



# DATA FOR *PROGRESS*

To: MoveOn

From: Jacob Coblenz, senior advisor to Data for Progress and Sean McElwee, co-founder of Data for Progress

Subject: The Effect of Supporting Medicare for All on Congressional Outcomes

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**Data for Progress analysis of election results finds that support for Medicare for All did not have an effect on candidate vote share.** We caution analysts on the center who claim that Medicare for All harms candidate performance that the evidence for this thesis is incredibly tenuous. Instead, our findings are in line with the political science literature suggesting that underlying district partisanship, campaign tactics and candidate qualities are often more important than policy platform positions.

## Key Findings

- Support for Medicare for All is not associated with electoral performance in the 2018 midterms.
- Dropping Medicare for All support and exclusively using CF-scores to measure ideology showed that there was no relationship between candidate ideology and vote share.
- In addition, we analyzed national and swing district polling suggesting little public opposition to Medicare for All.
- These data suggest that there was no systematic bias against progressive candidates by voters.

## Data Sources

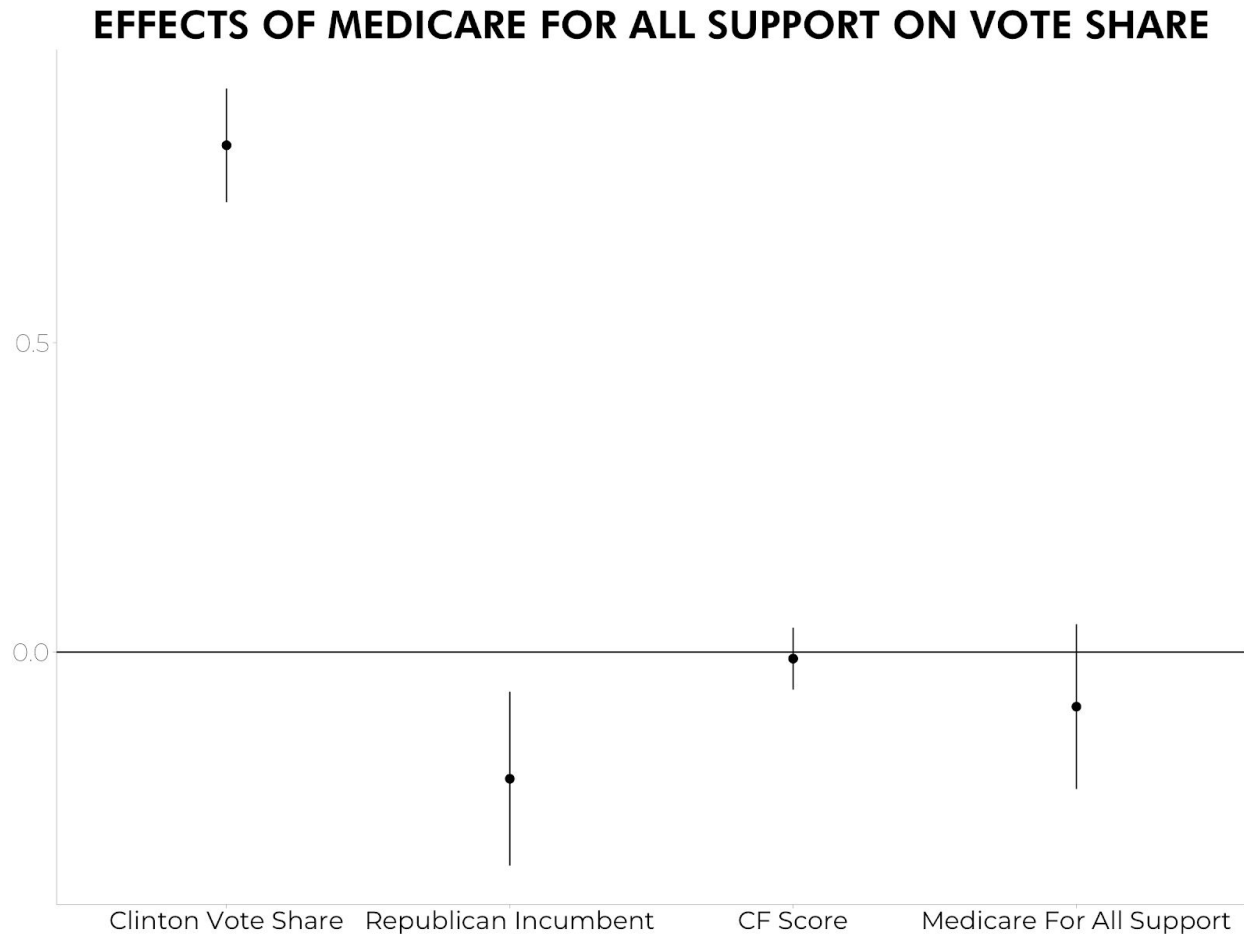
We used three data sources. First, we used the Daily Kos election results dataset and [merged with the](#) National Nurses Union (NNU) list of candidates who support for Medicare for All. We merged our data with political scientist Adam Bonica's dataset of CF-Scores, a measure [of candidate ideology based on donors](#).

