S. House members are elected in single-member districts creates a unique principal-agent relationship between a member and their constituents that is not present in legislatures that are elected proportionally via party lists. Yet, if in this pervasively partisan political environment, incumbents are no longer punished or rewarded for how they vote on issues that are important to constituents but rather are evaluated solely on their party affiliation, then does the "electoral connection" between members and their constituents still exist? This is the question that motivates our analyses in this paper. Our goal is to systematically assess the health of the representational relationship between members and their constituents through the lens of the health care issue. In doing so, we assess two related questions: (1) do we see any evidence that Republican members altered their behavior on the ACA repeal efforts in response to constituent feedback? and (2) do we see any effects of member behavior on the ACA on 2018 election outcomes? For many Republican members, the ACA presented potential electoral peril regardless of the side the member chose. If a member voted to keep the law she ran the risk of a primary challenge from the right flank, yet if she voted to repeal the law she faced increased peril in the general election. Our results show that most Republicans stuck with the party's position on the ACA, avoided serious primary challenges, and faced negative consequences in the general election.

Public Opinion and Congressional Behavior

The link between public opinion, congressional behavior, and electoral outcomes has long been of interest to scholars of representation, legislative behavior, and elections. In fact, the strength of this relationship is the linchpin holding representative democracy together. There is considerable evidence that members of Congress are acutely aware of constituency opinion on some issues and that there is a link between an incumbent's electoral performance and the votes cast by the member in Congress. In their seminal work on constituency influence in Congress, Miller

and Stokes (1963) find that “the Representative’s roll call behavior is strongly influenced by his own policy preferences and by his perception of preferences held by the constituency” (56). Yet they go on to say that there is often no direct mechanism for a member of Congress to find out about the issue preferences of their constituency, and that the constituency is also often unaware of the policy positions of the member.

Members of Congress face a complex informational problem in seeking to anticipate the consequences of any given roll call vote. For one thing, members cannot have any certainty, *ex-ante*, about which votes will be salient to voters on election day. Additionally, members are often working with a distorted picture of public opinion in their district, meaning that even if a legislator could be certain that a particular roll call vote would be a salient factor for constituents on election day, they may still be uncertain about *how* to vote (Broockman and Skovron 2018; Hertel-Fernandez et al. 2019). Most of the information that members and their staff have to gauge public opinion is rife with various types of bias. Information from constituent contacts suffers from selection bias, because constituents who contact their members are not a random sample of all constituents — instead, they are much more likely to be co-partisans with strongly-held beliefs. Members who rely on interest groups for information about public opinion are likely getting biased information as well, as these interest groups typically have a clear stake in the policy outcomes and roll call votes at issue. Further, on most issues it is likely the case that most of a member’s constituents do not have strong preferences, as previous research demonstrates that the electorate is not particularly well informed about the details of politics (e.g. Converse 1964; Delli Carpini and Keeter 1996).

Despite these difficulties, recent literature has demonstrated that constituents may in fact be capable of holding their representatives accountable for the positions they take on “key votes.” Ansolabehere and Jones (2010), for example, take advantage of two national surveys to address measurement challenges inherent in earlier work.⁵ The surveys have the advantage of explicitly asking voters to evaluate key roll-call votes the legislator faced in the year leading up to the survey and also how the respondent would have voted “if the decision were up to them.” In contrast to previous findings, the authors find that the American electorate is highly responsive. More specifically, they find that voters hold relatively accurate beliefs about legislator behavior and that those beliefs are used to hold legislators accountable.

Members, then, would seem to have strong incentives to be responsive to their constituents on salient roll call votes. While members cannot be certain which roll call votes will be important to which of their constituents come election day, legislators in the 115th Congress could likely have anticipated that health care would be a salient issue in the 2018 midterm elections. As we point out in the introduction, health care has been a particularly salient issue for at least the past decade. Prior to President Obama’s health care speech to Congress and the bill markup of what would become the Affordable Care Act, a Gallup poll conducted from August 31

⁵ Previous literature may have failed to find a connection between a legislator’s policy decisions and electoral accountability in part due to measurement error (Ansolabehere et al. 2008; Goren 2004).

to September 2 found 26% of Americans listing “healthcare” as the most important problem facing the United States today. The only open-ended response that fared better was the economy at 29%. It is also surely the case that incumbent members were well aware that many of their colleagues lost their seats in the 2010 election due to their position on the health care bill (Nyhan et al. 2012).

The concerns of Americans over health care have, if anything, intensified in the past few years. A 2018 Gallup poll fielded just before the midterm election revealed 80% of Americans saying health care is “extremely or very important to their vote.” This squares with the earlier mentioned data on campaign advertising, showing that the majority of ads aired in 2018 focused on health care. Thus it seems clear that members of Congress were likely aware that health care was an issue that voters were paying attention to. At the same time, we think constituents were likely aware of how their member voted on the attempted repeal of the ACA. Media coverage of the vote was extensive and we know that members often communicate their votes on controversial issues to their constituents (Cormack 2016; Lipinski 2004). In fact, data from DCinbox demonstrates that the overwhelming majority of e-newsletters sent by members in the days after the 2017 repeal vote mentioned health care (Cormack 2017).

