Change and Stability in the U.S. Supreme Court's Legitimacy*

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Abstract

Scholars have argued that the Supreme Court is dependent upon public support for its efficacy and political survival, offering contrasting arguments about the effects of policy disagreement with the Court on its legitimacy. Recent research suggests that the Court’s public support is significantly influenced by agreement and disagreement with the Court's decisions. For the first time, this study tests these arguments with policy-specific measures of agreement with the Court’s policymaking and panel data drawn from a nationally representative sample. We confirm the presence of continuity in legitimacy for the Court and find that responses to a salient Court decision, the 2012 decision on health care policy, yield predictable and significant changes in individual-level legitimacy but stability (and perhaps a slight increase) in aggregate-level legitimacy.

Despite the widely-recognized importance of its perceived legitimacy for the power of the U.S. Supreme Court, scholars know little about the dynamics of the Court's public support (Farganis 2012; Zink, Spriggs, and Scott 2009).[1] While scholars have long theorized about the determinants of changes in legitimacy over time (e.g. Easton 1975, Caldeira and Gibson 1992), scholars have struggled, due to a lack of data, to determine the correlates of individual-level change in support for judicial institutions over time. As two leading scholars on the topic have recently written, "When it comes to the question of how legitimacy is created, maintained, and destroyed, social scientists have some theories and conjectures, but precious little data, and scant understanding of processes of opinion updating and change" (Gibson and Caldeira 2009, 5).[2]

To this end, many scholars (for example, Gibson, Caldeira, and Spence 2003) have noted that missing from the empirical studies of public support for the Court is a panel study with a representative national sample of the changes in attitudes that are associated with a specific Court decision. In most cases, scholars have been compelled to draw inferences about the sources of legitimacy for the Court from cross-sectional studies in which specific and legitimacy are

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[1] Replication data for all TAPS waves is posted online at http://taps.wustl.edu. Replication files for all analyses performed in the text and the appendices will be posted on the author's website upon publication.

[2] In studies of the mass public, scholars typically distinguish between diffuse and specific forms public support for the court (Easton 1965; Murphy and Tanenhaus 1968, 1990; Tanenhaus and Murphy 1981). Diffuse support—legitimacy—is a "reservoir of favorable attitudes or good will that helps members to accept or tolerate outputs to which they are opposed or the effects of which they see as damaging their wants" (Easton 1965, 273). Specific support—which includes both general job performance satisfaction and policy disagreement with the Court's decisions—is defined generally as "satisfaction with the performance of a political institution" (Gibson and Caldeira 1992, 1126). For a thorough review of legitimacy, see Tyler (2006).

measured simultaneously and no change in attitudes can be observed.

Indeed, the scant research on changes in institutional support in response to the Court's policymaking has relied upon non-nationally representative samples. Christensen and Glick (2015) use panel data to address the dynamics of legitimacy, although their panel is not a nationally representative sample. Hoekstra (2003) uses panel data to study the effects of Supreme Court decisions on local constituencies, but those data also are not nationally representative.

At the same time, scholarly interest in the judiciary's public support has experienced a resurgence with scholars (Bartels and Johnston 2013; Benesh 2006; Clark 2011; Ramirez 2008; Ura 2014), presenting evidence to challenge views of the Court's legitimacy as basically obdurate and determined chiefly by the public's core democratic values (Gibson, Caldeira, and Spence 2003; Gibson and Caldeira 1992). These new results suggest an ideological foundation to the Court's public support. It is noteworthy these studies rely either on measures of changes in respondents' overall evaluations of the Court's policymaking and therefore do not discern the effects of policy disagreement on changes in the Court's support (Christensen and Glick 2015), or they employ only a single measure of respondents' evaluations of the Court's legitimacy, enabling the conclusion that respondents who agree with the Court's decision generally have higher support for the Court but rendering them unable to determine whether information about that single decision is the reason for changing support (Bartels and Johnston 2013).

In this paper, we report a study that remedies the central weaknesses of previous studies, which suffer from failing to examine panel data—individual-level reports over time--in a national probability sample with specific indicators of respondents' attitudes toward the Court's decision. The study exploits national probability sample of the multi-wave *American Panel Survey*, in which questions were asked about the Supreme Court and health care reform before and after the June 2012 decision on the constitutionality of key components of the Patient Protection and Affordable Care Act of 2010 (PPACA). We report measures of change in attitudes toward the Court and, contrary to the inferences drawn in the balance of past studies, find significant short- *and* longer-term effects of the decision on legitimacy for the Court. We also build on research by Christensen and Glick (2015) to demonstrate how positive and negative individual-level change tends to balance itself in the aggregate on issues, like the PPACA, that split the American people, thereby reconciling the literature's consistent finding of stasis in the Court's support with the presence of significant individual-level change for the Court.

Policy Disagreement and Short-Term Change

Until recently, the most common view in the literature was that legitimacy is relatively immune to short-term changes in satisfaction with the Court's decisions (Caldeira and Gibson 1992; Gibson and Caldeira 1992). Gibson and Caldeira (1992) argued instead that basic political values—particularly support for democratic institutions and processes—provide the foundation for the Court's legitimacy. Because basic democratic values are a product of socialization and therefore lasting, Caldeira and Gibson (1992) argued that the Court's legitimacy tends to remain stable over time.

This sanguine view of public support for the Supreme Court has been challenged by recent studies (Bartels and Johnston 2013; Christenson and Glick 2013; Nicholson and Hansford 2014) demonstrating that short-term dissatisfaction with the Court translates directly into reduced legitimacy. In essence, these studies suggest that the Court's reservoir of diffuse public support may be shallower than past studies have suggested and the institution's legitimacy is more closely tied to individual decisions than earlier studies had suggested. Indeed, even Gibson and Nelson (2015)—who disagree with some of the modeling decisions in these studies—present results demonstrating that overall evaluations of subjective ideological disagreement has a statistically significant effect on cross-sectional evaluations of the Court's legitimacy.

However, finding that the Court's legitimacy has ideological correlates—in other words, that subjective ideological disagreement is related to the Court's public support in a cross-section—is not direct evidence that agreement or disagreement with the Court on a specific issue affects the Court's legitimacy. It may be that ideological disagreement with the Court's policymaking is part of the process through which an individual forms her support for the Court but that subsequent decisions are unable to "move" individual-level evaluations of legitimacy. If true, this would explain the common finding that that Court's support is basically unchanging across time (Gibson 2007).

Thus, the most obvious way to examine whether ideological disagreement serves only as a foundation for evaluations of the Court's legitimacy or if it plays a dynamic role is to examine change in individual-level support for the Court before and after a decision. In perhaps the best-known study of the effects of a single decision on the Court's public support, Gibson, Caldeira, and Spence (2003) compared cross-sectional surveys before and after the *Bush v. Gore* decision, concluding that the decision had no discernable effect on the Court's public support. Others reached similar conclusions (e.g. Nicholson and Howard 2003; Kritzer 2001). These studies did not examine individual-level change in support for the Court.

Two experimental attempts to assess the effects of a single decision call the Gibson, *et al.*, inferences into question. Bartels and Johnston (2013) present a survey experiment that queries respondents about a wiretapping case using specific indicators of agreement rather than a broad question about the ideological direction of the Court's policymaking. Their results indicate that respondents who agree with the Court's decision then have higher evaluations of the Court's legitimacy. their results are strongly suggestive that, in some cases, policy agreement with the outcomes of a decision can alter individual-level support for the Court.

Christensen and Glick (2015) queried respondents about their evaluations of the Court's legitimacy before and after the PPACA decision was announced and incorporated a pseudo-experiment on the effect of media coverage that suggested that Chief Justice Roberts changed his vote in the case for strategic reasons. Unfortunately, Christensen and Glick's panel was drawn from the opt-in Mechanical Turk pool, and, more importantly for our purposes, their measure of subjective policy disagreement is not directly related to the Court's decision in the case; rather, they assess the relationship between respondents' beliefs about whether the Court's policymaking became more liberal or more conservative and change in legitimacy. This leaves open the more direct question: whether agreement with the Court's decision in the case is related to change in support for the Court.[3] Still, these studies suggest a first hypothesis: *a single, salient decision is associated with an increase (decrease) in legitimacy among individuals who agree (disagree) with the decision.*

Policy Disagreement and Longer-Term Change

While recent studies have suggested that the Court's legitimacy may change in the short-run, one of the most enduring findings in the field has been the stability of the Court's support over time (Gibson 2007). Scholars have developed two theories to explain this stability.

First, Baird and colleagues (2001; Gibson, Caldeira, and Baird 1998) argue that, like the process that Fiorina (1977) hypothesized for evaluations of political parties and partisan identification, legitimacy for the Court may represent an accumulated evaluation—a summary or running tally—of favorable and unfavorable responses to Court decisions. In Baird's account, legitimacy is not easily undermined. It is "sticky" so there is no clean correspondence between accumulating ideological disagreement with the Court's outputs and legitimacy.

The running tally theory implicitly ties the Court's stable support to its stable policymaking. As Gibson and Nelson (2015) have argued, the Court's policymaking is, on the whole, quite balanced; in recent terms, the Court has

[3] Christensen and Glick's measure is constructed based on the difference in a respondent's evaluations of his or her own ideology and the Court's ideology before and after the decision. Unfortunately, observed change may be due to either instability in the respondent's report of his or her own ideological location or change in the respondent's report of the Court's location. The theoretical account of Christensen and Glick assumes change occurs in the latter, but they do not present data to show this.

decided roughly equal numbers of liberal and conservative decisions. To the extent that individuals evaluate the Court's policymaking holistically, the balanced nature of the Court's policymaking suggests that any "running tallies" kept by Americans should gradually balance out to zero. In other words, any negative consequences caused by dissatisfaction with one of the Court's outputs are balanced out by a future agreeable decision and, overtime, aggregate satisfaction with the Court is fairly stable.

A second theory ties the Court's stable support to democratic values rather than its policymaking outputs. In this account, individual-level change in the Court's support should be temporary due to a process of regeneration (Durr, Martin, and Wolbrecht 2000). Mondak and Smithey (1997) suggest that the deleterious effect of dissatisfaction with a singular decision on individual-level support for the court is short-lived; after a shock, legitimacy gradually increases, eventually returning to its equilibrium level, as lasting democratic values regenerate support for the Court. Durr, Martin, and Wolbrecht (2000) use aggregate-level data to show that short-term disruptions in support for the Court have effects that only last for a short period.

