WHERE POLICIES AND POLITICS DIVERGE
AWARENESS, ASSESSMENTS, AND ATTRIBUTION IN THE ACA

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Abstract How citizens hold government accountable in democratic systems is one of the fundamental questions of political science and has long been of interest to scholars of public opinion. Accountability for the performance of government requires individuals to make accurate evaluations of the effects of policy decisions, and to trace responsibility for policy decisions to the appropriate politician or political party. In this paper, we study the question of democratic accountability in the context of the health insurance marketplaces established by the Affordable Care Act. Not surprisingly, how citizens evaluate the state of the world and locate responsibility has less to do with marketplace performance, and much more to do with political allegiance. However, we theorize and find evidence that supports two substantial exceptions to the overwhelming role of partisan identification: Both political independents and those with personal policy experience are capable of linking objective conditions with broader political assessments. These findings have important implications for our understanding of democratic accountability and for the design of public policies in a federal system.

A recent article in *The Atlantic* described a health insurance billboard outside Charlottesville, Virginia, that read: "I chose Optima." The irony was not lost on local residents: For those shopping on the Affordable Care Act's (ACA) health insurance marketplace at that time, Optima was actually the *only*

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provider offering plans. In addition, Charlottesville had the nation's highest individual-market health insurance premiums. Frustrated with the objectively poor conditions of the ACA in their area, local residents formed an organization to lobby the state legislature (Bluth 2018).

Beyond its human-interest appeal, this story poses important empirical questions. Are Americans aware of the features of their local ACA marketplace? And does this have any bearing on their political preferences? Existing literature provides ample reason to suspect that the answer to both these questions is no. Instead, scholars suggest, individuals are either wholly unaware of how policies and politics function, or they experience the political world through the lens of partisanship, which systematically biases their preferences and beliefs.

In this paper, we match an original survey of Americans to administrative data to examine the cognitive process through which individuals might link objective ACA marketplace conditions with political attitudes. While previous work has looked at parts of this process in isolation, our study is unique in that we attend to all three discrete phases of democratic accountability: 1) *awareness*, or whether individuals can accurately identify objective conditions in their local area; 2) *assessment*, or whether local conditions inform individuals' satisfaction with and support for relevant policies; and 3) *attribution*, or to whom individuals allocate credit or blame.

Given the highly partisan nature of the ACA specifically, and the hyperpolarization of American politics more broadly, individual partisanship should overwhelm other factors at each stage. Indeed, our findings are consonant with the wealth of existing work that finds partisanship plays a primary role in shaping citizens' perceptions of the state of the world. At every step, the strongest predictor of individual attitudes is not objective conditions, but party identification.

But tracing the whole process of responsiveness in public opinion allows us to uncover some important caveats. First, many citizens are somewhat responsive to basic, objective attributes of the marketplaces: specifically, the price of insurance. The disconnect between policy conditions and political preferences comes later in the process. Though they are aware of conditions, the public as a whole does not appear to link marketplace attributes to broader assessments of marketplace performance, or overall support for the ACA.

In addition, certain subsets of citizens are more capable of linking objective conditions to policy assessments: namely, those with personal experience with the ACA, and those who identify as political independents. These "exceptions to the rule" are substantial. The growing proportion of Americans who identify as independents might portend an increase in the public's ability to trace a path from awareness to assessments. Likewise, that personal experience improves accountability has important implications for the future of the ACA, and offers lessons for policy design more broadly.

The ACA provides an especially hard case in which to uncover evidence of responsiveness. The passage of the ACA was characterized by extreme partisan rancor and divisiveness, both in Washington, DC, and in the states. This likely mutes the effects of factors beyond individual partisan identification. In addition, the ACA is a complex law featuring design and implementation decisions at various levels of government. This makes it especially likely for individuals to rely on simplifying heuristics, such as party, to allocate credit or blame. That we find some degree of awareness in the general population, and evidence that marketplace performance affects marketplace assessments for two identifiable subpopulations, is thus noteworthy and leads us to suspect that our results will generalize to other policy domains.

Awareness, Assessments, and the ACA

When the ACA was passed in 2010, Democrats hailed it as a phenomenal victory. Just one year later, the number of uninsured Americans had dropped by 1.3 million, and the rate of uninsured Americans saw the largest percentage decline since the 1990s (Kaiser Health News 2012). Yet in the following years, many Republicans still viewed the law unfavorably (e.g., Jacobs and Mettler 2016). One potential explanation for this persistent opposition is that some individual marketplaces have performed poorly. In particular, premiums for individual health plans offered through the ACA increased substantially in the law's first several years; the average cost of a plan rose 20 percent in 2017 (Abelson 2017; Rovner 2017).[1]

This explanation posits a connection between the objective conditions of health insurance markets and citizens' assessments of the ACA. Yet, connecting objective conditions to political preferences and beliefs requires a series of quite complex psychological evaluations. First, citizens must have a basic *awareness* of relevant aspects of their social and/or political world. They must then be able to connect those aspects to *assessments* of the broader policy. Finally, they must locate *attribution* for the policy's design and/or implementation to the appropriate government actors.

Skeptical political scientists point to a simpler way citizens can make judgments and cognitions in the political world: by using partisanship as a shortcut or "heuristic." An individual's partisan "perceptual screen" (Campbell 1960) can shape cognitions at each stage of the process. First, it can influence

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1. Numerous plausible explanations exist for why some marketplaces have struggled to ensure consumer choice and the availability of low-cost insurance plans. These range from differences in how states chose to implement the ACA and design their marketplaces (e.g., Krinn, Karaca-Mandic, and Blewett 2015), to initial underpricing by insurance companies (e.g., Holahan et al. 2017), to political efforts by Republicans to undermine the ACA (Center on Budget and Policy Priorities 2017; Trachtman 2020).

information awareness. Partisanship has been shown to affect the ways people seek out information (Prior 2005), gauge the credibility of an information source (Lupia and McCubbins 1998), and judge the reliability of new information (Gerber and Green 1999).