Despite evidence that voters cared about health care prior to the votes on the Affordable Care Act, the following question still remains: how do members decide whether their constituents are supportive of policy change or not? Miler (2007) attempts to answer this question by interviewing members and their staffs about the Patients’ Bill of Rights and a Medicare regulatory reform issue. Miler (2007) finds that the frequency of subconstituency contacts—both mail and phone calls—and the amount of campaign donations coming from a subconstituency are positively associated with a member and/or staffer mentioning that group as important in their voting decision.

While subsequent work has demonstrated that members may get a biased sampling of constituent opinion by relying on constituents who contact the member (Broockman and Skovron 2018; Hertel-Fernandez et al. 2019), this often may be the best information the member has to go on, as, short of expensive and constant polling, members can rarely have accurate information about the preferences of their entire constituency. Taken together, these findings suggest that members take seriously the feedback they get from constituents, however biased it may be. These findings also lend some validity to our strategy of using data on town hall meetings during the debate on the Affordable Care Act repeal to assess the influence of constituency opinion on votes on health care and, eventually, the performance of the incumbent in the 2018 primaries and general election. The debate on the Affordable Care Act was particularly salient as much of it and the subsequent town hall meetings were widely covered by most media outlets. We think it is safe to assume that much of the public was aware of the debate and all members were surely aware that many constituents had strongly held views about the potential effects if major changes were made to the law.

In particular, we would typically expect Republican members to be especially cognizant of this debate as repealing the law was a key component of the Republican platform from the day the ACA was signed into law. We also know that members of

Congress are held accountable for their roll-call behavior and that, somewhat surprisingly, the more that a member votes with her party, the lower vote share she receives in the next election (Canes-Wrone et al. 2002; Carson et al. 2010; Bovitz and Carson 2006). This effect holds not just for members in marginal districts, but those in “safe” districts as well. We then expect that members should pay attention to their constituency’s opinion, especially when constituency opinion may be in conflict with the party’s position. This was exactly the case in the debate surrounding the health care law. While MCs of both parties held town hall meetings during the ACA debate, the ones that drew the most media attention were Republican members of Congress facing constituents who were indicating their displeasure with the prospect of the Republican party voting to repeal the ACA.

At the same time, in today’s political environment, there is reason to doubt this conventional wisdom about member responsiveness to constituent opinion. As we noted above, recent elections have seen near record levels of voters supporting only co-partisans when they go to the polls, which has had the effect of nationalizing congressional elections. As a result, the ability of congressional incumbents to develop and maintain a “personal vote” with their constituents has declined in the wake of this increased partisan behavior (Cain et al. 1987; Jacobson 2015).

In addition, members now must worry about facing an ideological challenge in their own party’s primary if they are deemed to be too “moderate” on important issues (Boatright 2014; Jewitt and Treul 2018, Forthcoming). Members of Congress are increasingly aware of the threat a primary challenge from the more extreme flank of the party might cause them. High profiles cases such as Majority Leader Eric Cantor (R-VA) losing his party’s primary to David Brat, a little known professor at a small college, and Senator Richard Lugar (R-IN) losing a challenge from the far right to Richard Mourdock, have left members increasingly wary of primary challenges. Thus, while members might want to show responsiveness to constituents attending a town hall, they may also feel cross-pressured by party activists who might attempt to vote them out of office in the primary. This could create a situation where members are more likely to focus on the views of their primary constituency instead of their general election constituency (Fenno 1978). If so, members may be more likely to overlook town hall feedback, particularly in districts with closed primaries or ones where tough primary competition has emerged in the past.⁶

If the House is to reflect the view of the public on a salient issue such as the ACA our expectations would be that members should either be responsive to the views of their constituents or run the risk of being replaced electorally. If we find that members are, in fact, responsive to the feedback they receive in town halls, this would confirm the Miller and Stokes (1963) finding that on big issues, the member does respond to constituent opinion. On the other hand, if we find that members, particularly those in competitive districts, do not behave responsively on health care,

⁶ It is also, of course, possible, that members who may choose to be unresponsive do so because they have elected to retire from Congress. For those seeking reelection, we can assess whether they faced a primary or general election challenge, changes in their vote share in each electoral stage, as well as constituency opinion and coverage loss in the district.

we would expect our analyses to show that these members were more likely to face experienced, quality candidates of the opposing party in the general election.