Thus, regardless of the mechanism, two theories suggest that *any effects of a single decision on legitimacy should dissipate, and individual-level diffuse support should return to its pre-decision level in time.*

Research Design

The cross-sectional nature of most empirical studies leaves open to question the causal inferences that are drawn about the effects on a Court decision on the perceived legitimacy of the Court. After all, any claim about "stability" is one about change over time, and cross-sectional studies cannot adequately test theories about change in individuals' attitudes after they close their internet browser or hang up the phone. Even stable levels of diffuse support for the Court in a series of aggregate studies may mislead us about patterns of change among individuals. Panel data are required to observe individual-level change in legitimacy that might occur in response to individual Court decisions. Crucially, panel data allow us to evaluate the individual-level determinants of stable and unstable legitimacy for the Court, determinants that could not be evaluated at all in cross-sectional and aggregate studies.[4]

We would like to have a long-term panel that allows us to observe changes, if any, in individual-level legitimacy for the Court that are associated with changes in the membership of the Court and salient decisions of the Court. No such panel has been in place, but *The American Panel Study* (TAPS) has the potential for measuring the repetitive effects of membership changes and Court decisions. TAPS is a monthly online survey of about 2000 people. Panelists were first recruited as a national probability sample with an address-based sampling frame in the fall of 2011 by Knowledge Networks for the Weidenbaum Center at Washington University. Individuals without internet access were provided a laptop and internet service at the expense of the Weidenbaum Center.

[4] As discussed above, Christensen and Glick (2014) use panel data to examine the dynamics of legitimacy. Our study differs in three distinct ways. First, we utilize a nationally-representative sample, rather than an MTurk sample. Second, we ask respondents policy-specific questions rather than querying them broadly about ideological change in the Court's policymaking. Finally, our panel extends a full year past the decision, enabling us to test theories of longer-term dynamics of legitimacy that are not possible with Christensen and Glick's data.

In a typical month, over 1700 of the panelists complete the online survey. More technical information about the survey is available at taps.wustl.edu.[5]

To date, TAPS has captured attitudes about the Court in relationship to one prominent case, *National Federation of Independent Business et al. v. Sebelius, Secretary of Health and Human Services, et al.*, decided on June 28, 2012. The Court upheld the constitutionality of the individual mandate in the PPACA and struck down provisions that required states to expand their Medicaid programs or risk losing federal funds for the program. In the months leading up to the decision, the mandate issue, rather than the Medicaid expansion, received the most attention from political and media elites. While the Obama administration's position lost on the issue of Medicaid expansion, the decision on the individual mandate was considered essential to the viability of the new program and the outcome was viewed as a success for proponents of the law.

This case is an appropriate vehicle for our study. First, the case was highly politically significant. The subject of the case invited the justices to use their power of judicial review to nullify a highly salient legislative enactment representing the signature domestic policy achievement of a sitting president in a presidential election year. As Dahl (1957) noted, while the Court predominantly plays a legitimacy-conferring role, "there are times when the coalition is unstable with respect to certain key policies; at very great risk to its legitimacy powers, the court can intervene in such cases" (294). In the face of such obvious separation-of-power concerns, the direct consequences for the legitimacy of the Court were

[5] Response rates (with e) for the surveys are as follows: May 2012 (11.0%), July 2012 (11.0%), July 2013 (9.9%).

on clear display.[6]

Second, reports that Chief Justice Roberts may have changed his vote midway through the decisional process out of an attempt to safeguard the Court's legitimacy emerged shortly after the decision (Crawford 2012). Similar to Justice O'Connor's statement suggesting that she prejudged the case at a cocktail party regarding *Bush v. Gore* (Gibson, Caldeira, and Spence 2003), the widespread coverage of Roberts's possible strategic, rather than legal, basis for his opinion further raised the specter of the case, and his actions were amplified by the deep 5-4 divisions of the justices along otherwise clear ideological lines.

Finally, the case was highly salient. As Campbell and Persily (2013) write, the "Supreme Court's decision in *NFIB v. Sebelius* achieved a level of media and public salience reached by very few Supreme Court decisions" (1).[7] Such salience is important in a research design like this one which requires an intervention strong enough to be perceived by panelists. Unlike experimental methods, which provide each subject with the exact same treatment (Barabas and Jerit 2010), observational panel designs, like the one we employ here, risk heterogeneity in assignment to treatment if the intervention is not salient enough to attract the

[6] The risks to the Court's legitimacy in this case were well-documented by many, including Liptak (2012), Milbank (2012), Ackerman (2012), Balkin (2012), Lithwick (2012) and the editorial boards of the *Washington Post* (2012) and *The Wall Street Journal* (2012)

[7] The incredibly high salience of the decision justifies our research design. Though the Supreme Court decided a number of cases between the May survey and the July survey, the level of media coverage of the health care case swamped the coverage given to all of the other decisions. While it would be ideal to have surveyed respondents perhaps the week before and the week after the decision the fact that TAPS is a monthly survey, coupled with the fact that the Court does not announce in advance when it will release its decisions make such a design unfeasible. Moreover, as discussed in Appendix B, we have reestimated the model on the subset of respondents who knew the Court's decision and find robust results.

attention of the public.[8]

Model and Measurement

Since we are interested in the effects of this singular decision on evaluations of the Court's legitimacy, we estimate the following model:

$$legitimacy_{t2} = \beta + \beta_1\ legitimacy_{t1}$$
$$+ \beta_2\ policy\ disagreement + \beta_3\ performance\ evaluations$$
$$+ \beta\ control\ variables + \varepsilon$$

Our dependent variable is *Legitimacy* for the U.S. Supreme Court. We follow a line of research (Bartels and Johnston 2013; Gibson and Caldeira 1992; Gibson 2007; and Gibson and Nelson 2015) conceptualizing legitimacy as resistance to attacks on or fundamental changes to the Court. We asked panelists for their agreement with six statements in May 2012 (one month before the health care decision), July 2012 (one month after the health care decision) and July 2013 (one year after the health care decision). We performed factor analysis on respondents' answers to these six items in May 2012 and used the results of that factor analysis to calculate factor scores for all three time periods.[9] The eigenvalues for the first and second unrotated factors are 3.46 and 0.08,

[8] We acknowledge an implicit trade-off here between our research design and the generalizability of our results. The perhaps unprecedented public salience that makes the case appropriate for a research design like ours also implies that the case is unique and that our effects almost certainly do not generalize to an "average" case. Thus, one may best think of our results as providing an upper bound on the effects that a single decision can have on legitimacy for the Court.

[9] This approach eliminates bias that could come from the fact that three repeated CFAs could produce scores that mask change. We note that this measurement strategy is robust to an alternative methodological strategy: stacking the data and running one factor analysis on all three time periods simultaneously. The resulting factor scores correlate with our dependent variable at a level greater than 0.999.

respectively, which confirms previous studies that found a unidimensional structure of the responses. The scale is reliable, with a Cronbach's Alpha coefficient of 0.89 and an average interitem covariance of 0.75. More detailed information on the factor analysis is available in Table 1.[10] Since the dependent variable is continuous, we estimate linear regression models.

[Table 1 about here]

To assess policy disagreement, we use two separate measures panelists' issue positions on the federal health care plan, asked at t_1. First, we asked a specific question about panelists' position on the constitutionality of the individual mandate (*Mandate is Unconstitutional)*. 37.1 percent of panelists believed that the health care law was constitutional.[11] Given the difficult overall holding in the PPACA case, the fact that we have respondents' specific policy position on the mandate—the portion of the case with a clear ideological direction—makes it possible to assess the specific effects of the agreement with the Court's holding.

Second, we asked a broader question aimed to both assess panelists' positions on the overall health care plan and to determine the ideological direction of any opposition they might have to the plan. However, this question, unlike the first measure, was asked after the decision, and we acknowledge the potential for endogeneity concerns. Panelists were asked "Do you support or

[10] Appendix C contains detailed summary statistics for every variable used in the analyses. All statistics and analyses reported in the paper are both weighted using the panel weights provided by TAPS and multiply imputed to account for nonresponse. Importantly, all of the key findings still hold when the dataset is not imputed, not weighted, or both not imputed and not weighted.
[11] The question read: "Concerning the requirement that every American must buy health insurance or pay a fine, do you think that this is (un)constitutional?"

oppose the federal health care plan that was enacted in 2010?" 54.5 percent of respondents reported supporting the federal health care plan. Of individuals who did not report supporting the federal health care plan, we followed up by asking them whether they opposed the health care plan because it does not go far enough to extend health care coverage (*Liberal Opponents*) or because it goes too far in creating a new plan (*Conservative Opponents*). 3.4 percent of respondents were liberal opponents to the law, while 42.1 percent of respondents were classified as conservative opponents of the health care plan.[12]

The cross-tabulation of the responses to the two questions (Table 2) demonstrates that policy and constitutionality views are related but in a non-obvious way. While the vast majority of the health care reform opponents consider the law to be unconstitutional, proponents are evenly divided. This observation creates the possibility that views of constitutionality and the policy have different effects on changes in legitimacy for the Court. Previous research on specific support and legitimacy (e.g. Christensen and Glick 2015) has relied on policy views, often aggregated and scaled, although a survey experiment conducted by Bartels and Johnston (2013) is a notable exception. The question of constitutionality may be more directly relevant to the subject of Court rulings. To

[12] It is important to note that the constitutionality question is directed at a single provision of the health care plan: the individual mandate. The support question queries respondents about their feelings toward the law as a whole. Because the Court's eventual overall opinion was somewhat messy ideologically, with Roberts siding with the liberal wing of the Court and the Court as a whole upholding the individual mandate but also deciding some elements of the case in a conservative direction, the two measures are both important. The health care support measure, thus, taps overall evaluations of the plan but, given the ambiguous overall direction of the Court's opinion may contain some measurement error if one chooses to think of it as a measure of support for the Court's decision. On the other hand, the constitutionality question is direct and provision-specific with respect to an element of the law and of the Court's opinion which were widely publicized.

explore the differences, if any, in the model estimates, we report separate estimates for each question.

[Table 2 about here]

To measure performance satisfaction, we rely upon a measure of *Supreme Court Approval*, a traditional measure of specific support for the Court. Panelists were asked the standard job approval questions for the Supreme Court every other month throughout the length of the panel. Our measures come from April and May 2012, July and August 2012, and July and August 2013. 58.4 percent of panelists approved of the Court's performance in April/May 2012, 55.7 percent in July/August 2012, and 44.8 percent in July/August 2013. The variable is measured on a 4-point scale, with higher values indicating more approval.

As discussed above, one of the most durable augments about individual-level evaluations of legitimacy has been the importance of attitudes about democracy in structuring (Gibson and Caldeira 1992; Gibson 2007) and maintaining (Mondak and Smithey 1997; Durr, Martin, and Wolbrecht 2000) the Court's support. Bartels and Johnston (2013) and Christensen and Glick (2015) rely upon a single measure of the concept—generalized political trust—as their measure of democratic values. Gibson and Nelson (2015) follow earlier work by Gibson (2007), operationalizing the concept with measures of three core democratic values: *Support for Rule of Law, Support for Minority Liberty*, and *Political Tolerance*. Because our survey includes the Gibson measures and not a measure of generalized political trust, we employ the Gibson measures of the concept. Our measures of these concepts are the factor scores resulting from a unidimensional common factor analysis of the batteries. More information on the scales is provided in Appendix A.