Partisanship can also shape individuals' assessments of a particular policy. Even when partisans have fairly accurate knowledge, their interpretations of policy-related facts can vary wildly—and these interpretations are what drive policy opinions (Gaines et al. 2007). In health policy, for instance, recent work demonstrates that partisan biases in evaluations of ACA performance increase when politics (versus healthcare) is primed (James and Van Ryzin 2017), and partisanship has been shown to color even the way in which citizens interpret their personal experience (McCabe 2016). In other words, misperceptions do not result only from a lack of information, but also the skewed interpretation of it (Pasek, Sood, and Krosnick 2015; Nyhan and Reifler 2018). Additional information or information accuracy therefore does not reliably offset existing partisan views or affect policy attitudes (Gerber and Green 1999; Gaines et al. 2007; Bailey, Hopkins, and Rogers 2016).

Finally, even if they have accurate information, citizens can attribute credit and blame in a biased way. In general, partisans respond to information incongruous with their beliefs by either ignoring the information or adjusting responsibility attributions (Tilley and Hobolt 2011). To the extent that people seek to resolve cognitive dissonance, though, they are more likely to change their perceptions of the information itself than their evaluation of the person or party responsible (Wilcox and Wlezien 1993; Wlezien, Franklin, and Twiggs 1997; Evans and Andersen 2006). For instance, we might expect people to vote for the incumbent if economic conditions are good (Lewis-Beck and Stegmaier 2000). However, people attribute responsibility much more selectively, attributing good conditions to preferred politicians and vice versa (Rudolph and Grant 2002; Rudolph 2003a, 2003b; Gomez and Wilson 2003; Marsh and Tilley 2010). Indeed, Bisgaard (2015) shows that as actual economic conditions become less ambiguous, attributions increasingly diverge along political lines.

Exceptions to the Partisan Rule

In sum, prevailing wisdom provides substantial reason to doubt the capacity of citizens to incorporate objective policy conditions into their political attitudes, especially in the highly polarized and complex case of the ACA. Instead, citizens are likely to filter aspects of reality through the subjective lens of partisanship. We predict that this will be true at all three phases of the cognitive process of citizen responsiveness: awareness, assessments, and attribution.

However, given the complexity of the ACA's passage and implementation across multiple levels of government, partisanship should be especially

influential in the assignment of credit or blame. Decision-making depends on an individual's cognitive resources, but also on the complexity of the task environment (Simon 1955, 1956, 1990). Divided government makes it difficult for citizens to be sure which party is responsible for what outcome (Powell and Whitten 1993; Anderson 1995; Whitten and Palmer 1999; Nadeau, Niemi, and Yoshinaka 2002; Hellwig and Samuels 2008). Similarly, decentralization makes it "harder for citizens to assign responsibility for policy, [and] to know what any one level of government is doing" (Wlezien and Soroka 2011), especially when functional responsibility for a particular policy area is shared (Brown 2010). We thus expect attribution for marketplace conditions to be an especially difficult cognitive task, leading citizens to rely more heavily on a single accessible cue like partisanship (Kahneman and Frederick 2002).

At the same time, objective features of the ACA marketplace might be more likely to shape public opinion among two identifiable subgroups: those with personal experience using the ACA marketplaces and political independents.

PERSONAL EXPERIENCE

A long line of research suggests that citizens who attach more personal significance to an issue know more about that policy relative to others, both because they are more likely to seek out relevant information (Iyengar et al. 2008) and because they are better able to recall that information later on (Holbrook et al. 2005). In turn, those who acquire policy-specific information can use it to form political opinions, even if they have low or moderate levels of political information overall (Campbell 2011). Indeed, facts about specific policies can be at least as important to attitude formation as messages from elites (Gilens 2001; Bullock 2011).

More broadly, personal experience with policies can feed back into the political system by providing material benefits, imposing costs, or changing how citizens view government (e.g., Pierson 1993). This is especially true when policies are highly visible and when the policy "exists as a tangible presence affecting people's lives in immediate, concrete ways" (Soss and Schram 2007, p. 121; see also Pacheco 2013). By providing citizens with direct benefits, policies can spur otherwise under-resourced groups to political action, as they mobilize to maintain or expand the programs that serve them (Campbell 2003). Conversely, those who are targeted with costs from public policies might organize to fight them (Skocpol 1995; Patashnik 2008; Häusermann 2010).

Policies also provide citizens with sites of political learning and socialization. Personal experience can help individuals discern when policies offer imminent, clear, and direct benefits—conditions that have been shown to promote self-interest relative to partisanship in predicting political preferences (Sears and Citrin 1985; Sears and Funk 1990; Lerman and McCabe 2017). Personal experiences can also have symbolic or interpretive dimensions.

Government programs frequently come with embedded lessons for citizens about their own social standing and the character of government and democracy (Soss 1999; Mettler 2005; Lerman and Weaver 2014).

Previous work on policy feedback and the ACA provides support for this contention. For instance, Lerman and McCabe (2017) find that Medicare beneficiaries express greater support for the ACA (which introduced a number of Medicare-related reforms), though these effects are moderated by political partisanship (see also Kriner and Reeves 2014; Kliff 2016; McCabe 2016). Others find that ACA feedback effects extend to political participation, with Medicaid expansion under the ACA increasing turnout in 2014 (Haselswerdt 2017). These effects do not appear to persist through 2016, however, and both registration and turnout effects appear concentrated in high-eligibility counties (Clinton and Sances 2018).

In the realm of health policy more broadly, studies find that Republicans who were more worried about medical care were less likely to oppose health reform (Henderson and Hillygus 2011), and that Republicans express greater opposition to cutting Medicaid if they view the policy as important to them personally (Campbell 2015). Likewise, when individuals become personally eligible for Medicare benefits, they become significantly more supportive of maintaining Medicare spending, and these effects are especially pronounced among Republicans (Lerman and McCabe 2017). In line with these studies, those in the individual market for health insurance[2] should be more aware of the marketplace's objective features and more likely to link that information to assessments of the ACA.

POLITICAL INDEPENDENTS

A second subgroup that might be more responsive to objective conditions is political independents, a group that has grown substantially in recent decades (Jones 2015; Klar and Krupnikov 2016). Here, existing work might lead us to expect independents to look much like partisans in how they use objective policy information; there is ongoing debate over whether most self-declared independents are in fact just "partisans in disguise" (Klar and Krupnikov 2016). Polling data suggest that, when pushed, a majority of independents say they lean toward either Democrats or Republicans (e.g., Jones 2015). Moreover, these covert partisans appear to behave accordingly, holding partisan-leaning predispositions that make them resistant to political persuasion, and voting along party lines (Klar and Krupnikov 2016).