The dynamics of how members choose to represent the views of a district and how elites and constituents respond to a representative's behavior are core questions in the fields of representation and democratic theory. We think the high profile nature of the health care debate in the 115th Congress gives us a window to see how these dynamics unfolded on a salient issue in a time of heightened political engagement in the U.S. We explore this more fully in the next section.

Data and Analysis

Town Halls

Our town hall data come from the Town Hall Project.⁷ The Town Hall Project was founded at the beginning of 2017 as a way for constituents to become better informed about methods by which to touch base with their elected representatives. The project collects data on town halls, other public events with a member of Congress in their district, ticketed events in the district or state, staff office hours, and opportunities to speak with a representative in D.C. In order to be included as an event in the project's data, the event must allow for the asking of policy questions by constituents. Campaign events and fundraisers do not count. The Town Hall Project collected information on more than 3000 events, approximately 1500 of which were town hall type events in which members and constituents could interact with one another.⁸

In Fig. 1 we report the distribution of town halls held by Republican members in the months leading up to the House vote to repeal the Affordable Care Act on May 4, 2017. We chose to focus solely on the Republican party, as this was the party that was putting forward the ACA repeal in the 115th Congress. As Fig. 1 reveals, the Republican caucus was roughly equally divided between members who decided to hold town hall style events and those who did not. Of the members who held events, the majority held fewer than 5 such events, with some members holding 10 or more events.⁹

We use the town hall data to help predict member behavior at two points early in the 115th Congress. The first was the Republican attempt to repeal the ACA and replace it with the American Health Care Act (AHCA). This initial attempt ended on March 24th, 2017 when Speaker Paul Ryan pulled the bill from the House floor due to a lack of support for repeal in his caucus. The *New York Times* reported a comprehensive tally of members' positions on this bill prior to it being pulled. They reported that 150 House Republican were for it, 42 were either against it or leaned

⁷ www.townhallproject.com.

⁸ We restrict our analysis to the in-person town hall events.

⁹ Rep. James Sensenbrenner (WI-5) is a clear outlier on this measure. He held 51 town halls between the opening of the 115th Congress and May 4, 2017.

no, and 45 were unsure or undecided. Pulling the bill from the floor was an embarrassing failure for the GOP as the repeal had been a core plank in the party's platform for years. Nevertheless, Speaker Ryan looked into the camera and declared that "We're going to be living with Obamacare for the foreseeable future," after pulling the bill.

The second event we analyze was the successful House repeal vote held on May 4, 2017. Republicans altered the bill to provide additional subsidies for people with pre-existing conditions, but as a concession to the House Freedom Caucus, the bill also allowed states to waive some of these protections. This more conservative health care bill put the pressure on the most moderate Republican members of the House. The bill passed the House 217–213, with 20 Republican members voting against the bill.¹⁰ These 20 Republicans were mostly moderates and some of them, including Mark Amodei of Nevada, had far-right primary challengers announce their campaigns even before the vote took place.¹¹ Members' positions on the AHCA at these two points in time are the dependent variables in the analysis we present in Table 1.

In addition to the data on the number of town halls held by Republican members we also gathered data on the number of people who the Congressional Budget Office (CBO) estimated would lose health insurance if the ACA were repealed. These data were provided at the district level. According to the CBO, the net loss in health insurance coverage by 2026 for the nation was estimated at 22 million should the ACA be repealed. We include coverage loss data as it directly corresponds to the question under consideration. We expect that a member wishing to represent the interests of her constituents would be aware of how the adoption of the AHCA would affect her district. Although the average coverage loss in health insurance coverage per district expected was just over 55,000, some districts were estimated to have over 100,000 people affected.¹² Other control variables include presidential vote at the district level, the number of times a member had previously voted to repeal the ACA, and whether or not the member announced that she would be retiring in 2018.

Our results are presented in Table 1 below. The column labeled March 24th is an ordered logit model of Republican House members' positions on the bill that was pulled from the floor on March 24th, 2017, with nays coded as 0, undecided as 1, and yeas as 2.¹³ Only two variables in our model reach conventional levels of statistical significance. The coefficient for the number of town hall meetings held by members prior to March 24th is positive, which suggests that members who held more town halls were *more* likely to be in favor of repeal than were those members who held fewer town halls. We estimate that those who did hold a town hall meeting

¹⁰ This bill later failed in the Senate with John McCain offering a "thumbs down" along with a negative vote.

¹¹ Scott, Dylan, "Trump's health care bid puts moderate Republicans in an impossible situation," *Vox*, May 1, 2017.

¹² Districts with the greatest predicted coverage loss were in Florida, North Carolina and Texas, and the representatives of these districts span both political parties.

¹³ We also estimated this model as a multinomial logit, and the results were substantively similar.