## Voters Did Not Penalize Progressive Candidates

Research done by Data For Progress shows that Clinton vote share and incumbency were the two most powerful predictors of candidate vote share. We find that candidate ideology and support for Medicare for All were insignificant predictors. To avoid improperly weighting Democrats who supported Medicare for All who won in deep blue districts, such as Ayanna Pressley, we only subset to this to Democrats running in currently Republican-held seats.

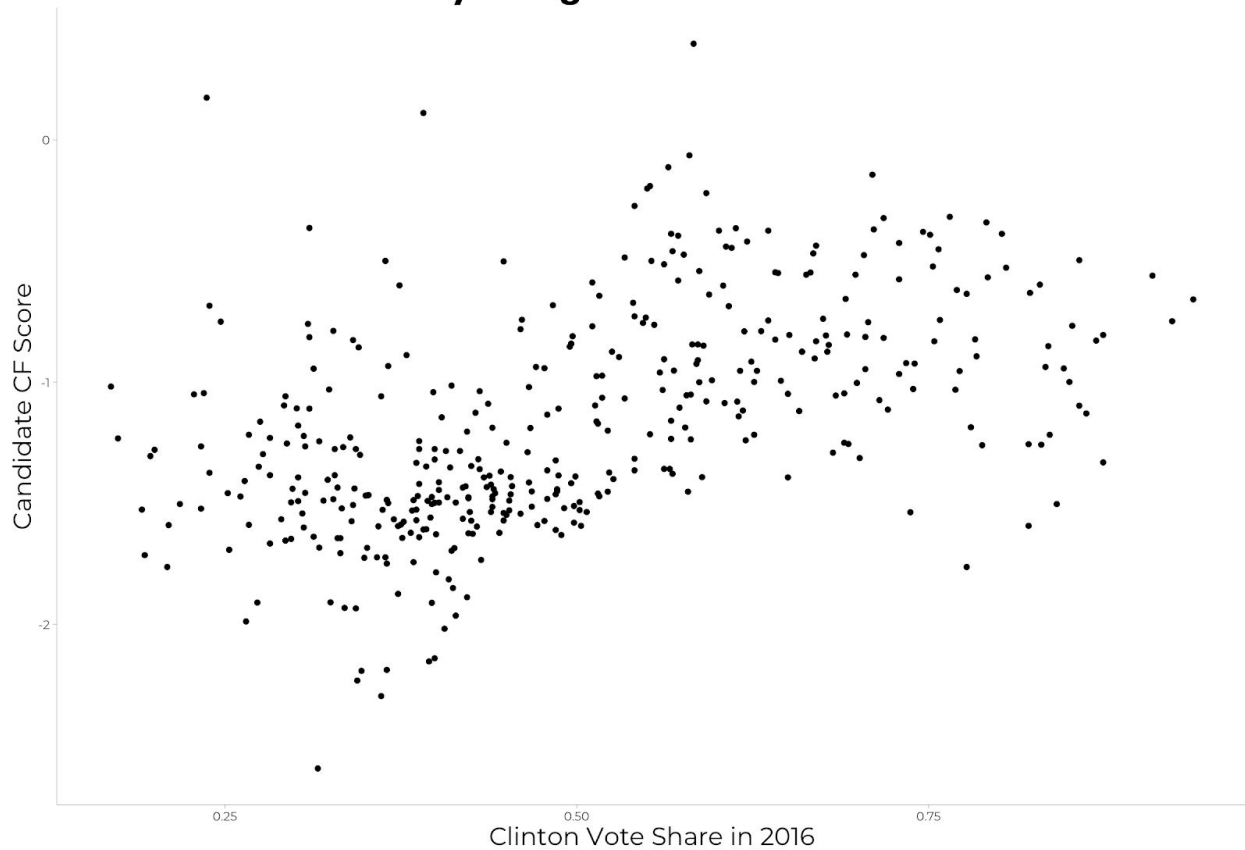
Our first model regresses candidate vote share in 2018 against the Clinton vote share in 2016, with a binary indicator for whether or not the Democrat is running against a Republican incumbent, and with a binary indicator for Medicare for All. In order to control for the relative ideology of candidates, we also included CF-Score in the regression. To account for within-state

