Does The Name “Trumpcare” Mean Anything to You?: How the Colloquial Naming of Healthcare Legislation in the United States Influences Approval

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Does The Name “Trumpcare” Mean Anything to You?: How the Colloquial Naming of Healthcare Legislation in the United States Influences Approval

Mandi Eatough and Dr. Jessica Preece, Political Science

Background

Legislation in the United States is often referred to by colloquial names rather than by the full bill title. Existing research suggests that the nomenclature used for legislation in the United States is often intentionally meant to influence the perception of the legislation by the public. The phenomenon of colloquial legislation naming has been seen recently in the naming of healthcare legislation with the Affordable Care Act (colloquially Obamacare) and the American Health Care Act (colloquially Trumpcare). Polls run in 2017 related to healthcare reform suggest that the opinions Americans have on the ACA were likely not based on the content of the bill, particularly when it was referred to as Obamacare. These polls indicated that Americans were often unaware that the ACA and Obamacare were the same bill, and that favorability of the legislation shifted based on the name used to refer to it.

Research Questions

This project aims to identify experimentally whether or not colloquial names affect the perception of healthcare legislation in the United States. To do so I consider the following questions:

1. Does the choice of name used for healthcare legislation affect how it is perceived?

2. Does a positive perception of an associated politician through shared partisanship further affect this perception?

The Experiment

Using an original survey experiment (N=1200) this project evaluates the effect of referring to two pieces of healthcare legislation by their actual (The Affordable Care Act or The American Health Care Act) and colloquial (Obamacare or Trumpcare) names on the perception of the legislation. Respondents are randomized into one of four treatment conditions as shown below.
To measure differences in the approval we ask respondents whether or not they approve of each legislation they are shown (with their response options ranging from strongly disapprove to strongly approve). I look at this effect across all survey respondents as well as by the partisanship of each respondent.

**Legislation Approval by Treatment Condition & Partisanship**
My experimental results indicate that there are differences in the approval of healthcare legislation when it is referred to by different names. In the case of the Affordable Care Act, all respondents favored Obamacare slightly more than the ACA. When considering partisanship, Democrats are more likely to favor either legislation (and are also slightly more likely to favor Obamacare) while Republicans are more likely to disapprove either legislation (but are most likely to approve of the ACA if they approve of either bill). In the case of the American Health Care Act, all respondents favor the AHCA over Trumpcare, with no change in the favorability of the AHCA by partisanship. However when the legislation is referred to as Trumpcare, Democrats are likely to disapprove of the legislation while Republicans are slightly more likely to approve of it.

Conclusions
The results of this experiment show that the approval of healthcare legislation varies dependent on the name we use to refer to it. I also find that this variation is greater among respondents who are primed to approve or disapprove of a bill based on their partisanship.


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