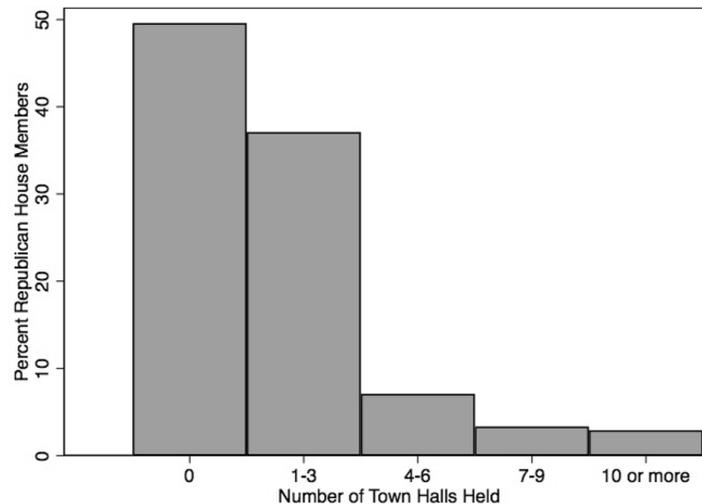


Fig. 1 Town Halls held before May 4th vote

prior to March 24 had a 0.18 probability of being opposed to the bill, a 0.19 probability of being undecided, and a 0.63 probability of supporting the bill. In comparison, for those who held 6 town hall meetings before March 24th we estimate that their probability of being opposed to the bill was 0.09, compared to a 0.12 probability of being undecided and a 0.89 probability of supporting the bill. This suggests that few members were persuaded by the constituents who showed up at the town halls to express their desire to keep the ACA. In today's political climate, it could be that many members who held town halls were convinced that the town hall attendees were not a part of the member's "reelection constituency" or "primary constituency" (Fenno 1978). It could also be, as was suggested by Speaker Paul Ryan and Representative Jason Chaffetz (R-UT), that the representative did not think the participants at the town hall were even constituents, and thus did not take the opinions expressed by attendees seriously. Speaker Ryan said he would not hold in-person town halls because "there are people who are trying to come in from out of the district to disrupt town hall meetings and not have a civil discussion, so what I have been doing is looking for new and creative ways to interact with my constituents in a civil way".¹⁴ Representative Chaffetz suggested that town hall attendees were Democrats who were "bullying" in a "concerted effort" to create chaos.¹⁵ Regardless of the reason for the finding that more town halls led to a greater likelihood of being in favor of repeal on March 24, it does suggest that constituent opinion—as expressed through town halls—was not a direct factor in the member's preference on repeal.

We also find a statistically significant effect for the presidential vote in the district. Republicans who serve in districts that had higher levels of support for the

¹⁴ Manchester, Julia "Ryan says he won't do public town hall citing concerns over possible protests," *The Hill*, July 7, 2017.

¹⁵ Nelson, Louis "GOP split on whether paid protestors are to blame for rowdy town halls," *Politico*, February 23, 2017.

Table 1 Town Halls and member behavior on ACA repeal

Variable	Coefficient (SE)	
	March 24th	May 4th
Loss of coverage	< 0.001 (< 0.001)	< 0.001 (< 0.001)
Town Halls held	0.14* (0.08)	0.09 (0.05)
Clinton vote in district	- 0.06*** (0.02)	- 0.19*** (0.06)
Previous votes to repeal	0.01 (0.01)	0.02 (0.02)
Not seeking reelection	0.23 (0.39)	- 1.01 (0.68)
Constant		9.39*** (2.38)
Cutpoint 1	- 3.42*** (0.68)	
Cutpoint 2	- 2.40** (0.72)	
N	236	237
Log-likelihood	- 207.52	- 52.21

Note Results presented are for Republicans only. The March 24th model is an ordered logit of Republican's positions on the bill that was pulled, members who were opposed were coded as 0, those who were unsure were coded as 1, and those in support of the bill were coded as 2. The May 4th model is logit model of the House vote on May 4th, with the "yea" position coded as 1

* $p \leq .10$; ** $p \leq .05$; *** $p \leq .01$

Democratic presidential candidate, Hillary Clinton, in 2016 were less likely to support the March 24, 2017 repeal efforts. This suggests that members in districts that are more apt to support Democratic candidates were less likely to support repeal efforts, which is in keeping with our expectations. We are unable to rule out loss of coverage in the district as affecting the representative's position on the bill.

Turning to the actual vote on repeal and replace on May 4th, we see similar results. The number of town halls held is statistically indistinguishable from zero.¹⁶ Once again we see a strong relationship between the district presidential vote and the willingness of Republican House members to support repeal of the ACA. Members in districts that had higher levels of support for Hillary Clinton in 2016 were much less likely to vote to repeal the ACA on May 4th. At the median level of Clinton vote (37.45%) we estimate that a Republican incumbent has a 0.96 probability of

¹⁶ This variable indicates the total number of town halls held before May 4th. We also fit this model with a count of the number of town halls held between March 24th and May 4th and the results were substantively similar.

supporting the bill, but at a 50% observed vote for Clinton the probability of support falls to 0.68. Once again, coverage loss in the district has no substantive effect on vote behavior. Taken as a whole the results in Table 1 suggest that the underlying political dynamics of a district—as captured by the Clinton vote—is the only consistent predictor of Republican behavior on the AHCA. Given the partisan climate in 2018, Republican members representing districts that had high levels of voting for Clinton in 2016 likely knew they faced electoral peril regardless of the specifics of health care opinion in their districts.