Partisan and ideological identities and political cues associated with them are usually implicated in the evaluation of national political institutions and actors. The direction and strength of these identities and cues may affect the effect of policy disagreement on legitimacy (for a review of the relevant literature, see Bartels 2002). To measure the political views of respondents, we rely upon separate measures of *Party Identification* and *Ideology*. Both measures are the standard 7-point scales and each was measured at the time panelists were first recruited.[13] We also control for a number of demographic characteristics, including respondents' *Age*, race/ethnicity (*African American* and *Hispanic*), level of *Education* (measured on a 14-point scale), their gender (*Female*) and their *Income* (on a 16-point scale). Recent investigations of legitimacy (Gibson 2007; Gibson and Nelson 2015) also included measures of respondents' religiosity. We created a scale of *Religiosity*, used in Claasen, Smith, and Tucker (2015), that combines four statements about respondents' belief in God, religious attendance, frequency of praying, and frequency of saying grace before meals. More information on the resulting measure, which ranges from -1.09 to 1.98, is available in Appendix A.[14]

[13] Table C2 in the appendix presents a correlation matrix for both measures of policy agreement as well as party identification and ideology. Of course, if multicollinearity were a concern in the data, it would have the effect of decreasing the likelihood that a statistically significant effect would be found.
[14] Johnston and Bartels (2010) have suggested that exposure to sensational media exposure may affect legitimacy. With this in mind, we have reestimated the model with a measure of this concept. The results are robust and found in Appendix B.

Christensen and Glick (2015) include in their model an indicator of beliefs in legalistic beliefs in the Court's decisionmaking. Following their work, we included in the model a measure of respondents' perceptions about the effects of nonlegal factors, such as ideology, the views of the president, and partisanship, on justices' votes in the health care case (*Legality*). More information on the scale is available in Appendix A, and the scale ranges from -1.28 to 1.76.

Political sophistication is frequently shown to condition responses to political stimuli (for a review of the literature, see Enns and Kellstedt 2008). Because legitimacy for the Court may require familiarity with arguments about the importance of the judiciary for democracy, education and knowledge about the Court may condition responses to individual decisions (Johnston, Hillygus, and Bartels Forthcoming). In fact, education about the Court has been shown to be positively and strongly related to legitimacy for the Court (Gibson and Nelson 2015). Thus, we include it in the model, as well.

Findings

We begin by assessing change in legitimacy for the Court at the aggregate level. The simple frequencies for the component elements of Legitimacy are reported in Table 2. The levels of support for the Court change very little in the year after the PPACA decision. Core features of the Court—broad jurisdiction, lifetime terms, independence in decision making—are endorsed by pluralities or small majorities. These features of the Court are not strongly endorsed by the American public of 2012 and 2013, but the Court has a substantial reservoir of public support both before and after its ruling.

Figure 1 provides further support for that theory. Figure 1 presents density plots showing, at each time period, the distribution of legitimacy in our data (the top panel) as well as the distribution of the number of responses that respondents gave to the legitimacy scale that are supportive of the Court (the bottom panel). The shapes of the densities in each plot are quite similar, suggesting that, overall, legitimacy remained stable after the decision.

[Figure 1 about here]

Still, the density distributions are not completely the same. In both plots, the density is a bit higher on the right-hand (more supportive) side of the plot, suggesting that *support for the U.S. Supreme Court slightly increased in the aggregate after the health care decision*. This finding, which follows directly from the positivity theory of Gibson and Caldeira (2009; see also Gibson and Nelson 2014), is borne out in the data. Consider the mean of the number of supportive responses given by panelists: the mean rises from 2.71 in t_1 to 2.83 in t_2 before falling to 2.76 in t_3.[15] Scholars have long suspected that support for the Court gradually returns to an equilibrium level after receiving a shock (Mondak and Smithey 1997). This evidence provides some of the first individual-level empirical support for that contention.

Of course, aggregate-level analysis can mask rich individual-level change. We examine change in two steps. We first establish that our data generates results similar to other recent studies. We then turn to testing the model of

[15] A similar pattern is seen with the legitimacy measure. The mean of legitimacy rises from 3.61 to 3.73 between t_1 and t_2 before it equilibrates to 3.65 in t_3. The range of the legitimacy variable is 1.14 to 7.73 in all time periods. In all cases, the differences between t_1 and t_2 are statistically significant while the differences between t_1 and t_3 are not.

legitimacy following the Court decision to evaluate both the short- and long-term effects of the health care decision on individual-level legitimacy for the Court.

Estimates of the cross-sectional correlates of legitimacy that are explored in previous research are reported in Table 3.[16] The multivariate estimates are shown for three points in time: the month before the ruling (t_1), the month after the ruling (t_2), and one year after the ruling (t_3). There are two models presented for each time period, one using each measure of attitudes toward health care reform.[17]

We find that job performance satisfaction, democratic values, and education are related to legitimacy as demonstrated by prior work. The one measure of policy disagreement that is not related to legitimacy is health care support at (t_1); it appears that, before the Court issued its ruling, opponents of the law had levels of legitimacy statistically indistinguishable from supporters of the law. In addition, women provide less support than men for the Court, although the gender gap is inconsistent and weaker than other sources of legitimacy. Most critically, this cross-sectional finding is not consistent with the views of Gibson and Caldeira (1992) and others that a single decision has a negligible and fading effect on legitimacy for the Court.

[Table 3 about here]

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[16] Note that we used multiple imputation to impute missing values in all of the analyses reported in this paper.

[17] In Appendix B, we present reestimated models that include both measures of attitudes toward health care reform in the same equation. The results are robust.

The continuity of legitimacy is reflected in estimates for the effect of pre-decision legitimacy on legitimacy after the PPACA decision (Table 4).[18] For both measures of policy disagreement and for both the month after and a year after the decision, pre-decision legitimacy has a strong effect on post-decision legitimacy, controlling for job performance satisfaction, democratic values, partisan and ideological identities, and political knowledge.

[Table 4 about here]

Nevertheless, the moderately strong relationship between pre- and post-decision legitimacy leaves variance to be associated with attitudes toward health care and other factors. We turn first to the ability of attitudes toward health care to predict legitimacy for the Court, controlling for pre-decision legitimacy. Looking at the first two columns of Table 4, we see that individuals who believed health care reform to be unconstitutional, on average, experienced a drop in their support for the Court. We observe a similar result with the measure of support for health care reform more broadly; while supporters and liberal opponents, on average, appeared not to change in their level of support for the Court, conservative opponents of the law experienced a statistically significant dip in their support.[19] Thus, the model suggests that the PPACA decision led, in the

[18] We acknowledge that this outcome could be modeled in any number of different ways. We present here what we believe to be the most intuitive specification to interpret—one that uses legitimacy at t_2 or t_3 as the dependent variable and present in the appendix a series of robustness checks demonstrating that our conclusions hold using a variety of different modeling strategies, most notably the change in support between t_1 and t_2 or between t_1 and t_3 as the dependent variable.

[19] In Appendix B, we consider specifications that include both measures of attitudes toward health care in the same equation, as well as an interaction between the two measures. While there is no evidence of the interactive effect, both measures of health care attitudes have independent and statistically significant effects. Moreover, the roughly equal magnitude of the coefficients provide further support for the aggregate

short term, to a decrease in support for the Court among individuals who opposed the law.

What happened to longer-term change? As discussed above, the literature on the dynamics of legitimacy for the Court suggests that through some mechanism, such as democratic-values based regeneration, any shock to individual-level perceptions of the Court should be short-lived and legitimacy should gradually equilibrate to its original level. To this end, the third and fourth columns of Table 4 examine legitimacy at t3 (one year after the decision) controlling for support at t1, among other things.[20] If policy agreement with the decision has no effect, we should observe no difference in legitimacy at t3 among supporters and opponents of the health care law. This is not what we see.[21] Across both measures of health care attitudes, we see statistically significant and negative coefficients. These patterns suggest that changes in legitimacy are sticky, at least for a year after the decision.

Additionally, our theory suggested that levels of legitimacy may be conditioned upon the education or political sophistication of the respondents. Though not presented in Table 4 (see Appendix B), we estimated the models with an interaction between attitudes toward health care reform and education. In no

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stasis in legitimacy observed by past studies (Gibson, Caldeira, and Spence 2003). It seems that supporters of reform boosted their support for the Court in a similar magnitude to the dip in support experienced by health care opponents.

[20] Note that the analyses in these two columns include all respondents who responded at t_3, regardless of whether they responded at t_2. This explains why the number of respondents at t_2 is smaller than the number of respondents at t_2. Restricting the analysis to those respondents who also responded at t_2 does not change these conclusions.

[21] As further support for our contention that attitudes on health care reform, activated by the decision, moved legitimacy for the Court, we report in Appendix B models of change between t_2 and t_3. As expected, in no instance does an attitude toward health care reform have a statistically significant relationship with individual-level legitimacy for the Court.

case is the interaction term statistically significant, providing no evidence that individual-level changes in legitimacy are conditional upon one's political sophistication.

The partisan identification, ideological identification, and education effects that are present in the cross-sectional estimates are not particularly robust to these specifications. Coefficient signs and standard errors remain roughly the same but the size of the coefficient is substantially weaker. At least some of the partisan and education effects appear to be reflected in the continuing levels of legitimacy.

Discussion

The PPACA episode demonstrates that responses to a single Supreme Court decision—albeit a highly salient one—can alter attitudes about the proper role of the Court in the American system of government and that the effects of these attitudes persist at least a year after the original decision. By demonstrating the effects of evaluations of a single Court decision in a panel design, we have more directly the potential effects of a single decision on the Court's legitimacy. At the individual level, the results indicate that the PPACA decision caused individual-level change in legitimacy that follow from an individual's issue-specific attitudes. This provides support for Bartels and Johnston's (2013) arguments about the effects of perceived ideological disagreement on the Court's public support. But, at the aggregate level, we confirm the findings of Gibson, Caldeira, and Spence (2003). Even in the face of individual-level change, legitimacy for the Court remains fairly stable and, in line with Gibson and Caldeira's positivity theory, the controversy surrounding the decision may even *increase* the Court's support.

Additionally, analysis at the aggregate and individual levels provides an answer to a seeming paradox about the Court's support: While all seem to agree that overall dissatisfaction with the Court's outputs can eventually lead to a decrease in legitimacy, research has demonstrated (Gibson, Caldeira, and Spence 2003; Gibson 2007) that support for the U.S. Supreme Court has remained stable for decades. This supports the conclusions drawn by Christensen and Glick (2015) who argued that the "movers" in the public—those whose evaluations changed in response to the decision cancelled each other out in the aggregate.

