ISPS Policy Fellowship Summary

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Effects of Medicare Eligibility on Seniors' Political Attitudes and Behavior

Senior citizens are a major force in American politics and made up 22 percent of the electorate in the 2014 Midterm Elections. Existing studies demonstrate that seniors mobilize politically to defend governmental programs they rely on. Expanding on a working paper by Amy Lerman and Katherine McCabe, I use the age cutoff for Medicare to estimate the effects of becoming eligible for free government health care on seniors' political attitudes and behavior.

In my analysis, I find that becoming eligible for Medicare by turning 65 did not decrease seniors' support for the Affordable Care Act (ACA). Furthermore, becoming Medicare eligible did not increase seniors' participation in politics — in fact, it decreased some forms of political participation. These findings suggest that mass government programs affect beneficiaries' political attitudes and behavior in nuanced ways. Indeed, the theory that constituents who benefit from a policy will act politically to defend it might be too simplistic, at least in the case of Medicare.

The data for my study comes from the 2010, 2012, and 2014 the Cooperative Congressional Election Study (CCES), a series of online surveys conducted during national election years. I compared the political outcomes of respondents who are barely below 65 with those who are barely above 64. People in these two groups are similar in background characteristics except that those who are 65 and above are eligible for Medicare.

In terms of political attitudes, turning 65 did not change support for the ACA or domestic spending cuts in the 2010 or 2014 subsamples. For the 2012 subsample, turning 65 increased respondents' support for the ACA and decreased their support for domestic spending cuts. In terms of self-reported behavior, turning 65 did not increase political participation, as existing research on the policy feedback of Social Security predicts. In fact, turning 65 made seniors less interested in politics, less likely to attend political meetings, and less likely to put up political signs.

Nevertheless, turning 65 and becoming eligible for Medicare are not the same thing. Those with disabilities are eligible for Medicare before 65 and one receives more Social Security benefits when one retires at 65 than before 65. When I restricted my analysis to those who have likely retired before 65 and accounted for the disability exception, my main results did not change. One interesting finding of my new analysis was that for the 2012 subsample, becoming eligible for Medicare by turning 65 did not affect support for the ACA or support for domestic spending changes.

Medicare eligibility did not seem to have a sizable impact on seniors' political attitudes and behavior when they initially become beneficiaries. The political effects might become

larger as seniors dependent on Medicare for more and more medical treatments. Furthermore, seniors might have increased their participation in politics in ways that were not measured by the CCES. For instance, letter-writing, one of the primary ways seniors expressed opposition to the 1988 Catastrophic Act, was not one of the CCES variables.

Nevertheless, the results of my study refute a simple self-interest theory of Medicare policy feedback. Likewise, policymakers and politicians should avoid thinking that beneficiaries of the ACA will unequivocally vote Democrat or become more active in politics to defend Obamacare. Instead, as my research shows, those who receive governmental benefits might continue their political lives as before. Extending my study, I hope to conduct in-depth surveys of seniors around the Medicare age cutoff that focus on how their attitudes towards Medicare shape their political behavior.