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2. Throughout this paper, this language refers specifically to covered individuals who do not receive insurance through their employer, a family member's employer, or a government program. Summary statistics for this subsample are provided in the Supplementary Material, table A3.

While the majority of this work emphasizes the similarities between independents and traditional partisans, others have suggested that the rise of independents could be the result of individuals defecting from parties (e.g., Wattenberg 1981), or the enfranchisement of new voters who are less attached to traditional parties (Miller and Shanks 1996). Indeed, a recent study from the Pew Research Center (Pew Research Center 2019) finds that independents—including partisan leaners—hold more negative views of *both* political parties than their partisan counterparts, and evaluate the quality of candidates running for office more negatively. They are also less likely to report having registered or turned out to vote. Moreover, while leaners are frequently closer to partisans in their views than they are to pure independents, on a variety of political issues both pure independents and leaners hold policy attitudes that are distinct from either partisan group.

It is not yet clear how and when independents are likely to evidence partisan biases in cognition. However, if patterns of awareness and assessment are distinct for political independents, as we suspect they might be, the implications are potentially profound. This will be especially true if leaners, in addition to pure independents, display political behaviors that are distinct from those who claim a partisan identity. As a hard test, we therefore include leaners in our subgroup of independents throughout our analysis.[3]

HYPOTHESES

To summarize, our hypotheses are as follows:

  H1: Partisanship is an important predictor of accountability. At all three phases of the cognitive process of responsiveness—awareness, assessment, and attribution—citizens filter aspects of reality through the subjective lens of partisanship.

   H1a: Holding objective marketplace conditions constant, Republicans estimate higher premiums and lower numbers of insurers than Democrats.

   H1b: Holding objective marketplace conditions constant, Republicans report that marketplaces function more poorly than Democrats, and have lower favorability toward the ACA than Democrats.

   H1c: Partisans who believe marketplaces perform well attribute responsibility for marketplaces to co-partisan politicians, whereas partisans who believe marketplaces function poorly attribute responsibility for marketplaces to the opposing party.

  H2: In addition to partisanship, objective conditions can matter at early stages of the accountability process and among some subgroups of individuals.

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3. Figure F5 in the Supplementary Material compares estimated effects for pure versus leaning independents, demonstrating no significant differences in results.

H2a: Respondents in counties with objectively lower (higher) premiums subjectively estimate lower (higher) premiums, and respondents in counties with objectively more (fewer) insurers subjectively estimate more (fewer) insurers.

H2b: Subgroups of individuals may be more responsive to objective conditions in their assessments of marketplaces and the ACA. Independents and those on the individual market for health insurance in counties with lower (higher) premiums and more (fewer) insurers report better-functioning (poorer-functioning) marketplaces and greater (lesser) favorability toward the ACA.

METHODS

To measure objective conditions of local ACA marketplaces, we add newly collected data for 10 State-Based Marketplace (SBM) states to data for 40 states available through Healthcare.gov. This data collection effort yields a total of 49 states plus Washington, DC for which we are able to track 2017 plans, insurers, and premiums in each county.[4] We focus on two objective indicators of marketplace performance: insurer participation and premiums for the lowest-cost silver plan.[5] Figure 1 maps national variation on these two indicators.

To collect individual-level data on awareness, assessment, and attribution, we fielded an original survey in 196 counties across 18 US states in June 2017.[6] The states and counties were selected to maximize across-county (within-state) variation in marketplace attributes subject to constraints on across-county variation in confounding factors like income, voting, and other factors.[7]

We then conducted a geographically targeted online survey within the selected counties, drawing on a pre-recruited panel of respondents 18 and older maintained by Qualtrics. With a quota of respondents by county to achieve
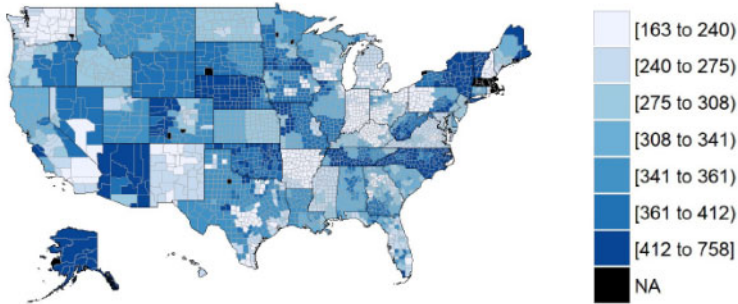
4. Massachusetts is excluded due to confounding from prior health reform.

5. We focus on silver plans because these are the most popular: 70 percent of enrollees chose silver-level plans as of 2016 (Bender and Klever, 2017). Among the counties, the correlation between price of the lowest-cost silver plan and average silver plan was 0.94.

6. Details on the survey instrument are provided in the Supplementary Material, Appendix I.

7. To identify counties, we maximized the sum of the standard deviation of number of insurers and lowest-cost silver premiums in 2017 minus the standard deviation of predicted values for number of insurers and lowest-cost silver premiums generated from linear models using the county-level variables listed in the Supplementary Material, table B1. Figure A1 in the Supplementary Material provides a map of counties in our sample. Because we selected counties with the goal of obtaining sufficient variation in treatment variables (marketplace characteristics), these counties are not a random sample of US counties. Empirical models thus estimate treatment effects within these selected counties. However, the selected counties are diverse on demographic and contextual dimensions, and we have no reason to expect that our results are not broadly generalizable.

Monthly Premium ($)

	[163 to 240)
	[240 to 275)
	[275 to 308)
	[308 to 341)
	[341 to 361)
	[361 to 412)
	[412 to 758]
	NA

Number of Insurers Offering Plans

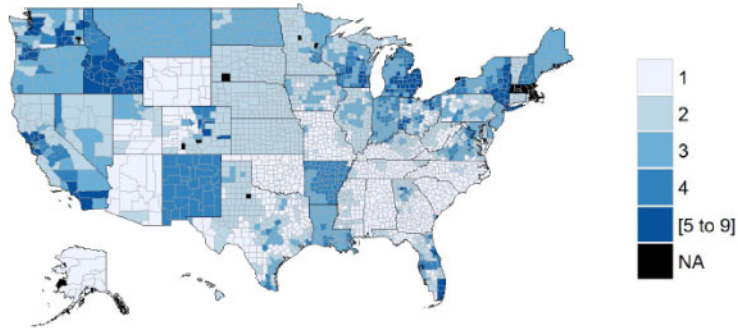|	
	1
	2
	3
	4
	[5 to 9]
	NA

Figure 1. Geographic variation in marketplace performance. Maps present lowest-cost silver premiums and number of insurers offering plans at the county level in the 2017 marketplace.

balance on race, gender, and household income,[8] the survey yielded 2,261 respondents, with no fewer than 10 respondents in each county (per design). Table 1 provides information about the distribution of marketplace attributes at the state level for the counties represented in the survey, while table A1 of the Supplementary Material presents individual-level descriptive information on the survey sample, and table A2 of the Supplementary Material presents county-level descriptive information.