Our results—which suggest a moderate increase in aggregate-level legitimacy after the health care decision—suggest that, while those who were unhappy with the Court's decision did decrease in their support for the Court, they did not lose all support for the Court, thus lending additional evidence to Christensen and Glick's argument using a policy-specific measure of agreement. Indeed, the size of the effect is only moderate. Instead, because the American public was split nearly equally on the issue, some Americans seem to have decreased their support while others—those who approved of the Court's decision—increased their support in some small measure.[22] Thus, as Gibson and Nelson (2015) suggested may be the case, the result is, on balance, stasis in aggregate support.

[22] This result is discussed in further detail using alternative model specifications in Appendix B.

In short, using a model that accounts for policy-specific agreement with the Court's decision making, we have provided additional evidence for the presence of continuity in legitimacy for the Court, confirmed a mechanism, first suggested by Gibson and Nelson (2015), to explain that stasis, called into question accounts suggesting that legitimacy for the court equilibrates after a shock, *and* found the policy-level agreement with a highly salient Court decision yields predictable changes in legitimacy.

The research agenda is obvious but challenging. We need to continue panel studies that anticipate Court rulings, account for attitudes about both policy and constitutionality, measure a larger range of factors that might shape individual and aggregate legitimacy, and accumulate evidence about issues and Court cases that vary in salience and the distribution of public opinion. We suspect that the theoretical foundations of legitimacy for the Court will develop to help motivate this work.

In particular, future studies must answer two pressing questions. First, what are the attributes of cases "weighty" enough to move legitimacy? The PPACA case used here is undoubtedly one of the most salient and politically important decisions decided by the Court in recent memory; it certainly is not representative of the average case that appears before the justices. Future work must determine which attributes—salience, political importance, subject matter, etc.—lead a case to have enough heft to move individual-level support. Conversely, future research needs to verify that nonsalient, comparatively unimportant cases lack the ability to move public support for the Court.

Second, future work must further verify the finding—contrary to a large swath of research on the Court's legitimacy—that public support for the Court is sticky; it *does not* equilibrate after a year. Still, this does not necessarily mean that regeneration theory is not supported; it just means that perhaps one year is not enough time for regeneration to occur. To distinguish between these two possibilities, future work must continue to follow these panelists to determine at what point, if any, their legitimacy for the Court returns to the level observed at t_1. Further, future work needs to establish whether the effects of all cases equilibrate at the same pace or if some decisions—most likely those that cause the largest absolute change in legitimacy—take longer to equilibrate than others.

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Table 1. Items included in legitimacy measure, their factor loadings, and summary support for the U.S. Supreme Court in each wave.

Item	Factor Loading	Support at t_1	Support at t_2	Support at t_3
If the Supreme Court started making a lot of rulings that most Americans disagreed with, it might be better to do away with the Court altogether.	0.76	70%	72%	68%
The right of the Supreme Court to decide certain types of controversial issues should be reduced.	0.77	54%	57%	50%
The U.S. Supreme Court gets too mixed up in politics.	0.57	26%	23%	21%
Judges on the U.S. Supreme Court who consistently make decisions at odds with what a majority of the people want should be removed from their position as judge.	0.78	49%	54%	52%
The U.S. Supreme Court ought to be made less independent so that it listens a lot more to what the people want.	0.82	50%	54%	52%
It is inevitable that the U.S. Supreme Court gets mixed up in politics; therefore, we ought to have stronger means of controlling the actions of the U.S. Supreme Court.	0.82	45%	49%	48%

Table 2. Crosstabulation of respondents' views on the constitutionality of health care reform and support for health care reform (in percent).

	Support Health Care	Liberal Opponents	Conservative Opponents	Total
Mandate is Constitutional	51.1	22.6	11.7	31.8
Mandate is Unconstitutional	48.9	77.4	88.3	68.3
Total (N)	100.0 (710)	100.0 (50)	100.0 (657)	100.0 (1417)

Table 3. Results of cross-sectional models. Models are linear regressions using legitimacy at the specified time period as the dependent variable.

	t_1	t_1	t_2	t_2	t_3	t_3
Mandate is Unconstitutional	-0.23*		-0.43*		-0.39*	
	(0.07)		(0.09)		(0.10)	
Liberal Opponents		-0.31		-0.55*		-0.64*
		(0.39)		(0.22)		(0.24)
Conservative Opponents		0.04		-0.37*		-0.36*
		(0.12)		(0.13)		(0.15)
Supreme Court Approval	0.31*	0.30*	0.17*	0.17*	0.20*	0.20*
	(0.03)	(0.03)	(0.05)	(0.04)	(0.07)	(0.07)
Support for Rule of Law	0.20*	0.19*	0.19*	0.17*	0.18*	0.16*
	(0.05)	(0.04)	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.33*	0.33*	0.38*	0.38*	0.39*	0.39*
	(0.05)	(0.04)	(0.06)	(0.05)	(0.08)	(0.08)
Political Tolerance	0.10*	0.11*	0.22*	0.22*	0.23*	0.22*
	(0.05)	(0.05)	(0.06)	(0.05)	(0.07)	(0.07)
Party Identification	0.03	0.01	-0.02	-0.03	-0.04	-0.04
	(0.02)	(0.02)	(0.03)	(0.03)	(0.03)	(0.03)
Ideology	-0.01	-0.02	0.05*	0.06*	0.05	0.06
	(0.03)	(0.03)	(0.02)	(0.02)	(0.04)	(0.05)
Age	0.00	0.00	0.00	0.00	0.00	0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
African American	-0.25*	-0.24*	0.12	0.03	0.08	0.00
	(0.11)	(0.12)	(0.17)	(0.16)	(0.17)	(0.14)
Hispanic	-0.04	-0.05	-0.04	0.02	-0.03	0.02
	(0.11)	(0.11)	(0.11)	(0.11)	(0.12)	(0.10)
Education	0.12*	0.12*	0.12*	0.13*	0.08*	0.08*
	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)	(0.03)
Female	-0.20*	-0.21*	-0.10	-0.12	-0.18*	-0.20*
	(0.06)	(0.06)	(0.08)	(0.07)	(0.08)	(0.08)
Income	0.01	0.01	0.01	0.01	0.01	0.01
	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	0.03	0.04	0.04	0.04	-0.02	-0.02
	(0.04)	(0.04)	(0.04)	(0.04)	(0.07)	(0.06)
Constant	1.77*	1.71*	2.31*	2.11*	2.77*	2.67*
	(0.25)	(0.27)	(0.25)	(0.28)	(0.34)	(0.33)
N	1417	1417	1712	1712	1746	1746
R^2	0.36	0.36	0.33	0.33	0.28	0.28
Adjusted R^2	0.35	0.35	0.32	0.32	0.28	0.28

* indicates statistical significance at $p<0.05$, two-tailed tests

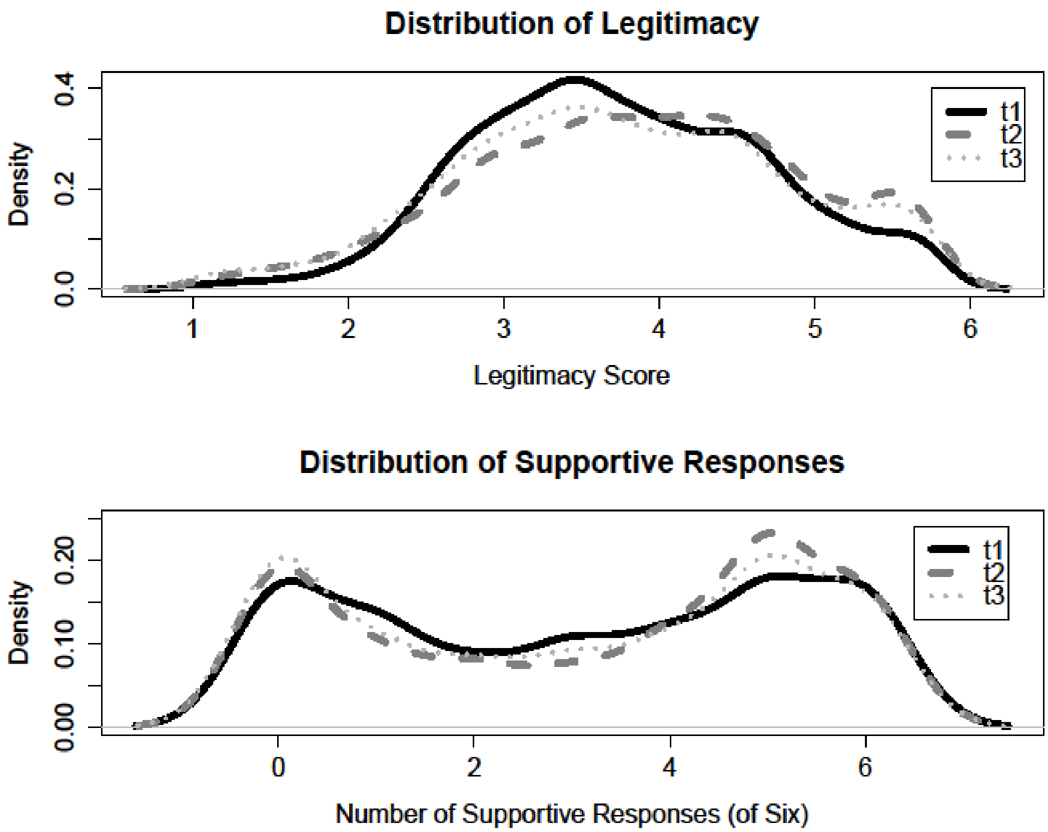
Table 4. Views on health care reform and prior levels of legitimacy on respondents' post-decision legitimacy for the U.S. Supreme Court.

	t_2	t_2	t_3	t_3
Mandate is Unconstitutional	-0.28*		-0.27*	
	(0.07)		(0.08)	
Liberal Opponents		-0.33		-0.41*
		(0.17)		(0.20)
Conservative Opponents		-0.36*		-0.30*
		(0.08)		(0.12)
Supreme Court Approval	-0.05	-0.05	-0.01	-0.01
	(0.05)	(0.04)	(0.05)	(0.05)
Legitimacy at t_1	0.60*	0.61*	0.58*	0.59*
	(0.03)	(0.03)	(0.04)	(0.03)
Legality (t2)	0.22*	0.20*		
	(0.04)	(0.04)		
Legality (t3)			0.27*	0.25*
			(0.05)	(0.04)
Support for Rule of Law	0.06	0.05	0.04	0.03
	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.17*	0.17*	0.21*	0.20*
	(0.05)	(0.05)	(0.07)	(0.07)
Political Tolerance	0.13*	0.12*	0.14*	0.13*
	(0.06)	(0.05)	(0.07)	(0.06)
Party Identification	-0.04	-0.03	-0.05	-0.05*
	(0.02)	(0.03)	(0.03)	(0.02)
Ideology	0.06*	0.07*	0.05	0.06
	(0.02)	(0.02)	(0.03)	(0.04)
Age	0.00	0.00	0.00	0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.24	0.16	0.06	-0.01
	(0.17)	(0.17)	(0.16)	(0.15)
Hispanic	-0.01	0.04	-0.04	0.00
	(0.11)	(0.12)	(0.12)	(0.10)
Education	0.06*	0.06*	0.01	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Female	-0.01	-0.02	-0.10	-0.11
	(0.07)	(0.06)	(0.07)	(0.07)
Income	0.00	0.00	0.00	000
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.02	-0.02	-0.07	-0.07
	(0.03)	(0.03)	(0.05)	(0.05)
Constant	1.32*	1.11*	1.84*	1.72*
	(0.28)	(0.34)	(0.30)	(0.27)
N	1712	1712	1746	1746

R^2	0.56	0.57	0.50	0.51
Adjusted R^2	0.56	0.56	0.50	0.50

* indicates statistical significance at p<0.05, two-tailed tests

Figure 1. Distribution of Legitimacy, by time period.