heteroskedasticity, we clustered out standard errors at the state level. The results of this model show that support for Medicare for All was not meaningfully associated with candidate vote share. Running the same mode but excluding the CF-Score variable produces the same result (see appendix).



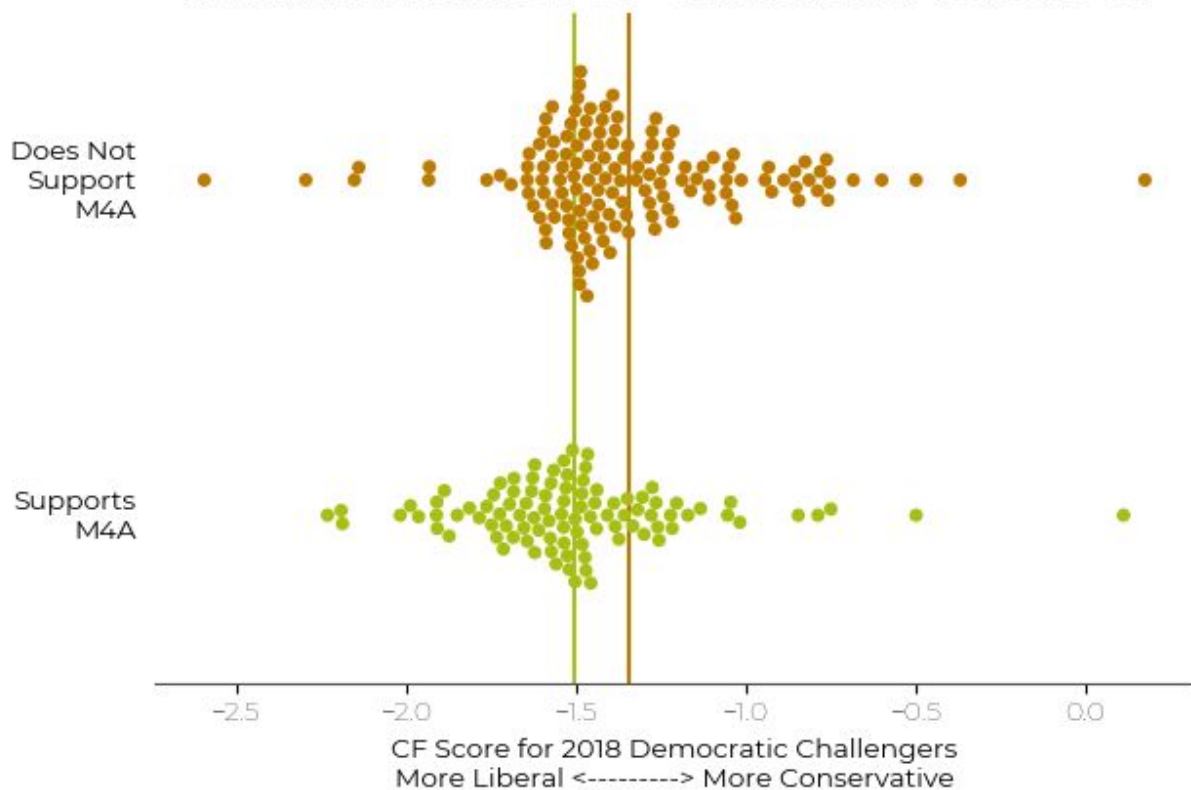
Next, we wanted to examine whether support for Medicare for All was a good indicator of candidate ideology. Using [CF-Scores](#), a method developed by Stanford professor Adam Bonica to estimate political ideology, we plotted the distributions of CF-Scores by candidate support for Medicare for All. The CF-Scores track well with how candidates are perceived in media. For instance, safe Democratic district candidates Alexandria Ocasio-Cortez has a CF-Score of -1.8 and Ilhan Omar has a score of -1.5. On the other hand, red district candidates Joe Cunningham (-1.2), Kendra Horn (-1.0) and Dan McCready (-1.1) had scores much closer to the center. In another example, Henry Cuellar is consistently rated as one of the most conservative Democrats in Congress, and has the highest CF-Score among Democrats in the dataset (0.398). However this is not an indicator of candidate support for Medicare for All. Filemon Vela (-0.2) is rated as more conservative than Cunningham, Horn, and McCready and yet also supports Medicare for All.