Candidate Emergence

The second component of our analysis assesses the effect of member behavior on the subsequent electoral dynamics in the district. As Cox and Katz (1996) note, one of the key components of the incumbency advantage in Congress is the ability of incumbents to “scare off” potential challengers. Incumbents can do this with their fundraising prowess and by taking full advantage of the perquisites of office, but these tools tend to be effective only if members maintain a voting record that is in line with the preferences of the district (Canes-Wrone et al. 2002). Despite not finding members to be responsive to town hall attendance and constituent rancor there, the responsiveness and connection between constituent opinion and members could still manifest itself in elections. Challengers looking for an inroad might notice constituent unrest with a member’s voting record, particularly on an issue like repealing the Affordable Care Act, and decide it is an opportune time to run.

As we noted above, the health care vote was not easy for some members as they were caught between their promises and often previous votes to repeal the ACA and the reality that repealing the bill could have an adverse effect on large numbers of their constituents. The votes taken on ACA repeal while Barack Obama was president served as mere “position taking” opportunities for members as they had full confidence that President Obama would veto any repeal bill that reached his desk. However, once Donald Trump was inaugurated as president, votes to repeal the ACA took on new significance as members could assume that President Trump would be likely to sign any ACA repeal presented to him.

Voting to repeal could draw the ire of constituents and perhaps lead to a strong challenge from the out party (Democratic), while repudiating the GOP line on repeal could lead to a well-funded primary challenge, especially from the incumbent’s more extreme flank. Examining emergence is important as the presence of an alternative candidate is a precursor to being able to punish the member at the ballot box.

We first turn our attention to primary challenges. Our dependent variable for these analyses is the number of challengers who filed to run in a congressional district primary.¹⁷ We are able to break these numbers down even further and examine

¹⁷ We also fit these models with a dichotomous dependent variable indicating whether or not a candidate with previous electoral experience or a “quality” challenger had emerged (Jacobson and Kernell 1983). The results were substantively similar, so we elected to use the measure for the number of candidates given the recent success of amateur candidates in primaries (Porter and Treul 2018).

the number of challengers in the incumbent's (Republican) primary and those challenges in the Democratic primary.¹⁸ Given recent data suggesting that most credible primary challenges within the Republican party come from the incumbent's more extreme flank, we assume these are the types of challengers emerging and, at the very least, these are the types of challenges Republican members fear the most and are the ones that would emerge if the incumbent voted against the GOP on repeal (Boatright 2014; Jewitt and Treul 2018).

The results are displayed in Table 2 below. We present separate negative binomial regression models for in party (Republican) and out party (Democratic) challengers. Independent variables include the member's vote on the AHCA on May 4th, 2017, the member's position on the bill on March 4, the presidential vote in the district, and whether or not the member had announced that he or she was not seeking reelection in 2018. We also control for factors previously shown to influence challenger emergence such as whether the member is a party leader, the chair of a committee, the member's seniority, the member's ideology measured as her DW-Nominate score, and the member's legislative effectiveness score (Thomsen et al. 2019).

Analyses of these data find no clear patterns in the number of candidates who emerged to run against Republican incumbents in primaries, but we do see some interesting findings for candidates emerging in Democratic primaries for Republican held seats. As we would expect, more Democratic candidates are emerging in seats in which Clinton performed better in 2016. We also see more Democrats emerging if the Republican incumbent's position on the March 24 pulled bill was a "yea." Republicans who showed up on the whip count as being for the AHCA on March 24 were significantly more likely to have more Democrats emerge to run against them in the Democratic primary. The incumbent's position on the earlier attempt to repeal the ACA may have been instrumental in getting potential Democratic challengers interested in running for Congress. Substantively, the incumbent's position on the pulled bill and the vote to repeal is associated with one extra Democratic challenger emerging, on average.

General Election Success

We next turn to whether or not the Democrats who emerged to challenge Republicans who outwardly supported the AHCA were successful in the general election. If incumbents are punished for votes that are out of step with what their constituents want (Canes-Wrone et al. 2002), we would expect those who voted for the AHCA on May 4 to be less likely to win reelection, especially since this was such a highly salient roll call (Bovitz and Carson 2006). Furthermore, there is good reason to expect many of the losses faced by these Republicans who voted for the AHCA were the direct result of that vote. Democrats across the country ran their campaigns on the issue of health care. In fact, more than a third of a record breaking number of ads aired in federal races mentioned health care (Fowler et al. 2018). Digging a

¹⁸ These models exclude districts in Pennsylvania due to the redistricting that was required in that state for the 2018 election.