Appendix A: Measurement

Religiosity

To measure the extent to which respondents practice a religion in their daily lives, we relied upon a four question battery. The scale was measured in January 2012. The four items in the scale are:

> How often do you say grace before meals? [loading=0.75]
> How often do you pray? [loading=0.81]
> How often do you attend religious services? [loading=0.73]
> Please indicate which statement comes closest to expressing what you believe about God [I don't believe/I have no way to find out/I believe in some higher power/I believe sometimes/I believe but have doubts/I know that God exists] [loading=-.75].

Common factor analysis indicates that the measure is unidimensional (1st eigenvalue=2.32; 2nd eigenvalue=0.07).

Support for Minority Political Liberty

This scale, used by Gibson and Nelson (2015) measures the degree to which the respondent favors social order when it comes into conflict with the liberty of political minorities. The three items in the scale, measured in May 2012, are:

> Society should not have to put up with those who have political ideas that are extremely different from the majority. (15.44% adopt the order position [agree]; loading=.63)
> It is better to live in an orderly society than to allow people so much freedom that they can become disruptive. (36.16% adopt the order position [agree]; loading=.56)
> Free speech is just not worth it if it means that we have to put up with the danger to society of extremist political views. (13.83% adopt the order position [agree]; loading=.67)

Common factor analysis indicates that the measure is unidimensional (1st eigenvalue=1.17; 2nd eigenvalue=-0.12).

Support for the Rule of Law

This scale, used by Gibson and Nelson (2015) measures the degree to which the respondent favors universalism rather than particularism. The five items in the scale, measured in May 2012, are:

> It is not necessary to obey a law you consider unjust. (75.04% adopt the rule of law position [disagree]; loading=.59)
> Sometimes it might be better to ignore the law and solve problems immediately rather than wait for a legal solution. (56.96% adopt the rule of law position [disagree]; loading=.62)
> The government should have some ability to bend the law in order to solve pressing social and political problems. (45.41% adopt the rule of law position [disagree]; loading=.57)
> It is not necessary to obey the laws of a government I did not vote

for. (83.65% adopt the rule of law position [disagree]; loading=.61)
When it comes right down to it, law is not all that important; what's important is that our government solve society's problems and make us all better off. (66.54% adopt the rule of law position [disagree]; loading=.68)

Common factor analysis indicates that the measure is unidimensional (1st eigenvalue=1.89; 2nd eigenvalue=0.14).

Political Intolerance

The final core democratic value we measured was respondents' tolerance for the ability of minority groups to advocate their views. To this end, we queried respondents in January 2012 about their willingness to allow unpopular groups to hold a public demonstration. The question stem read:

Next, let's suppose that [THE GROUP] wanted to hold public rallies and demonstrations in your community to advance their cause, but that the authorities decided to prohibit it. How would you react to such a ban by the authorities of a public demonstration by [THE GROUP]? Would you strongly support the ban, support the ban, oppose the ban, or strongly oppose the ban"

The groups about which we asked are:

Radical Muslims (48.13% support the ban; loading=.75)
A group of people who are against all churches and religion (36.26% support the ban; loading=.72)
U.S. Communists (41.12% support the ban; loading=.80)
Religious Fundamentalists (27.39% support the ban; loading=.66)

Common factor analysis indicates that the measure is unidimensional (1st eigenvalue=2.14; 2nd eigenvalue=-0.06).

Legality

We asked respondents several questions about which influences they thought affected the votes of U.S. Supreme Court justices in the health care case. We posed the same battery to respondents in July 2012 and July 2013 and created a scale for each time period. In both months, respondents were asked whether various factors played a major role, a minor role, or no role in determining justices' votes in the health care case. The specific factors asked about were:

The personal views of the justices about the health insurance requirement (major role=44.00%; loading=.57)
The justices' liberal or conservative views (major role=49.46%; loading=.62)
President Obama's views on the legal issues (major role=34.61%; loading=.55)
Whether the justice was appointed by a Democratic or Republican President (major role=30.34%; loading=.69)

Common factor analysis indicates that the measure is unidimensional (1st eigenvalue=1.50; 2nd eigenvalue=0.04).

The battery also included three additional statements ("The justices' analysis and interpretation of the law", "The views of average Americans about the requirement", and "The public's likely reaction to the Court's decision"). However, when all 7 statements are factor analyzed together, the loadings of these three statements are only -.25, .33, .49. As such, only the four statements with high loadings were included in the final scale.

We posed the same battery to respondents in July 2013. The results were:

The personal views of the justices about the health insurance requirement (major role=65.87%; loading=.73)

The justices' liberal or conservative views (major role=68.27%; loading=.31)

President Obama's views on the legal issues (major role=55.53%; loading=.82)

Whether the justice was appointed by a Democratic or Republican President (major role=58.97%; loading=.64)

Common factor analysis indicates that the measure is unidimensional (1st eigenvalue=2.28; 2nd eigenvalue=-0.01).

Appendix B: Robustness

Readers may be concerned about the robustness of our results to the inclusion of additional independent variables, alternative specifications of our measures, and the presence of possible conditional effects between independent variables in the models. To this end, this appendix presents and discusses the results of a number of alternative specifications of our results. The hearty robustness of the findings discussed in the body of the paper emerges as the clear implication of these results.

Alternative Specification of Change in Legitimacy

The models presented in Table 4 in the body of the paper attempt to demonstrate change in respondents' legitimacy for the U.S. Supreme Court by using their support for the Court at t_1 as a predictor in a model that explains their support at t_2 or t_3. Another possible way to specify this model is to use change in legitimacy between t_1 and t_2 or t_3 as the outcome variable, an option we present in Table B1 and discuss here. Here, the outcome variable in each analysis is the change in support for the Court between t_1 and t_2 (the first two models in the table) and t_1 and t_3 (the second two models). Note that the variable is constructed by subtracting support at t_2 (t_3) from support at t_1. Thus, a positive coefficient indicates increased support for the court between the two time periods; a negative coefficient indicates a decrease in support.

The results are strikingly similar to those presented in Table 4. Indeed, both measures of attitudes toward health care reform are related to change in legitimacy between the two time periods, and the substantive magnitudes of the effects are in line with those presented and discussed in the body of the paper.

The Interplay of Attitudes toward Constitutionality and Respondents' Support for Health Care

In the models presented in the body of the paper, we rely upon two measures of attitudes toward health care reform: a dichotomous measure of their attitudes toward the constitutionality of the legislation and a trichotomous measure of their attitudes toward health care reform generally (parsing conservative opponents of reform from liberal opponents of reform). Readers may wonder (1) whether the two measures have an independent statistical effect and (2) whether there is an interactive relationship between the two measures.

First, to determine the extent to which the two measures have an independent statistical effect, we report in Table B2 and Table B3 the analyses presented in Tables 3 and 4 including both measures of attitudes toward health care reform in the equation. To further show the robustness of the results, we collapse the measure of attitudes on health care reform into a dichotomous specification (lumping together liberal and conservative opponents of the law) and present the results of all of the specifications. The results, which show that, even when included in the same equation both measures have independent and statistically significant effects.

Importantly, these results go a long way to explain aggregate stability in legitimacy for the Supreme Court. Note that the magnitude of the coefficient for unconstitutionality (a conservative belief) is roughly of the same magnitude of support for health care reform. Given that the American public was roughly split on the constitutionality of the act (as reported in the body of the paper, slightly over 50% of respondents supported the health care plan), the boost that health care supporters received from the law roughly should balance the decline in legitimacy experienced by those who believed the reform was unconstitutional. Thus, these results provide a strong explanation for the presence of aggregate stasis in legitimacy in the presence of clear individual-level change in support.

However, there is no evidence—either in the cross-sectional or change models—of a statistically discernable interactive effect between the two measures. Tables B4 and B5 replicate Tables B2 and B3 with an added interaction term between the two measures. In no case is the interaction term statistically significant, providing no evidence of an interactive effect.

Interaction between Education and Health Care Constitutionality

Recent work on legitimacy for the Court (e.g. Johnston, Hillygus, and Bartels Forthcoming) have suggested an interactive effect between political sophistication and the policy preferences of a respondent. One may believe that those who are more politically sophisticated know more about the "rules of the game" and expect to get both "wins" and "losses" at the Supreme Court. As a result, one might expect their support for the Court to differ from individuals who are less politically sophisticated.

With this in mind, we reestimated the models in Table 3 and Table 4 including an interaction term between our measure of political sophistication (education) and respondents' attitudes toward health care reform. We present the results of the model estimates in Table B6. In no case is there a statistically significant interactive effect. Though not presented in the table, we note the absence of a statistically significant interactive effect between political knowledge (the measurement of which is described below) and attitudes toward constitutionality as well as interactions between both education and health care support and between political knowledge and health care support.

Additionally, readers may wonder if the lack of an interaction effect occurs because respondents at each level of education were split on their support for health care, with about half supporting the legislation and half opposing it. To this end, we also reestimated these models using the absolute value of the amount of change in support between the t_1 and t_2 and t_1 and t_3 as the outcome variable (in essence, these outcome variables are just the absolute value of the outcome variables used in Table B1. Again, though not presented in a table here, the interaction term fails to reach statistical significance.

Alternative Explanations

We note that our models fail to include two independent variables present in Bartels and Johnston (2013) and Gibson and Nelson (2015). First, Bartels and Johnston argue that exposure to sensational media coverage may lead to decreased legitimacy for the Court. Second, Gibson and Nelson (2015) and Bartels and Johnston (2013) simultaneously include political knowledge and education—seemingly both as measures of political sophistication—in their analyses. Since these both appear to be measures of the same concept, we do not include both measures in our analyses out of an interest for parsimony.