## Clinton Vote Share vs. Democratic Candidate CF Score, By Congressional District



While the mean CF-Score of candidates who did support Medicare for All is to the left of those who did not, there is widespread variation in the CF-Scores of candidates who did support Medicare for All, making it a weak indicator of candidate ideology. (Two outliers, Robert Kennedy Jr. of Alabama and Kevin Gaither of Illinois, are excluded because they had so few donors).

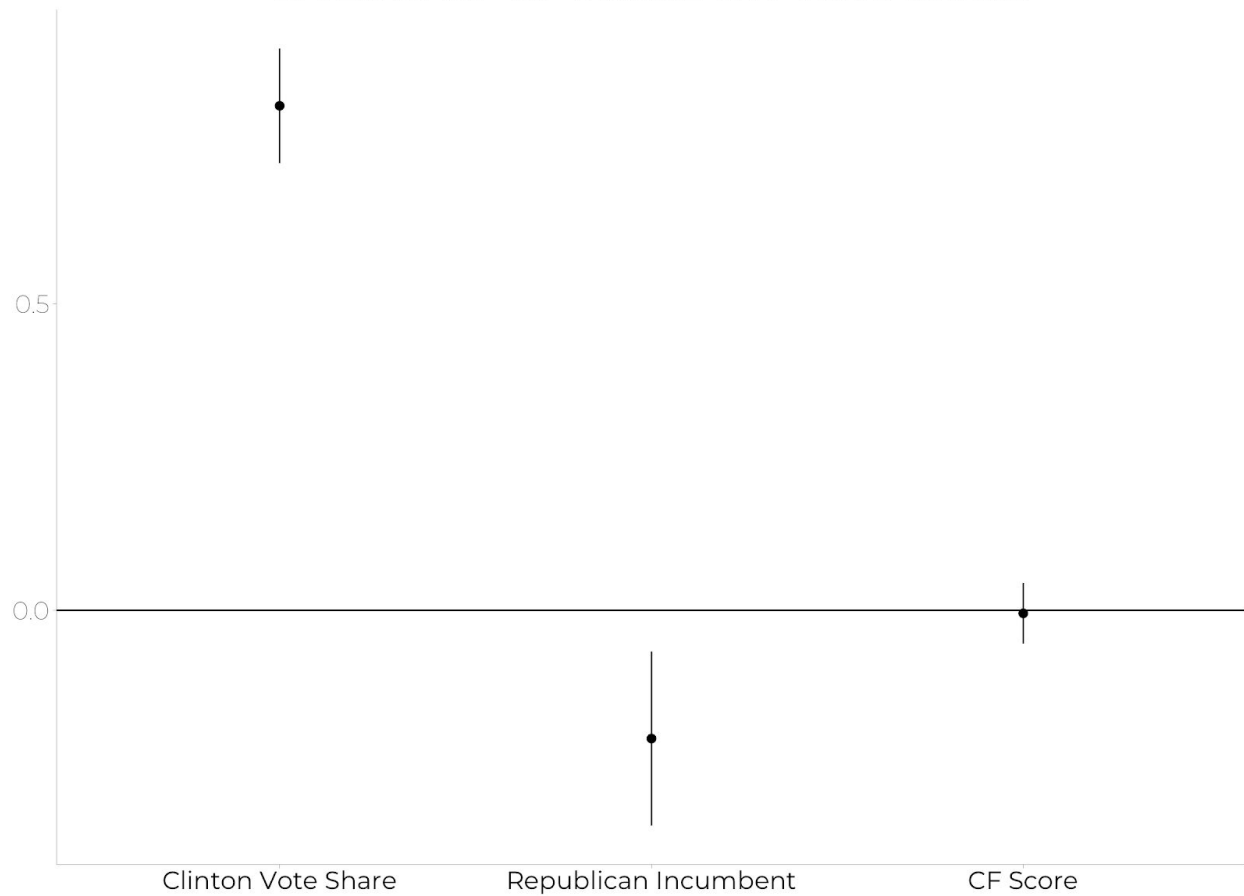
## SUPPORT FOR MEDICARE FOR ALL IS A WEAK INDICATOR OF CANDIDATE IDEOLOGY



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Finally, we show that even if Medicare for All was an indicator of a more progressive candidate, adding candidate ideology into our model still results in support for Medicare for All having no effect on electoral outcome. We ran a regression of Democratic candidate vote share on Clinton vote share, Republican incumbency, and CF Score, and CF Score came up as a statistically insignificant predictor of Democratic candidate vote share.