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8. Drawing equal numbers of respondents from each county regardless of its size maximized statistical power given treatment assignment at the county level. We do not use individual-level survey weights because we are estimating effects at the county level (see Solon, Haider, and Wooldridge 2015).

Table 1. Summary statistics by state

State	Counties	N	Lowest premium Mean	Lowest premium (SE)	Insurers Mean	Insurers (SE)	Market place type
CA	19	233	304.90	58.54	3.77	1.42	SBM
CO	6	68	279.07	47.37	3.84	1.06	SBM
FL	18	207	266.95	34.89	3.11	1.40	FFM
GA	14	171	261.09	58.41	2.59	1.33	FFM
IL	11	121	319.23	46.32	2.09	0.90	SBM
IN	9	99	216.21	21.16	3.44	0.50	FFM
LA	8	89	323.81	28.55	3.49	0.50	FFM
MI	11	121	235.04	31.72	5.36	2.24	Partnership
MN	6	66	345.63	55.56	3.00	0.82	SBM
MO	6	66	286.22	40.24	2.17	0.69	FFM
NC	15	178	431.54	44.41	1.22	0.41	FFM
NY	8	88	429.09	43.65	5.50	2.46	SBM
OH	15	167	208.07	28.51	4.38	1.31	FFM
PA	9	102	299.90	95.60	2.55	1.07	FFM
TN	7	115	334.36	42.29	1.62	0.49	FFM
TX	21	232	294.97	79.13	2.20	1.15	FFM
VA	9	93	255.90	17.40	3.55	1.98	FFM
WI	8	88	274.64	49.73	4.00	1.51	FFM

NOTE.—Table presents objective marketplace attributes by state for the counties in the sample. SBM = State-Based Marketplace; FFM = Federally Facilitated Marketplace.

Since we are interested in the effects of real-world variation in cost and insurer competition and this variation is not randomly assigned, variables correlated with both marketplace performance and attitudes—or "confounders"—might bias estimates. We use regression adjustment to mitigate omitted variable bias, adjusting for covariates at both the individual and county levels. At the individual level, we adjust by party identification (PID) and ideology (standard seven-point scales), race, age, and educational attainment. We also adjust by county-level variables used in other studies of ACA marketplace outcomes (see, e.g., Jacobs, Banthin, and Trachtman 2015; Trachtman 2019). These include county-level racial breakdown (e.g., percent Black, percent White, percent Hispanic), age breakdown (e.g., percent ages 25–34, etc.), educational attainment, Republican 2012 vote share, percent obese, percent fair or poor health, percent diabetic, logged population, rural-urban scale, unemployment rate, and median income. A full list of covariates and their data sources is provided in the Supplementary Material, Appendix B. In Appendix C of the Supplementary Material, we describe robustness to

selecting variables for covariate adjustment algorithmically using a method developed by Belloni, et al. (2014).

We estimate multilevel models to account for the hierarchical structure of the data, with individuals nested within counties nested within states. This also ensures that standard errors are properly clustered at the county level—the level of treatment.[9] Linear models are estimated with random intercepts at the state and county levels.[10] At the state level, the models include covariates indicating 1) state control of government, 2) whether a state uses a State-Based Marketplace (SBM), Federally Facilitated Marketplace (FFM), or Partnership marketplace, and 3) the treatment of interest aggregated up to the state level. Including state-level treatment in the model allows us to test the degree to which individuals are responsive to the general performance of the marketplace in their state (as opposed to only in their county).[11]

We estimate the relationship between objective indicators and subjective attitudes for three groups: 1) the population as a whole; 2) political independents only;[12] and 3) only those in the "individual market" for health insurance.[13] Those in the "individual market" are individuals who responded that they had procured a "private plan directly from an insurance company" or a "plan purchased from Healthcare.gov or a state marketplace."[14] Of course, restricting the sample in this way reduces sample size considerably (from 2,304 to 218), which reduces the precision of estimates. To estimate the relationship between partisanship and subjective attitudes, we compare Republicans and Democrats (excluding leaners) within counties. This allows us to estimate partisan variation in subjective attitudes while holding objective conditions constant.

9. We use the term treatment to indicate the key independent variable of interest in a particular analysis even though we do not experimentally manipulate these variables.

10. Linear models are used even with attribution, a set of binary measures, as the outcome. Coefficients from linear models are consistent for average treatment effects (Angrist and Pischke, 2008) and unlike generalized linear models are readily interpretable. Results are robust to estimating logistic regression models.

11. We do not find attitudinal responsiveness to state-level variation in marketplace performance. However, this test is very low-powered with just 18 states.

12. In these models, using partisan identification as a covariate captures variation in partisan leaning among independents.

13. Splitting the sample allows us to clearly compare and present relationships between objective marketplace indicators and attitudes across subgroups. This is more straightforward than interacting treatment with subgroup indicators, since there are multiple different potential treatments that we might interact with subgroup indicators (e.g., county-level premiums, county-level premium growth, county-level number of carriers, county-level change to number of carriers, state-level treatments).

14. We include those who purchased plans directly from insurers because they could theoretically compare on- and off-marketplace options. Moreover, it is likely that a number of those responding that they had purchased plans directly from insurers actually procured the plan through an ACA marketplace.

Results

AWARENESS

We begin by investigating the relationship between our two objective indicators of local ACA performance (cost and competition) and respondents' estimates of each of these indicators. Specifically, we asked respondents: "If you were to shop on your local county's ACA marketplace, what would you estimate is the monthly unsubsidized price of the lowest cost standard benefits (Silver-level) plan available?" and provided a response scale ranging from 0 to 1,000. We evaluate the influence of actual price on price estimates by regressing the subjective estimate on the objective indicator, using multilevel models with covariate adjustment as discussed above.