Table 2 ACA behavior and primary challenger emergence

Variable	Coefficient (SE)	
	In party challengers	Out party challengers
May 4 health care vote	- 0.03 (0.34)	0.08 (0.15)
March 24 yea position on bill	0.05 (0.14)	0.07 (0.05)
Clinton vote in district	- 0.01 (0.01)	0.03*** (0.01)
Not seeking reelection	1.80*** (0.17)	0.14 (0.13)
Party leader	0.36 (0.50)	0.03 (0.23)
Legislative effectiveness	- 0.08 (0.06)	0.03 (0.03)
Member seniority	0.04** (0.02)	0.01 (0.01)
DW-Nominate	0.58 (0.87)	- 0.02 (0.37)
Constant	- 0.05 (0.72)	- 0.34 (0.38)
N	221	222
Log-likelihood	- 338.09	- 400.85
Pseudo r-squared	0.10	0.05

Note The dependent variable is the number of challengers who have filed to run in the congressional district. Models are negative binomial regressions estimated separately for Republican party primaries (party of the incumbent) and Democratic (out party) primaries clustered by state. We exclude Pennsylvania from this analysis due to the redistricting required there for 2018

* $p \leq .10$; ** $p \leq .05$; *** $p \leq .01$

bit deeper into the advertising data, the issue attention on health care was driven by the Democratic party, with a little more than half of the pro-Democratic ads running post-Labor Day focusing on the topic.¹⁹

The results for the model of Republican incumbent general election success are presented in Table 3. By focusing on reelection success, we omit the retiring Republican incumbents, many of whom likely retired because they were facing a tough reelection campaign.²⁰ The results in the left hand column show that those

¹⁹ The next largest issue was taxes, at 14.7% of airings (Fowler et al. 2018).

²⁰ We think that many of the Republicans who retired rather than seeking reelection in 2018 did so because they were facing a tough re-election campaign. Some of this was, no doubt, due to the underlying political dynamics of their district. A number of the retiring members, such as Ed Royce (CA-39), Darrell Issa (CA-49), Pete Sessions (TX-32) were in districts that had been won by Hillary Clinton in the 2016 presidential election. Others, we think, retired because they found it difficult, if not impossible, to maintain a sufficient level of party unity while being attuned to the views of their constituents. Rodney

Table 3 General election republican incumbent success

Variable	Coefficient (SE)	
	Incumbent win/lose	Incumbent vote share
May 4 health care vote	- 2.52** (1.28)	- 4.7*** (1.42)
Loss of Coverage	< 0.001 (< 0.001)	< - 0.001* (0.0003)
May 4 Vote*Coverage Loss	< 0.001 (< 0.001)	0.0001*** (0.00003)
Clinton Vote in District	- 0.46*** (0.12)	- 0.94*** (0.05)
Quality Democratic Challenger	- 1.15 (0.92)	- 1.57* (0.84)
Constant	22.2*** (5.67)	95.17*** 2.33
N	181	181
Log-likelihood	- 37.42	
Pseudo r-squared	0.52	
Adjusted r-squared		0.85

Note The dependent variable is whether the incumbent Republican won reelection in the left column. It is the Republican vote share in the right column. Only incumbents who ran in the general election are included. We also exclude Pennsylvania districts, given the redistricting that occurred there. The model in the left column is a logistic regression clustered by state. The model in the right column is a OLS with standard errors clustered by state

* $p \leq .10$; ** $p \leq .05$; *** $p \leq .01$

Republicans who voted for the AHCA on May 4th were significantly more likely to lose their bid for reelection to a Democrat than those who voted against the Republican bill. Republican incumbents in Clinton-won districts were also more likely to lose the general election. These results are presented visually in Fig. 2, which shows that at all observed levels of presidential vote in the district, Republicans were more likely to lose in 2018 if they voted for the AHCA on May 4th.

The results in the right hand column of Table 3 focus on vote share earned by the incumbent and provide similar results. We estimate that Republicans voting for the

Footnote 20 (continued)

Frelinghuysen, who represented 11th district of New Jersey is an excellent example of this. He was in his first Congress as chair of powerful Committee on Appropriations, was relatively young for a member of Congress (age 72 in 2018), and came from a political family—both his father and great-grandfather were former members of Congress. Yet, he decided to retire rather than run for reelection in 2018. Why? We think his vote on the GOP tax bill that passed in December 2017 is instructive. Some districts in states such as New Jersey had large number of voters who would face higher effective federal tax rates as a result of the fact that the tax bill limited the state and local income tax (SALT) deduction. Frelinghuysen noted this in his statement of opposition to the bill. In response, the Republican leadership threatened to take away his committee chairmanship because he was not a team player.