Out of a concern for consistency, we reestimated the models in Table 3 and Table 4 including a measure of political knowledge and sensational media coverage. The measure of political knowledge is an additive scale of the number of correct responses to the following eight questions:

- Do you happen to know whether the justices of the U.S. Supreme Court serve for a set number of years or whether they serve a life term?
- Do you happen to know who has the last say when there is a conflict over the meaning of the Constitution?
- Which one of the parties is more conservative than the other at the national level? Is it the democrats or the Republicans?
- Which party holds a majority of seats in the U.S. House of Representatives?
- Which party holds a majority of seats in the U.S. Senate?
- How many decisions with opinions does the Court issue each year? Would you say that it is less than one hundred decisions with opinions each year, around five hundred decisions with opinions, or a thousand decisions with opinions or more per year?
- How long is one term for a member of the U.S. Senate?
- On which of the following federal programs is the most money spent each year? Aid to foreign countries, Medicare, subsidies to farmers, or education?

The measure of exposure to sensational media coverage is dichotomous and takes a value of 1 if the respondent reported her primary source for news as Fox News or MSNBC; 0 otherwise. The average score on the knowledge test was 2 correct answers with a standard deviation of 2.63. 11.55% of respondents cited Fox News or MSNBC as their primary news source.

Placebo Test

Readers may also wonder if health care attitudes have a persistent or additional effect after the decision; if true, this would substantially undermine our research design which posits that the Court's health care decision activated attitudes on health care between the May and July surveys and then had no additional effect after the decision.

To this end, we reestimated the models using support at t_2 to predict support at t_3 (in essence, reestimating the models in Table 4 using t2 and t3 rather than t1 and t2/t1 and t3). If the health care reform decision is the key causal player, then attitudes toward health care reform should have no statistically discernable effect on change in legitimacy between the latter two time periods given that the Court took no action on health care reform between t2 and t3.

To this end, Table B9 reestimates the model using two different specifications of the outcome: using legitimacy at t2 to predict legitimacy at t3 and using change in legitimacy between t2 and t3 as the outcome variable (a similar analysis to that performed in Table B1). In none of the four models are any of the measures of health care reform statistically significant, providing no evidence that health care attitudes had any different effect after the Supreme Court decision.

Limited Sample

Readers may be concerned that, even though 77% of respondents indicated that they knew what the Court's decision in the health care case, the inclusion of the remainder of the respondents who did not know of the Court's decision may lead to biased estimates. To that end, Table B10 reports reestimated models run on a restricted sample of only those respondents who indicated that they knew of the Court's decision. Again, the results are largely robust to those presented in the body of the paper.

Negativity Bias

There is reason to believe that negative evaluations have greater influence on attitudes and behavior than positive evaluations (Lau 1985; Mondak and Smithey 1997). If identities are related to evaluations of the Court's policymaking, then identities associated with negative evaluations should have a stronger relationship to changing legitimacy than identities associated with positive evaluations. In the case of the PPACA decision, Republicans and conservatives should exhibit a loss of legitimacy that is greater than the gains in legitimacy exhibited by Democrats and liberals. As a test of this hypothesis, we have estimated the mean change in legitimacy among supporters and nonsupporters of health care as well as individuals who believed the law was unconstitutional and those who did not. In all cases, the amount of positive change among those individuals favorable to the health care law was larger than the amount of negative change reported by individuals who held negative views of the law.

Table B1. Linear regression using change in legitimacy between two time periods as the dependent variable.

	(1) Δt_2-t_1	(2) Δt_2-t_1	(3) Δt_3-t_1	(4) Δt_3-t_1
Mandate is Unconstitutional	-0.28*		-0.27*	
	(0.07)		(0.08)	
Liberal Opponents		-0.33		-0.41*
		(0.17)		(0.20)
Conservative Opponents		-0.36*		-0.30*
		(0.08)		(0.12)
Supreme Court Approval	-0.05	-0.05	-0.01	-0.01
	(0.05)	(0.04)	(0.05)	(0.05)
Legitimacy at t_1	-0.40*	-0.39*	-0.42*	-0.41*
	(0.03)	(0.03)	(0.04)	(0.03)
Legality	0.22*	0.20*	0.27*	0.25*
	(0.04)	(0.04)	(0.05)	(0.04)
Support for Rule of Law	0.06	0.05	0.04	0.03
	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.17*	0.17*	0.21*	0.20*
	(0.05)	(0.05)	(0.07)	(0.07)
Political Tolerance	0.13*	0.12*	0.14*	0.13*
	(0.06)	(0.05)	(0.07)	(0.06)
Party Identification	-0.04	-0.03	-0.05	-0.05*
	(0.02)	(0.03)	(0.03)	(0.02)
Ideology	0.06*	0.07*	0.05	0.06
	(0.02)	(0.02)	(0.03)	(0.04)
Age	-0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.24	0.16	0.06	-0.01
	(0.17)	(0.17)	(0.16)	(0.15)
Hispanic	-0.01	0.04	-0.04	0.00
	(0.11)	(0.12)	(0.12)	(0.10)
Education	0.06*	0.06*	0.01	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Female	-0.01	-0.02	-0.10	-0.11
	(0.07)	(0.06)	(0.07)	(0.07)
Income	-0.00	-0.00	0.00	0.00
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.02	-0.02	-0.07	-0.07
	(0.03)	(0.03)	(0.05)	(0.05)
Constant	1.32*	1.11*	1.84*	1.72*
	(0.28)	(0.34)	(0.30)	(0.27)
N	1712	1712	1746	1746
R^2	0.26	0.27	0.26	0.27
Adjusted R^2	0.25	0.36	0.25	0.26

* indicates statistical significance at p<0.05, two-tailed tests

Table B2. Cross-sectional results regressing legitimacy on both measures of attitudes toward health care simultaneously

	(1) t_1	(2) t_1	(3) t_2	(4) t_2	(5) t_3	(6) t_3
Mandate is Unconstitutional	-0.23*	-0.24*	-0.38*	-0.38*	-0.34*	-0.34*
	(0.08)	(0.08)	(0.10)	(0.10)	(0.12)	(0.12)
Liberal Opponents		-0.28		-0.51*		-0.59*
		(0.38)		(0.25)		(0.25)
Conservative Opponents		0.09		-0.31*		-0.30
		(0.12)		(0.14)		(0.16)
Health Care Supporter	-0.05		0.34*		0.34*	
	(0.12)		(0.14)		(0.16)	
Supreme Court Approval	0.31*	0.31*	0.18*	0.18*	0.22*	0.22*
	(0.03)	(0.04)	(0.04)	(0.04)	(0.07)	(0.07)
Support for Rule of Law	0.20*	0.20*	0.19*	0.19*	0.19*	0.18*
	(0.05)	(0.05)	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.33*	0.32*	0.37*	0.36*	0.39*	0.38*
	(0.04)	(0.04)	(0.06)	(0.05)	(0.08)	(0.08)
Political Tolerance	0.11*	0.11*	0.21*	0.21*	0.21*	0.21*
	(0.05)	(0.05)	(0.06)	(0.06)	(0.07)	(0.07)
Party Identification	0.03	0.03	-0.00	-0.00	-0.02	-0.02
	(0.02)	(0.02)	(0.03)	(0.03)	(0.03)	(0.03)
Ideology	-0.01	-0.01	0.07*	0.07*	0.07	0.07
	(0.03)	(0.03)	(0.02)	(0.02)	(0.05)	(0.05)
Age	0.00	0.00	-0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
African American	-0.23*	-0.24*	0.03	0.03	-0.02	-0.01
	(0.11)	(0.11)	(0.16)	(0.16)	(0.15)	(0.15)
Hispanic	-0.05	-0.05	0.00	-0.00	0.02	-0.00
	(0.11)	(0.11)	(0.12)	(0.12)	(0.09)	(0.09)
Education	0.12*	0.12*	0.12*	0.12*	0.07*	0.07*
	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)	(0.03)
Female	-0.20*	-0.20*	-0.11	-0.11	-0.19*	-0.20*
	(0.06)	(0.06)	(0.07)	(0.07)	(0.08)	(0.08)
Income	0.01	0.01	0.01	0.01	0.01	0.01
	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	0.03	0.04	0.02	0.02	-0.04	-0.04
	(0.04)	(0.04)	(0.04)	(0.04)	(0.07)	(0.07)
Constant	1.84*	1.82*	1.89*	2.26*	2.38*	2.76*
	(0.34)	(0.27)	(0.31)	(0.27)	(0.46)	(0.33)
N	1417	1417	1712	1712	1746	1746
R^2	0.36	0.37	0.34	0.35	0.30	0.30
Adjusted R^2	0.36	0.36	0.34	0.34	0.29	0.29

* indicates statistical significance at $p<0.05$, two-tailed tests

Table B3. Results, controlling for legitimacy at t_1, regressing legitimacy on both measures of attitudes toward health care simultaneously

	(1) t_2	(2) t_2	(3) t_3	(4) t_3
Mandate is Unconstitutional	-0.23*	-0.23*	-0.23*	-0.23*
	(0.07)	(0.07)	(0.09)	(0.09)
Health Care Supporter	0.32*		0.28*	
	(0.08)		(0.11)	
Liberal Opponents		-0.30		-0.39*
		(0.19)		(0.19)
Conservative Opponents		-0.32*		-0.26*
		(0.08)		(0.12)
Supreme Court Approval	-0.04	-0.04	0.01	0.00
	(0.04)	(0.04)	(0.05)	(0.05)
Legitimacy at t_1	0.60*	0.60*	0.58*	0.58*
	(0.03)	(0.03)	(0.03)	(0.03)
Legality	0.20*	0.20*	0.26*	0.26*
	(0.04)	(0.04)	(0.05)	(0.05)
Support for Rule of Law	0.07	0.07	0.05	0.05
	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.16*	0.16*	0.20*	0.20*
	(0.05)	(0.05)	(0.07)	(0.07)
Political Tolerance	0.12*	0.12*	0.13	0.13
	(0.06)	(0.06)	(0.07)	(0.07)
Party Identification	-0.02	-0.02	-0.03	-0.03
	(0.03)	(0.03)	(0.03)	(0.03)
Ideology	0.07*	0.07*	0.07	0.06
	(0.02)	(0.02)	(0.04)	(0.04)
Age	-0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.15	0.15	-0.02	-0.02
	(0.17)	(0.17)	(0.16)	(0.15)
Hispanic	0.03	0.03	0.00	-0.01
	(0.11)	(0.12)	(0.10)	(0.10)
Education	0.05*	0.05*	0.01	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Female	-0.02	-0.02	-0.11	-0.11
	(0.06)	(0.06)	(0.07)	(0.07)
Income	-0.00	-0.00	0.00	0.00
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.03	-0.03	-0.09	-0.08
	(0.03)	(0.03)	(0.05)	(0.05)
Constant	0.91*	1.22*	1.50*	1.80*
	(0.31)	(0.32)	(0.36)	(0.28)
N	1712	1712	1746	1746
R^2	0.57	0.57	0.51	0.51
Adjusted R^2	0.57	0.57	0.51	0.51

* indicates statistical significance at p<0.05, two-tailed tests

Table B4. Cross-sectional results interacting the two measures of attitudes toward health care reform.