Table 2 presents the estimated relationship between actual premiums and premium estimates across counties[15] for the total sample and for each subgroup, as well as the within-county difference in estimates between Democrats and Republicans (the "partisan gap"). The coefficient for the full sample of 0.24 indicates that a real premium difference of $100 is associated with an increase in premium estimates of around $24.[16] This suggests that individuals, on the whole, do have some basic level of awareness when it comes to objective price conditions in the local marketplace (H2a).

However, these estimates are dwarfed by the effect of partisanship on estimates (H1a). To compute the "partisan gap" between Democrats and Republicans, we estimate linear regression models with the outcome of interest (here, premium estimates) on the left-hand side, and an indicator variable specifying whether the respondent is a Democrat or Republican (excluding leaners)[17] on the right-hand side. We include county-level fixed effects, which allows us to use this procedure to recover the individual-level average within-county difference between Democrats and Republicans—in this case a difference of around $75.[18]

We conduct a similar analysis with respect to insurer competition. We asked respondents: "You may be familiar with the health insurance marketplaces established under the Affordable Care Act (often called Obamacare). What

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15. By premium estimates or estimated premiums, we refer to respondents' estimates for what insurance plans cost, not model-adjusted or model-predicted premiums. Descriptive comparisons of estimated versus objective marketplace conditions are provided in the Supplementary Material, figures A2 and A3.

16. For reference, the objective difference between a county at the 25th percentile and a county at the 75th percentile of premiums was $121.

17. Independents are excluded from the partisan gap analysis.

18. Partisans may be more aware of the objective state of the world than they are willing to admit (Bullock et al. 2015). In a separate experiment, we examined how incentivizing correct answers affected the association between objective marketplace conditions, partisanship, and estimates of marketplace attributes. As shown in Appendix E of the Supplementary Material, our results suggest that inaccuracy in factual beliefs about the market is likely driven by true beliefs, rather than "partisan cheerleading."

Table 2. Association between actual premiums and premium estimates

	Premium estimate			
	All	Independents	Individual market	Partisan gap
Lowest 2017 silver	0.24**	0.14	0.61	
	(0.11)	−0.19	−0.39	
Partisan gap				−75.50**
				(13.94)
PID (7-point scale)	9.17*	13.64	−3.71	
	(4.24)	(8.41)	(14.01)	
Ideology (7-point scale)	−21.51	−48.3	74.35	
	(19.36)	(31.15)	(67.32)	
White	−55.58*	−114.84*	−13.03	
	(27.24)	(52.33)	(94.7)	
Black	18.09**	29.91**	46.71*	
	(5.45)	(9.19)	(22.66)	
Hispanic	1.33**	1.40*	3.78**	
	(0.31)	(0.55)	(1.20)	
HS degree	−56.72	−3.76	125.97	
	(104.48)	(183.13)	(439.68)	
College degree	0.63	25.65	256.83	
	(77.29)	(152.58)	(290.78)	
Age	−40.87	−160.96	206.62	
	(91.06)	(176.99)	(412.24)	
County-level variables	✓	✓	✓	
County-level fixed effects				✓
Marketplace management	✓	✓	✓	
State control of office	✓	✓	✓	
Observations	2,166	739	211	1,440

NOTE.—Coefficients present estimates from multilevel linear regression models with respondents' estimates of premium costs in their local ACA marketplaces on the left-hand side, and actual premium costs (varying at the county level) and covariates on the right-hand side. Random intercepts are estimated at state and county levels. The partisan gap estimate is the coefficient on Democratic PID in a model excluding independents with county-level fixed effects. Standard errors in parentheses.

$*p < 0.05; **p < 0.01$

would you estimate is the number of insurers offering plans on the marketplace in your local county?" Respondents selected on a scale from 1 to 10. As table 3 indicates, once differences across states, counties, and respondents are accounted for, objective variation in number of insurers is not statistically significantly associated with estimated number of insurers. Democrats, on the other hand, estimate over 0.5 more insurers than Republicans, even holding objective marketplace conditions constant.

Table 3. Association between actual insurer participation and number of insurer estimates

	Number of insurers estimate			
	All	Independents	Individual market	Partisan gap
Number of carriers 2017	0.06	0.01	0.04	
	(0.04)	(0.08)	(0.14)	
Partisan gap				0.57**
				−0.14
PID (7-point scale)	−0.08*	0.02	−0.01	
	(0.03)	(0.15)	(0.10)	
Ideology (7-point scale)	−0.06	−0.17*	0.03	
	(0.04)	(0.08)	(0.12)	
White	−0.08	0.02	0.46	
	(0.19)	(0.31)	(0.61)	
Black	0.69**	0.61	2.30**	
	(0.26)	(0.52)	(0.84)	
Hispanic	0.16	−0.18	0.17	
	(0.20)	(0.35)	(0.56)	
HS degree	−0.11	−0.09	−0.05	
	(0.13)	(0.22)	(0.47)	
College degree	−0.17	−0.22	−0.34	
	(0.11)	(0.20)	(0.38)	
Age	−0.01#	−0.01	−0.003	
	(0.003)	(0.01)	(0.01)	
County-level variables	✓	✓	✓	
County-level fixed effects				✓
Marketplace management	✓	✓	✓	
State control of office	✓	✓	✓	
Observations	2,166	739	211	1,440

NOTE.—Coefficients present estimates from multilevel linear regression models with respondents' estimates of number of insurers participating in their local ACA marketplaces on the left-hand side, and actual number of insurers (varying at the county level) and covariates on the right-hand side. Random intercepts are estimated at state and county levels. The partisan gap estimate is the coefficient on Democratic PID in a model excluding independents with county-level fixed effects. Standard errors in parentheses.

#$p < 0.1$; *$p < 0.05$; **$p < 0.01$

ASSESSMENTS

The preceding analyses explored the relationship between objective market-place characteristics (i.e., price and competition) and subjective estimates of those marketplace characteristics, and show that partisanship plays a primary

role in subjective assessments. As hypothesized, however, respondents as a whole are aware of certain objective conditions.

Political accountability, though, also requires that respondents are able to draw a link between marketplace performance and public policy. The first analysis of assessments investigates the relationship between objective aspects of marketplace performance and respondents' evaluation of marketplace quality. As our outcome variable, we asked: "Do you believe that the ACA marketplace in your local county is generally functioning poorly or do you believe it is generally functioning well?" Respondents selected from a five-point Likert scale from 1 = "Extremely poorly" to 5 = "Extremely well."