AHCA cost themselves 4.71% of the two party vote share in 2018 holding all else equal. As a comparison, Nyhan et al. (2012) find that Democrats who voted for the Affordable Care Act in 2009 cost themselves approximately 8.5% of the vote in the 2010 election. The results make clear that Republican members of Congress who voted for the May 4th health care bill suffered the consequences at the ballot box in the fall, perhaps not as much as the Democrats in 2010, but still enough to make a difference in close races.²¹

Individual Level Analysis

Data from the Congressional Cooperative Elections Study (CCES) corroborates these findings. During the 2018 midterm elections, the CCES asked respondents several questions regarding their views on the health care issue. Here we use the question most similar to the bill voted on in the House on May 4th, which asked respondents if they favored a partial repeal of the ACA that repealed both the individual and employer mandates, cut Medicaid payments, and ended the tax on so-called “Cadillac” health care plans.²² We use responses to this question along with the votes of Republican incumbents seeking reelection to construct a variable that measures whether the respondent and her House member have the same position on the May 4th vote on the AHCA.²³ We use this variable in a model that analyzes the respondent’s reported vote for the House in 2018. In addition to the health care agreement variable we include indicator variables for whether or not the respondent

²¹ As discussed above, we chose to focus on health care as this was *the* predominate issue in 2017 and 2018. However, in an attempt to see if other votes had a similar effect on election success we found two more roll call votes in the 115th Congress that had corresponding questions posed to respondents on the CCES. These were the Russian sanctions bill and the tax bill. Neither of these is ideal for analysis due to lack of salience to voters. Additionally, the Russian sanctions bill passed 419-3 and the tax bill was complex and had myriad provisions, eventually passing mostly along party lines. We did, however, fit the model presented in Table 3 with these votes as well. The Russia vote drops out of the model because both members who voted against the party’s position won their reelection campaign. Our results for the vote on the tax bill are the opposite of what we would expect if members were defecting from the party’s position to shore up support with their constituents, as those members who voted for the tax bill were more likely to win reelection than were those who voted against it. Most of the Republican members who voted against the bill were from states such as New Jersey, New York, and California that have high state, local, and property taxes. This bill limited the ability of taxpayers to fully deduct these expenditure by putting in a cap of \$10,000 on the so-called “SALT” deductions. Republican members who voted against this bill likely did so to prevent their constituents from feeling the effects of this change, but the results do not suggest that this helped them electorally.

²² We have replicated the analysis with the full repeal question and get very similar results.

²³ Similarly to the additional votes we analyzed in Table 3 we fit the model presented in Table 4 with voter agreement with the House member on the Russian sanctions bill and the tax bill, as these were both asked about on the CCES. Respondents who report agreeing with their member’s position on the tax bill were more likely to report supporting that member in the general election, while those who report agreeing with their member on the Russia sanctions bill are *less* likely to report voting for the member in the 2018 general election. Once again, we see this as evidence of there being something different about health care, most likely how salient this particular issue was.

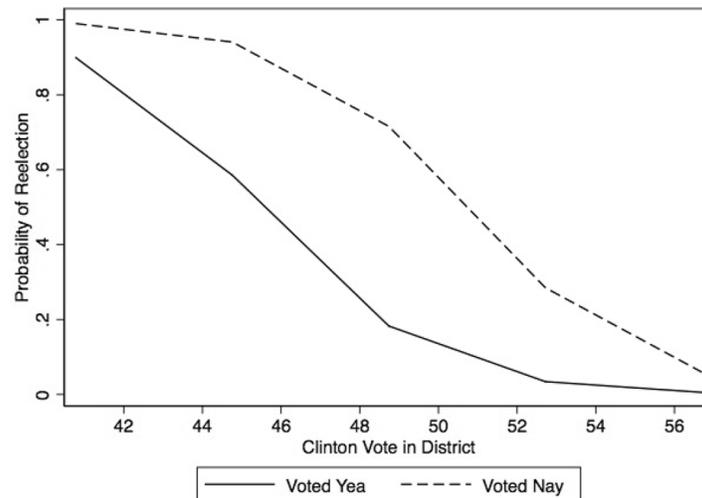


Fig. 2 Health care vote and reelection. *Note* Figure derived from estimates reported in Table 3

reported to have voted for Hillary Clinton or Donald Trump in 2016 and for party identification.²⁴ The results of the logistic regression are found in Table 4.²⁵