	(1) t_1	(2) t_1	(3) t_2	(4) t_2	(5) t_3	(6) t_3
Mandate is Unconstitutional	-0.49*	-0.30*	-0.51*	-0.41*	-0.57*	-0.41*
	(0.16)	(0.10)	(0.16)	(0.13)	(0.21)	(0.15)
Health Care Supporter	0.18		0.45*		0.52*	
	(0.18)		(0.22)		(0.14)	
Supporter X Mandate	0.16		0.08		0.14	
Unconstitutional	(0.09)		(0.08)		(0.09)	
Liberal Opponents		-0.41		-0.59		-0.75*
		(0.62)		(0.43)		(0.34)
Conservative Opponents		-0.08		-0.38		-0.45*
		(0.15)		(0.24)		(0.17)
Health Care X Liberal		0.19		0.10		0.24
Opponent		(0.68)		(0.61)		(0.57)
Health Care X Conservative		0.22		0.09		0.21
Opponent		(0.14)		(0.20)		(0.23)
Supreme Court Approval	0.31*	0.31*	0.18*	0.18*	0.22*	0.22*
	(0.04)	(0.04)	(0.04)	(0.04)	(0.07)	(0.07)
Support for Rule of Law	0.20*	0.20*	0.19*	0.19*	0.18*	0.18*
	(0.05)	(0.05)	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.32*	0.32*	0.36*	0.36*	0.38*	0.38*
	(0.04)	(0.04)	(0.06)	(0.05)	(0.08)	(0.08)
Political Tolerance	0.10*	0.10*	0.21*	0.21*	0.21*	0.21*
	(0.04)	(0.05)	(0.06)	(0.06)	(0.07)	(0.07)
Party Identification	0.03	0.03	-0.00	-0.00	-0.02	-0.02
	(0.02)	(0.02)	(0.03)	(0.03)	(0.03)	(0.03)
Ideology	-0.01	-0.01	0.07*	0.07*	0.07	0.07
	(0.03)	(0.03)	(0.02)	(0.02)	(0.05)	(0.05)
Age	0.00	0.00	-0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
African American	-0.23*	-0.23*	0.03	0.03	-0.02	-0.01
	(0.11)	(0.11)	(0.16)	(0.16)	(0.16)	(0.15)
Hispanic	-0.05	-0.05	0.00	-0.00	0.01	0.00
	(0.11)	(0.11)	(0.12)	(0.11)	(0.09)	(0.10)
Education	0.12*	0.11*	0.12*	0.12*	0.07*	0.07*
	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)	(0.03)
Female	-0.20*	-0.20*	-0.11	-0.11	-0.19*	-0.19*
	(0.06)	(0.06)	(0.07)	(0.07)	(0.08)	(0.08)
Income	0.01	0.01	0.01	0.01	0.01	0.01
	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	0.03	0.03	0.02	0.02	-0.04	-0.04
	(0.04)	(0.04)	(0.04)	(0.04)	(0.07)	(0.07)
Constant	1.71*	1.88*	1.83*	2.28*	2.27*	2.80*
	(0.33)	(0.28)	(0.32)	(0.28)	(0.42)	(0.35)
N	1417	1417	1712	1712	1746	1746
R^2	0.37	0.37	0.34	0.35	0.30	0.30
Adjusted R^2	0.36	0.36	0.34	0.34	0.29	0.29

* indicates statistical significance at $p<0.05$, two-tailed tests

Table B5. Results, controlling for support at t_1, interacting the two measures of attitudes toward health care reform.

	(1) t_2	(2) t_2	(3) t_3	(4) t_3
Mandate is Unconstitutional	-0.23	-0.24*	-0.37*	-0.28*
	(0.17)	(0.08)	(0.14)	(0.10)
Health Care Supporter	0.32		0.40*	
	(0.18)		(0.11)	
Supporter X Mandate Unconstitutional	0.00		0.09	
	(0.10)		(0.08)	
Liberal Opponents		-0.37		-0.54
		(0.44)		(0.45)
Conservative Opponents		-0.33		-0.37*
		(0.18)		(0.14)
Health Care X Liberal Opponent		0.08		0.22
		(0.51)		(0.59)
Health Care X Conservative Opponent		0.01		0.15
		(0.18)		(0.17)
Supreme Court Approval	-0.04	-0.04	0.01	0.01
	(0.04)	(0.04)	(0.05)	(0.05)
Legitimacy at t_1	0.60*	0.60*	0.58*	0.58*
	(0.03)	(0.03)	(0.03)	(0.03)
Legality	0.20*	0.20*	0.26*	0.26*
	(0.04)	(0.04)	(0.04)	(0.05)
Support for Rule of Law	0.07	0.07	0.05	0.05
	(0.05)	(0.05)	(0.04)	(0.04)
Support for Minority Liberty	0.16*	0.16*	0.20*	0.20*
	(0.05)	(0.05)	(0.07)	(0.07)
Political Tolerance	0.12*	0.12*	0.13	0.13
	(0.06)	(0.06)	(0.07)	(0.07)
Party Identification	-0.02	-0.02	-0.04	-0.03
	(0.03)	(0.03)	(0.03)	(0.03)
Ideology	0.07*	0.07*	0.07	0.06
	(0.02)	(0.02)	(0.04)	(0.04)
Age	-0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.16	0.16	-0.02	-0.02
	(0.17)	(0.17)	(0.16)	(0.15)
Hispanic	0.03	0.02	-0.00	-0.01
	(0.11)	(0.12)	(0.10)	(0.10)
Education	0.05*	0.06*	0.01	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Female	-0.02	-0.02	-0.11	-0.11
	(0.06)	(0.06)	(0.07)	(0.07)
Income	-0.00	-0.00	0.00	0.00
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.03	-0.03	-0.08	-0.09
	(0.03)	(0.03)	(0.05)	(0.05)
Constant	0.91*	1.22*	1.44*	1.83*
	(0.29)	(0.33)	(0.34)	(0.29)
N	1712	1712	1746	1746
R^2	0.57	0.57	0.51	0.51
Adjusted R^2	0.57	0.57	0.51	0.51

Table B6. Cross-sectional results including an interaction between education and attitudes toward health care reform.

	(1) t_2	(2) t_3	(3) t_1	(4) t_2	(5) t_3
Education X Mandate	-0.01	0.03	0.01	0.01	0.01
	(0.03)	(0.05)	(0.03)	(0.05)	(0.06)
Mandate is	-0.21	-0.64	-0.35	-0.51	-0.47
Unconstitutional	(0.31)	(0.52)	(0.32)	(0.58)	(0.62)
Supreme Court Approval	-0.05	-0.02	0.31*	0.17*	0.20*
	(0.05)	(0.07)	(0.03)	(0.05)	(0.07)
Legitimacy at t_1	0.60*	0.58*			
	(0.02)	(0.04)			
Legality	0.22*	0.27*			
	(0.04)	(0.05)			
Support for Rule of Law	0.06	0.04	0.20*	0.18*	0.18*
	(0.05)	(0.04)	(0.05)	(0.05)	(0.04)
Support for Minority	0.17*	0.20*	0.33*	0.38*	0.39*
Liberty	(0.05)	(0.06)	(0.05)	(0.06)	(0.08)
Political Tolerance	0.13*	0.15*	0.10*	0.22*	0.23*
	(0.06)	(0.07)	(0.05)	(0.06)	(0.07)
Party Identification	-0.04	-0.04	0.03	-0.02	-0.04
	(0.02)	(0.02)	(0.02)	(0.03)	(0.03)
Ideology	0.06*	0.05*	-0.01	0.05*	0.05
	(0.02)	(0.02)	(0.03)	(0.02)	(0.04)
Age	-0.00	-0.00	0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.24	0.01	-0.25*	0.12	0.08
	(0.17)	(0.19)	(0.11)	(0.18)	(0.17)
Hispanic	-0.02	0.03	-0.03	-0.04	-0.03
	(0.10)	(0.11)	(0.11)	(0.11)	(0.11)
Education	0.06*	-0.01	0.11*	0.12*	0.07
	(0.03)	(0.02)	(0.03)	(0.04)	(0.04)
Female	-0.01	-0.15	-0.20*	-0.10	-0.18*
	(0.07)	(0.10)	(0.06)	(0.08)	(0.08)
Income	-0.00	-0.00	0.01	0.01	0.01
	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.01	-0.06	0.03	0.04	-0.02
	(0.03)	(0.05)	(0.04)	(0.04)	(0.07)
Constant	1.27*	2.17*	1.86*	2.35*	2.81*
	(0.40)	(0.41)	(0.28)	(0.50)	(0.47)
N	1712	1712	1417	1712	1746
R^2	0.56	0.52	0.36	0.33	0.28
Adjusted R^2	0.56	0.51	0.35	0.33	0.28

* indicates statistical significance at $p<0.05$, two-tailed tests

Table B7. Cross-sectional results including controls for political knowledge and sensational television exposure.

	(1) t_1	(2) t_1	(3) t_2	(4) t_2	(5) t_3	(6) t_3
Mandate is Unconstitutional	-0.09		-0.29*		-0.23*	
	(0.08)		(0.10)		(0.12)	
Liberal Opponents		-0.32		-0.49*		-0.46
		(0.20)		(0.14)		(0.40)
Conservative Opponents		0.04		-0.34*		-0.24
		(0.10)		(0.13)		(0.14)
Supreme Court Approval	0.34*	0.34*	0.19*	0.20*	0.21*	0.22*
	(0.04)	(0.04)	(0.04)	(0.05)	(0.06)	(0.06)
Support for Rule of Law	0.19*	0.18*	0.19*	0.17*	0.14*	0.12*
	(0.04)	(0.04)	(0.09)	(0.08)	(0.05)	(0.05)
Support for Minority Liberty	0.29*	0.29*	0.36*	0.36*	0.36*	0.37*
	(0.05)	(0.05)	(0.10)	(0.09)	(0.08)	(0.08)
Political Tolerance	0.09*	0.09*	0.19*	0.18*	0.19*	0.18*
	(0.03)	(0.03)	(0.04)	(0.04)	(0.05)	(0.05)
Party Identification	-0.00	-0.01	-0.03	-0.03	-0.05	-0.05
	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)	(0.03)
Ideology	-0.01	-0.02	0.02	0.02	0.02	0.02
	(0.03)	(0.03)	(0.02)	(0.03)	(0.02)	(0.03)
Age	-0.00	-0.00	0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
African American	-0.26*	-0.25*	0.15	0.08	0.02	-0.03
	(0.11)	(0.10)	(0.14)	(0.16)	(0.15)	(0.16)
Hispanic	-0.01	-0.02	-0.03	0.03	-0.07	-0.04
	(0.09)	(0.09)	(0.11)	(0.10)	(0.09)	(0.10)
Education	0.08*	0.08*	0.12*	0.12*	0.06*	0.06*
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Political Knowledge	0.15*	0.15*	0.13*	0.13*	0.16*	0.16*
	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)	(0.04)
Fox MSNBC	0.01	0.00	-0.14	-0.10	-0.13	-0.10
	(0.09)	(0.09)	(0.07)	(0.08)	(0.09)	(0.10)
Female	-0.12	-0.13	-0.10	-0.12	-0.14	-0.15
	(0.08)	(0.07)	(0.08)	(0.07)	(0.12)	(0.12)
Income	0.00	0.00	-0.01	-0.01	-0.01	-0.00
	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	0.03	0.03	0.02	0.01	-0.03	-0.04
	(0.05)	(0.04)	(0.06)	(0.06)	(0.07)	(0.06)
Constant	1.58*	1.57*	1.94*	1.78*	2.41*	2.31*
	(0.32)	(0.32)	(0.39)	(0.39)	(0.30)	(0.31)
N	1417	1417	1712	1712	1746	1746
R^2	0.42	0.42	0.38	0.38	0.32	0.33
Adjusted R^2	0.41	0.41	0.37	0.38	0.32	0.32

* indicates statistical significance at $p<0.05$, two-tailed tests

Table B8. Results, controlling for support at t1, including controls for political knowledge and sensational television exposure.