As table 4 shows, while the effects of variation in premiums on this outcome are consistently null, both those on the individual market and political independents perceived marketplaces as better functioning where the *change* in number of insurers from 2016 to 2017 was higher.[19] Moving from a net change of –2 in number of insurers (25th percentile) to a net change of 0 insurers (75th percentile) is associated with a shift of 0.20 on a five-point scale for independents and a shift of 0.34 on the same scale for those on the individual market. For the broader population, however, the effect of objective cross-county variation on evaluations of marketplace performance is a precisely estimated null, while the within-county partisan gap is sizable. We therefore find strong support for H1b, and some support for H2b, but only on the measure of change to number of insurers over time.

In addition, we investigate the relationship between objective indicators of marketplace performance and favorability toward the ACA. Respondents were asked: "Given what you know about the Affordable Care Act, do you have a generally favorable or generally unfavorable opinion of it?" Respondents again selected from a five-point scale from 1 = "very unfavorable" to 5 = "very favorable," and this item served as the outcome variable.

There is little reason to expect a relationship with respect to marketplace variation in 2017, since the relationship was null between objective indicators and assessments of marketplace performance. Looking instead at changes from 2016 to 2017, however, we might expect a relationship on ACA favorability for independents and those on the individual market, since variation in changes from 2016 to 2017 played a role in both satisfaction and judgments of marketplace performance for these groups. Table 5 indeed demonstrates that political independents were more favorable toward the ACA where the change in number of insurers from 2016 to 2017 was higher. However, this effect does not emerge for those on the individual market.[20] Therefore, strong

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19. Effects are null for the broader population, as are results for change in prices.
20. We also do not find evidence that assessments were more responsive to actual marketplace conditions when we consider only those with accurate perceptions of cost and competition on the marketplaces. See the Supplementary Material, figure F6.

Table 4. Association between actual marketplace performance and marketplace assessments

	County function rating (1–5)			
	All	Independents	Individual market	Partisan gap
Number of carriers 2017	0.02	−0.01	−0.08	
	(0.02)	(0.03)	(0.07)	
Number of carriers change	0.004	0.10*	0.17#	
	(0.03)	(0.05)	(0.10)	
Lowest 2017 silver	−0.0001	−0.001	0.0001	
	(0.001)	(0.001)	(0.003)	
Premium change	0.0000	0.0001	−0.001	
	(0.001)	(0.002)	(0.004)	
Partisan gap				0.54**
				−0.05
PID (7-point scale)	−0.08**	−0.24**	−0.12**	
	(0.01)	(0.06)	(0.04)	
Ideology (7-point scale)	−0.06**	0.004	0.003	
	(0.02)	(0.03)	(0.05)	
White	−0.06	0.07	−0.02	
	(0.07)	(0.12)	(0.26)	
Black	0.06	0.43*	−0.05	
	(0.10)	(0.20)	(0.37)	
Hispanic	0.01	−0.001	−0.07	
	(0.02)	(0.03)	(0.09)	
HS degree	−0.001	−0.004#	0.002	
	(0.001)	(0.002)	(0.005)	
College degree	−0.2	0.26	−2.96#	
	(0.40)	(0.69)	(1.78)	
Age	−0.07	0.29	−2.04	
	(0.31)	(0.55)	(1.32)	
County-level variables	✓	✓	✓	
County-level fixed effects				✓
Marketplace management	✓	✓	✓	
State control of office	✓	✓	✓	
Observations	2,166	739	211	1,440

NOTE.—Coefficients present estimates from multilevel linear regression models with respondents' assessments of marketplace performance on the left-hand side, and objective marketplace attributes (varying at the county level) and covariates on the right-hand side. Random intercepts are estimated at state and county levels. The partisan gap estimate is the coefficient on Democratic PID in a model excluding independents with county-level fixed effects. Standard errors in parentheses.

#$p < 0.1$; *$p < 0.05$; **$p < 0.01$

Table 5. Association between actual marketplace performance and ACA favorability

| | ACA favorability (1–5) | | |
	All	Independents	Individual market	Partisan gap
Number of carriers 2017	0.01	−0.05	0.04	
	(0.02)	(0.04)	(0.10)	
Number of carriers change	0.01	0.13*	−0.18	
	(0.03)	(0.06)	(0.13)	
Lowest 2017 silver	0.001	0.0005	0.002	
	(0.001)	(0.002)	(0.004)	
Premium change	−0.0001	−0.0004	−0.001	
	(0.001)	(0.003)	(0.01)	
Partisan gap				1.67**
				−0.06
PID (7-point scale)	−0.25**	−0.70**	−0.25**	
	(0.01)	(0.07)	(0.05)	
Ideology (7-point scale)	−0.20**	−0.16**	−0.07	
	(0.02)	(0.04)	(0.07)	
White	−0.21*	−0.29*	0.32	
	(0.09)	(0.15)	(0.35)	
Black	−0.07	0.23	0.45	
	(0.12)	(0.26)	(0.49)	
Hispanic	0.08**	0.06	0.02	
	(0.02)	(0.05)	(0.12)	
HS degree	−0.001	−0.002	0.01	
	(0.001)	(0.003)	(0.01)	
College degree	0.70	−0.04	−1.92	
	(0.50)	(0.89)	(2.35)	
Age	0.20	−0.48	−1.54	
	(0.39)	(0.68)	(1.68)	
County-level variables	✓	✓	✓	
County-level fixed effects				✓
Marketplace management	✓	✓	✓	
State control of office	✓	✓	✓	
Observations	2,166	739	211	1,440

NOTE.—Coefficients present estimates from multilevel linear regression models with ACA favorability on the left-hand side, and objective marketplace attributes (varying at the county level) and covariates on the right-hand side. Random intercepts are estimated at state and county levels. The partisan gap estimate is the coefficient on Democratic PID in a model excluding independents with county-level fixed effects. Standard errors in parentheses.

$^*p < 0.05$; $^{**}p < 0.01$

support exists for H1b and there is some support for H2b—but only among independents and for the measure of change to number of insurers.

ATTRIBUTIONS

Although subjective evaluations are strongly associated with partisanship across all analyses, individuals are broadly aware of the objective performance of their local marketplace. As we move from price and competition estimates to marketplace satisfaction, performance evaluations, and ACA favorability, objective indicators play a diminishing role, though a relationship remains among independents.