These results, unsurprisingly, reveal that respondents who identify as Republican were the group most likely to report supporting their GOP incumbent in 2018 and that Democrats were the group least likely to do so. We also find that reported presidential vote in 2016 has an independent effect on support for a GOP incumbent in 2018. Trump voters were more likely to support a Republican than were Clinton supporters even when we control for partisanship. Given the nationalization of congressional elections and the way in which President Trump dominates the modern media environment it would be reasonable to expect few variables beyond partisanship and Trump support to explain much in the way of voting behavior. Yet, as can be seen in Table 5 we find strong support for our variable measuring health care agreement. Respondents who agreed with how their member voted on the May 4th vote were much more likely to report voting for that member in November. The differences in predicted probability of voting for the respondent's Republican incumbent are statistically and substantively significant across all four types of voters we focus on in Table 5. For Republican respondents, Trump voters were 0.03 less likely to vote for their Republican incumbent if they disagreed on the AHCA vote, whereas Republicans who supported Clinton in 2016 were fully 0.10 less likely to vote for their incumbent if they disagreed on the AHCA. This finding highlights how perilous this vote was for Republicans representing districts with high levels of Clinton support in 2016. These findings also suggest that Democrats who supported Trump and Republicans who supported Clinton in 2016 had very similar likelihood of

²⁴ No party identification is the omitted category.

²⁵ We also fit this model with presidential vote choice interacted with respondent party identification and with state fixed effects and got substantively similar results. We also fit this model with the respondent's self-reported ideology and got substantively similar results.

Table 4 Agreement with member on AHCA and vote choice in 2018

Variable	Coefficient (SE)
Agree with member on May 4th vote	0.49*** (0.09)
Voted for Clinton in 2016	- 1.09*** (0.15)
Voted for Trump in 2016	2.16*** (0.10)
Is a Democrat	- 1.90*** (0.13)
Is a Republican	2.06*** (0.12)
Constant	- 0.61*** (0.11)
N	17,629
Log-likelihood	- 3002.03
Pseudo r-squared	0.72

Note: The dependent variable is whether the respondent reported voting for a Republican incumbent for House in 2018. The model is a logistic regression with standard errors clustered by congressional district

* $p \leq .10$; ** $p \leq .05$; *** $p \leq .01$

supporting a GOP incumbent in 2018. As a whole, we think the findings presented in Tables 3, 4, and 5 demonstrate a strong relationship between House member's voting behavior on the AHCA and how voters reacted to that member in the 2018 general election.

Discussion

The defining feature of a democratic republic is that the citizens elect representatives to a national assembly. This creates a principal-agent relationship between the voters and their elected representatives. Voters choose an agent to represent them and then are able to observe and/or influence the behavior of that representative. At each election the voters can choose to keep the agent or replace her with someone else. For representatives who wish to keep their job as the voters' agent, the incentives to abide by the wishes of the voters is clear. Our analysis of the 2018 election through the lens of the health care debate during the 115th Congress gives us the opportunity to observe the dynamics of the principal-agent relationship during this episode.

Health care was a salient issue that many voters and representatives held strong views on. Our findings suggest that Republican House members were not particularly responsive to feedback received at town halls during the debate on repealing the ACA. The number of town halls a member held before March 24th (pulled bill) or May 4 (floor vote) does not significantly influence whether one voted "yea" or

Table 5 Predicted probability of voting for republican incumbent

Respondent	Predicted probability [confidence interval]	
	Agree with GOP incumbent	Disagree with GOP incumbent
Republican Trump voter	0.95 [0.93, 0.96]	0.92 [0.90, 0.94]
Republican Clinton voter	0.74 [0.67, 0.82]	0.64 [0.56, 0.72]
Democrat Clinton voter	0.24 [0.17, 0.31]	0.16 [0.11, 0.21]
Democrat Trump voter	0.67 [0.59, 0.74]	0.55 [0.48, 0.62]

Note Cell entries are the predicted probability of a respondent reporting voting for their GOP incumbent in the 2018 general election. Entries calculated from the model presented in Table 4

“nay” on the Republican health care bill. Of course, one possibility is that Republican members who held town halls were not convinced that the voices at town halls were representative of overall constituent opinion or, as was the case for Speaker Ryan and Representative Chaffetz, did not even believe the people speaking at town halls were constituents. Here we can look to the effect on coverage loss expected as a result of the AHCA estimated by the CBO, we once again fail to find any substantively significant results. We then find no evidence to suggest that Republican representatives based their vote on the AHCA on whether or not it would result in more or less coverage for constituents. This suggests that the voting decisions for these members were based on something other than the pure material interests of their constituents.

We do, however, find considerable evidence that a member’s voting behavior on health care had electoral consequences. We find that members who voted to gut key provisions of the ACA were less likely to retain their seats for the 116th Congress than were those who voted to keep the ACA intact. Similarly, we find that voters were more likely to vote to keep their incumbent member if that member’s voting behavior on health care mirrored the views of the voter. If the member voted contrary to the voter’s views then the voter was more likely to vote to elect a different agent to represent them. We see this as evidence that the principal-agent relationship that is key to the maintenance of a democratic republic is working as it was intended. Even in today’s nationalized, partisan climate, voters appear to be able to punish or reward members for their behavior on the key issues of the day.

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