	(1) t_2	(2) t_2	(3) t_3	(4) t_3
Mandate is Unconstitutional	-0.24*		-0.20*	
	(0.06)		(0.09)	
Supreme Court Approval	-0.04	-0.02	-0.01	-0.00
	(0.03)	(0.03)	(0.05)	(0.05)
Liberal Opponents		-0.24		-0.21
		(0.13)		(0.21)
Conservative Opponents		-0.32*		-0.20
		(0.14)		(0.12)
Legitimacy at t1	0.57*	0.58*	0.57*	0.57*
	(0.03)	(0.03)	(0.04)	(0.04)
Legality	0.21*	0.19*	0.27*	0.26*
	(0.04)	(0.05)	(0.06)	(0.06)
Support for Rule of Law	0.07	0.05	-0.00	-0.01
	(0.08)	(0.08)	(0.06)	(0.05)
Support for Minority Liberty	0.17*	0.18*	0.22*	0.22*
	(0.08)	(0.07)	(0.05)	(0.06)
Political Tolerance	0.12*	0.11*	0.10*	0.10*
	(0.03)	(0.03)	(0.05)	(0.05)
Party Identification	-0.02	-0.02	-0.04	-0.04
	(0.02)	(0.01)	(0.02)	(0.02)
Ideology	0.03	0.04	0.02	0.02
	(0.02)	(0.03)	(0.02)	(0.03)
Age	0.00	0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.27*	0.21	0.06	0.02
	(0.13)	(0.14)	(0.12)	(0.14)
Hispanic	-0.02	0.04	-0.10	-0.07
	(0.10)	(0.09)	(0.09)	(0.09)
Education	0.06*	0.06*	0.01	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Political Knowledge	0.04*	0.05*	0.08*	0.09*
	(0.02)	(0.01)	(0.03)	(0.03)
Fox MSNBC	-0.12*	-0.09	-0.09	-0.07
	(0.06)	(0.07)	(0.09)	(0.10)
Female	-0.03	-0.04	-0.08	-0.09
	(0.06)	(0.06)	(0.09)	(0.10)
Income	-0.01	-0.01	-0.01	-0.01
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.02	-0.03	-0.07	-0.07
	(0.04)	(0.05)	(0.05)	(0.05)
Constant	1.12*	0.93*	1.60*	1.50*
	(0.26)	(0.28)	(0.40)	(0.41)
N	1712	1712	1746	1746
R^2	0.58	0.58	0.53	0.53
Adjusted R^2	0.57	0.58	0.52	0.52

* indicates statistical significance at $p<0.05$, two-tailed tests

Table B9. Placebo test examining change in support between t_2 and t_3

	(1) t_3	(2) t_3	(3) Δt_3-t_2	(4) Δt_3-t_2
Mandate is Unconstitutional	-0.17		-0.17	
	(0.11)		(0.11)	
Liberal Opponents		-0.32		-0.32
		(0.22)		(0.22)
Conservative Opponents		-0.08		-0.08
		(0.08)		(0.08)
Supreme Court Approval	0.06	0.05	0.06	0.05
	(0.04)	(0.04)	(0.04)	(0.04)
Legitimacy at t_2	0.71*	0.72*	-0.29*	-0.28*
	(0.03)	(0.03)	(0.03)	(0.03)
Legality	0.06	0.06	0.06	0.06
	(0.04)	(0.03)	(0.04)	(0.03)
Support for Rule of Law	0.03	0.02	0.03	0.02
	(0.04)	(0.04)	(0.04)	(0.04)
Support for Minority Liberty	0.14*	0.14*	0.14*	0.14*
	(0.07)	(0.06)	(0.07)	(0.06)
Political Tolerance	0.08	0.08	0.08	0.08
	(0.06)	(0.06)	(0.06)	(0.06)
Party Identification	-0.00	-0.01	-0.00	-0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Ideology	0.01	0.01	0.01	0.01
	(0.03)	(0.03)	(0.03)	(0.03)
Age	-0.00	-0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	-0.11	-0.13	-0.11	-0.13
	(0.09)	(0.10)	(0.09)	(0.10)
Hispanic	0.06	0.07	0.06	0.07
	(0.09)	(0.10)	(0.09)	(0.10)
Education	-0.02	-0.02	-0.02	-0.02
	(0.02)	(0.02)	(0.02)	(0.02)
Female	-0.15	-0.15	-0.15	-0.15
	(0.10)	(0.10)	(0.10)	(0.10)
Income	0.00	0.00	0.00	0.00
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.03	-0.03	-0.03	-0.03
	(0.05)	(0.05)	(0.05)	(0.05)
Constant	1.34*	1.28*	1.34*	1.28*
	(0.23)	(0.21)	(0.23)	(0.21)
N	1712	1712	1712	1712
R^2	0.64	0.64	0.16	0.16
Adjusted R^2	0.63	0.63	0.15	0.15

* indicates statistical significance at $p<0.05$, two-tailed tests

Table B10. Regression sample limited to individuals who know the health care decision.

	(1) t_2	(2) t_2	(3) t_3	(4) t_3
Mandate is Unconstitutional	-0.30*		-0.35*	
	(0.09)		(0.06)	
Liberal Opponents		-0.32		-0.31
		(0.28)		(0.31)
Conservative Opponents		-0.29*		-0.26*
		(0.11)		(0.13)
Supreme Court Approval	-0.03	-0.02	0.02	0.02
	(0.04)	(0.04)	(0.04)	(0.04)
Legitimacy at t_1	0.57*	0.58*	0.55*	0.56*
	(0.05)	(0.05)	(0.06)	(0.06)
Legality	0.26*	0.24*	0.27*	0.25*
	(0.03)	(0.03)	(0.06)	(0.06)
Support for Rule of Law	0.10	0.09	0.08	0.07
	(0.05)	(0.05)	(0.06)	(0.06)
Support for Minority Liberty	0.09	0.09	0.12	0.12
	(0.06)	(0.06)	(0.09)	(0.08)
Political Tolerance	0.15*	0.15*	0.11*	0.11*
	(0.05)	(0.05)	(0.03)	(0.03)
Party Identification	-0.02	-0.02	-0.02	-0.03
	(0.02)	(0.02)	(0.04)	(0.04)
Ideology	0.02	0.03	0.01	0.02
	(0.04)	(0.03)	(0.05)	(0.05)
Age	0.00	0.00	-0.00	-0.00
	(0.00)	(0.00)	(0.00)	(0.00)
African American	0.21	0.16	-0.05	-0.07
	(0.17)	(0.19)	(0.17)	(0.18)
Hispanic	-0.06	-0.01	-0.09	-0.05
	(0.10)	(0.10)	(0.13)	(0.13)
Education	0.10*	0.10*	0.05*	0.06*
	(0.02)	(0.02)	(0.02)	(0.02)
Female	-0.04	-0.06	-0.12	-0.13*
	(0.07)	(0.06)	(0.06)	(0.06)
Income	-0.00	-0.00	-0.01	-0.01
	(0.01)	(0.01)	(0.01)	(0.01)
Religiosity	-0.05	-0.05	-0.06	-0.06
	(0.04)	(0.04)	(0.05)	(0.05)
Constant	1.00*	0.85*	1.64*	1.49*
	(0.24)	(0.22)	(0.32)	(0.32)
N	1465	1465	1496	1496
R^2	0.55	0.55	0.51	0.54
Adjusted R^2	0.54	0.55	0.50	0.51

* indicates statistical significance at $p<0.05$, two-tailed tests

Appendix C: Summary Statistics

Summary statistics for all variables used in the empirical analyses are reported in Table C1. With the exception of the outcome variables and the legality index, all variables are presented weighted for the May, 2012 (t_1) wave of the survey. Table C2 reports the correlations between Party Identification, Ideology, Mandate is Unconstitutional, and Health Care Support. Health Care Support is coded 0 for supporters of the law, 1 for liberal opponents, and 2 for conservative opponents.

Table C1. Summary Statistics

Variable	Mean	SD	Min	Max
African American	0.11	0.31	0.00	1.00
Age	46.84	17.14	18.00	102.20
Legitimacy at t_1	3.70	1.09	1.15	5.73
Legitimacy at t_2	3.73	1.20	1.15	5.73
Legitimacy at t_3	3.69	1.21	1.15	5.73
Education	10.21	2.02	3.00	15.00
Legality (t_2)	-0.05	0.81	-1.28	1.76
Legality (t_3)	-0.03	0.82	-1.15	1.91
Female	0.51	0.50	0.00	1.00
Fox MSNBC	0.18	0.38	0.00	1.00
Mandate is Unconstitutional	0.68	0.47	0.00	1.00
Health Care Support	1.96	0.98	1.00	3.00
Hispanic	0.86	0.35	0.00	1.00
Ideology	4.25	1.62	1.00	7.00
Income	6.82	3.83	1.00	16.00
Know of Health Care Decision	0.81	0.39	0.00	1.00
Knowledge	4.40	1.89	0.00	7.00
Party Identification	3.88	2.09	1.00	7.00
Political Tolerance	-0.10	0.91	-2.13	1.59
Religiosity	0.03	0.94	-1.09	1.98
Support for Minority Liberty	-0.12	0.80	-2.43	1.09
Support for Rule of Law	-0.12	0.87	-3.24	1.27
Supreme Court Approval	2.57	0.85	1.00	4.00
t_1 Number of Supportive	2.57	2.18	0.00	6.00
t_2 Number of Supportive	2.69	2.27	0.00	6.00
t_3 Number of Supportive	2.59	2.23	0.00	6.00

Table C2. Correlation Matrix

	Party ID	Ideology	Mandate Unconst.	HC Support
Party ID	1.00			
Ideology	0.57	1.00		
Mandate Unconst.	0.43	0.40	1.00	
HC Support	0.55	0.44	0.42	1.00