To what degree are attributions for marketplace performance influenced by objective conditions—and to what extent are they politically motivated? Respondents were asked who they believe are responsible for 1) "the number of insurers offering plans on the health insurance marketplace in your local county," and 2) "the cost of insurance on the health insurance marketplace in your local county." For each question, they were permitted to identify multiple actors from a list that included: insurers, their state legislature, their governor, Republicans in Congress, Democrats in Congress, President Trump, and former President Obama.[21]

We first examine whether attribution is responsive to actual levels of marketplace involvement by different government actors. In particular, we examine whether individuals living in states that took on greater political ownership of marketplaces by establishing SBMs were more likely to attribute responsibility to governors and state legislatures. We estimate a set of multilevel linear models with attribution of responsibility for either insurer competition or premiums to a specific actor as outcome variables, and SBM establishment as the key treatment.[22] The model includes the same set of covariates used in models of awareness and assessment and estimate models separately by partisan group and by attribution target.[23] In these models, there is no evidence that responsibility attribution is related to actual degree of political ownership of marketplaces (see the Supplementary Material, figs. F3 and F4). These results suggest that respondents are not more likely to attribute responsibility for marketplace conditions to governors and state legislators when these political actors took steps to establish SBMs.

If attribution is instead primarily motivated by partisanship, partisans should assign responsibility to politicians from the opposing party when they are dissatisfied with marketplace performance, and vice versa (H1c). To test for

21. Descriptive data on attribution by partisanship is provided in figures F1 and F2 of the Supplementary Material.
22. Appendix H in the Supplementary Material demonstrates robustness to logistic regression.
23. While these comparisons are suggestive, we urge caution in comparing coefficients across regression models.

motivated attribution, we estimate similar models but use satisfaction with specific aspects of the marketplace as the treatment.[24] We measure satisfaction as whether respondents thought "the cost of plans on the ACA marketplace in your local county" was "too high" (on a five-point scale ranging from 1 = "much too low" to 5 = "much too high") or the "number of insurers offering plans on the ACA marketplace in your local county" was "too few" (on a five-point scale ranging from 1 = "far too few" to 5 = "much too many").

As demonstrated by figure 2, Democrats who were satisfied with insurer participation were more likely to attribute responsibility for number of insurers to former President Obama than dissatisfied Democrats, and less likely to attribute responsibility to President Trump, Republicans in Congress, and their governor. Satisfied Republicans, on the other hand, were less likely than dissatisfied Republicans to attribute responsibility to Democrats in Congress and former President Obama.

Similar trends are observed for premium attributions (see fig. 3). Satisfied Democrats were more likely than dissatisfied Democrats to attribute responsibility to former President Obama, and less likely to attribute responsibility to President Trump and Republicans in Congress. Conversely, satisfied Republicans were more likely to attribute responsibility to President Trump, and less likely to attribute responsibility to Obama and Democrats in Congress.[25]

The most interesting results are again for independents. Recall that, unlike the population as a whole, political independents are more likely to link objective conditions regarding insurance price and choice with their assessments of the ACA marketplaces. Indeed, they are more likely to attribute responsibility to national-level lawmakers who are affiliated with *either* party when they are dissatisfied with the marketplaces. As demonstrated in figure 2, independents dissatisfied with the number of insurers were more likely to attribute responsibility for competition on the marketplaces to President Trump, Democrats in Congress, or Republicans in Congress. Similar, although less precise, results are observed for premiums.[26]

Conclusion

By combining a newly constructed data set on ACA performance with an original survey on perceptions of the ACA, we are able to answer key questions

24. In these models, we do not break out individual market respondents as a subgroup, since the small sample size does not allow for precise estimates of interaction effects.
25. We also find, perhaps unsurprisingly, that dissatisfied partisans were less likely to attribute responsibility for marketplaces to their governor if their governor was a co-partisan.
26. In another study, we carry out a robustness check using experimental manipulations of ACA performance information and recover similar results. Details are provided in the Supplementary Material, Appendix D.
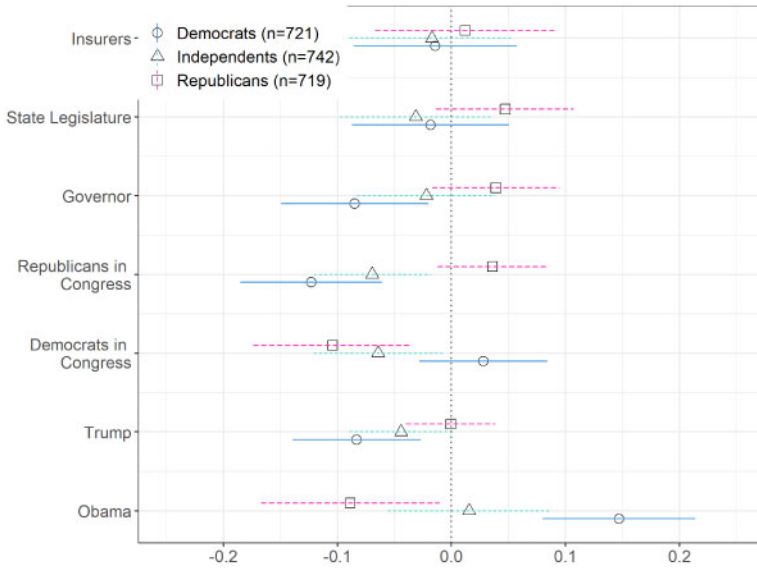
Figure 2. Association between satisfaction and attribution: insurer participation. Segments indicate association from linear probability models between satisfaction with number of insurers and probability of attributing responsibility for number of insurers to each actor. Separate models were estimated for partisan groups (with leaners coded as independents) and across attribution targets. Ninety-five percent confidence intervals are calculated using cluster-robust standard errors. Full regression results are shown the Supplementary Material, Appendix G.

related to political accountability. First, to what degree are people aware of the objective conditions of their local marketplace? For the sample as a whole, respondents' partisan identification most strongly predicts estimates of the average cost of a basic insurance plan (cost/price) and of the number of insurers selling plans in their local area (competition/choice). However, premium estimates are also responsive to objective conditions in the public as a whole.

Second, how does objective marketplace performance affect assessments of marketplace functionality and broader attitudes toward the ACA? Here, objective indicators play a minimal role for respondents overall, while partisanship is again a strong predictor. However, for political independents and those on the individual market, over-time changes in insurer participation influence assessments of policy performance.

Finally, to whom do individuals attribute responsibility for the performance of the marketplace? Partisans are more likely to attribute outcomes to in-party leaders when they are satisfied with marketplace performance. Again, though,
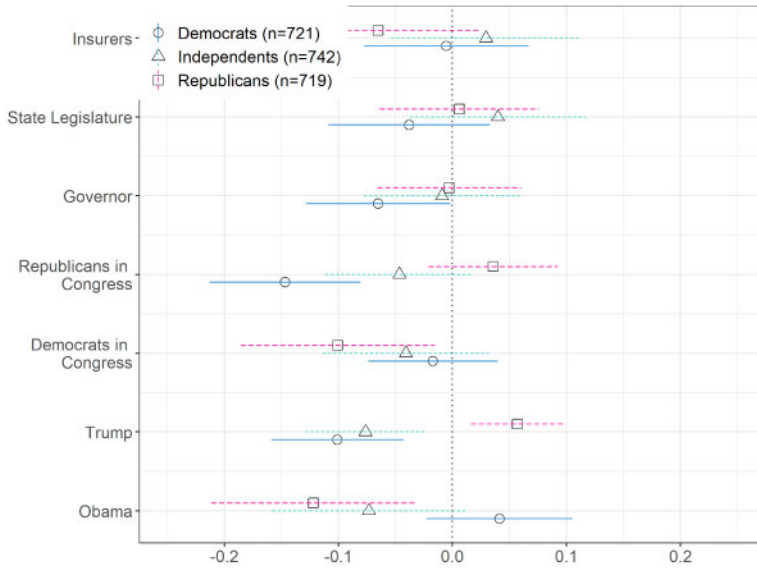
Figure 3. Association between satisfaction and attribution: premiums. Segments indicate association from linear probability models between satisfaction with number of insurers and probability of attributing responsibility for premiums to each actor. Separate models were estimated for partisan groups (with leaners coded as independents) and across attribution targets. Ninety-five percent confidence intervals are calculated using cluster-robust standard errors. Full regression results are shown in the Supplementary Material, Appendix G.

political independents differ in their attributions; they are more likely to attribute outcomes to national elites of *both* parties when they are dissatisfied with the performance of the marketplace in their local area.

   In summary, this study confirms existing pessimism about democratic accountability. This should not be surprising; indeed, we would question our results if partisanship did not appear as important as it does. At the same time, though, our results make several contributions that are critical to understanding responsiveness in the American mass public, and underscore that while partisanship is fundamental, it is not the only factor that shapes political cognition.

   First, we have argued here that the responsiveness of public opinion to objective conditions is a multi-stage process. Previous research has largely looked at one of these stages at a time, focusing only on assessments or attribution in isolation. By bringing together a sequence of necessary precursors to democratic accountability—awareness, assessments, and attribution—rather than looking at just one aspect, we are able to see when in the process and for

whom accountability breaks down. A fruitful avenue for future research would be to look at how cognitions at each of these stages might be similar or different in other policy domains. For instance, theories of the "submerged state" suggest that certain policy designs make it more difficult for citizens to identify government activities (e.g., Mettler 2011).

A second contribution of our study is the identification of potential "exceptions to the rule" when it comes to the dominance of partisanship in political information processing. Existing studies paint a "disappointing" picture of participatory democracy (Lenz 2013, p. 235), in which "[p]artisan voters take the positions they are expected as partisans to take, but do not seem to care about them" (Zaller 1992, p. 617), and "election outcomes turn out to be largely random events from the viewpoint of democratic theory" (Achen and Bartels 2017, p. 2). We do not dispute these claims. At the same time, these results clearly highlight the ways in which certain groups can be more responsive to some types of objective policy conditions.

In line with previous work on policy feedback, our results suggest that personal experience with the ACA can provide individuals with an important site of political learning (e.g., Lerman and McCabe 2017). In other policy domains where personal experience likewise matters, any effects might be even more consequential for public opinion. Indeed, the effects of personal experience in the case of the ACA are applicable to a relatively small proportion of citizens; just 12 million Americans purchased insurance from their local marketplace for 2018. In contrast, roughly 38.3 million Americans are enrolled in original Medicare (Centers for Medicare & Medicaid Services 2017), about 52.2 million participate in means-tested safety net programs like Medicaid and SNAP (U.S. Census Bureau 2015), and about 61 million people collect Social Security benefits (National Academy of Social Insurance n.d.).

Similarly, that political independents might be more capable than partisans of meaningful political responsiveness is noteworthy. As previously discussed, the number of Americans who do not identify as belonging to either party is substantial and has increased over time. While much of the existing literature describes these individuals as "covert partisans," some evidence suggests that this does not apply to how independents make connections between objective policy conditions and political attitudes. Even when leaners are considered, political independents appear more sensitive to changes in the number of insurers offering plans on the marketplace, and more capable of connecting this objective indicator to both their assessments of marketplace performance and their favorability toward the ACA as a whole. In fact, even when considered separately from pure independents, leaners appear responsive to objective conditions on the marketplace (see the Supplementary Material, fig. F5).

Moreover, independents are distinct from partisans in how they attribute credit or blame. Independents who are satisfied with marketplace performance are less likely to attribute responsibility to national-level politicians. One

interpretation of these results might be that independents are less prone to reward national-level actors for positive conditions in the marketplace, because state-level actors arguably have more actual responsibility for variation in marketplace quality. Alternatively, these results might support Klar and Krupnikov's (2016) argument that people identify as independents to signal their disdain for partisan politics—especially those at the national level. Again, expanding the analysis to other policy domains might shed light on these potential interpretations.

Partisans in Congress are more polarized than at any time in the country's history (Hare, Poole, and Rosenthal 2014), and the partisan rancor that characterizes the ACA is likely to be a durable feature of American policy debates. Our findings affirm the central role of partisanship in individuals' awareness of policy conditions, their assessments of policies, and their attributions. Yet certain groups, namely independents and those directly affected by policies, appear more capable of linking objective conditions with attitudes. This suggests that, while partisanship will continue to be central to how citizens think about public policy, objective policy conditions still have important implications for many Americans' political attitudes.

Supplementary Material

SUPPLEMENTARY MATERIAL is freely available at *Public Opinion Quarterly* online.

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