## EFFECTS OF CF-SCORE ON VOTE SHARE

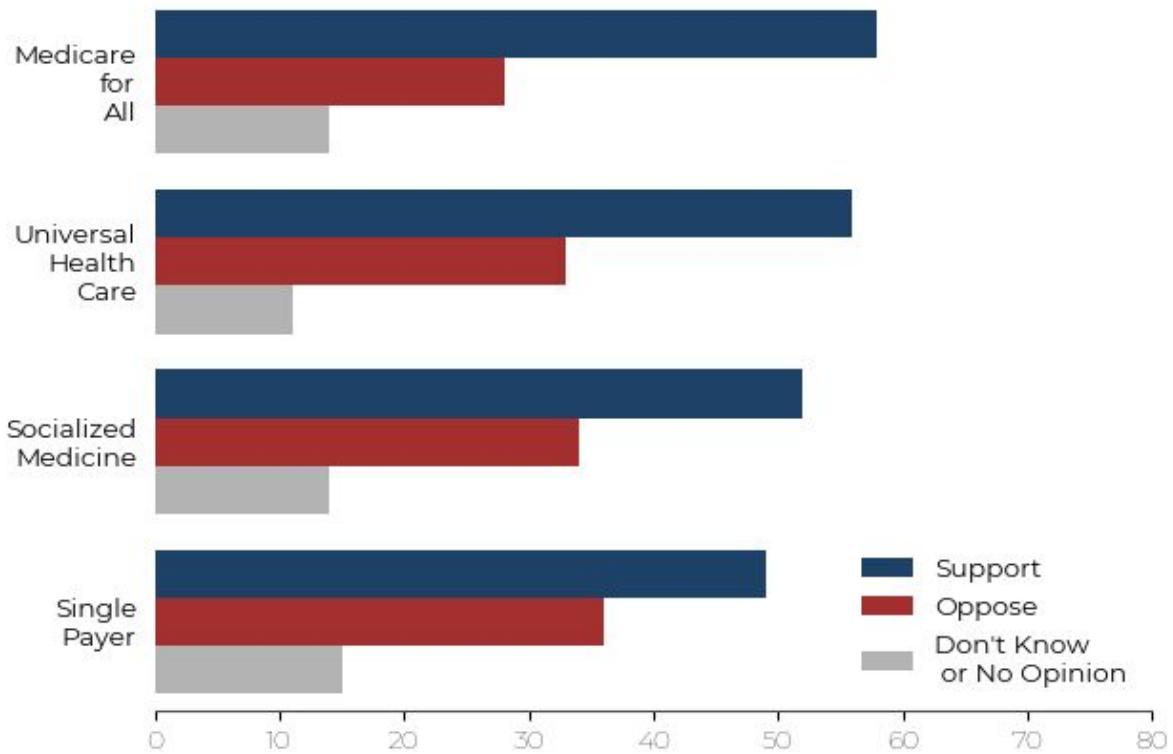


### Swing Districts Want Medicare for All

The media narrative suggests that progressive policies are unpopular, particularly in the type of swing districts where Democrats are concentrating their focus in 2018.

We used polls through November 4th for this post and weighted responses using the Upshot likely voter model, meaning they reflect estimates of the 2018 electorate -- as opposed to the broader adult population, which tends to express more liberal policy preferences. Notably, the question wording for the single-payer item, shown in full, does not mention Medicare and research shows that "Medicare for All" is slightly more popular than single-payer.

## "MEDICARE FOR ALL" IS MORE POPULAR THAN "SINGLE PAYER"

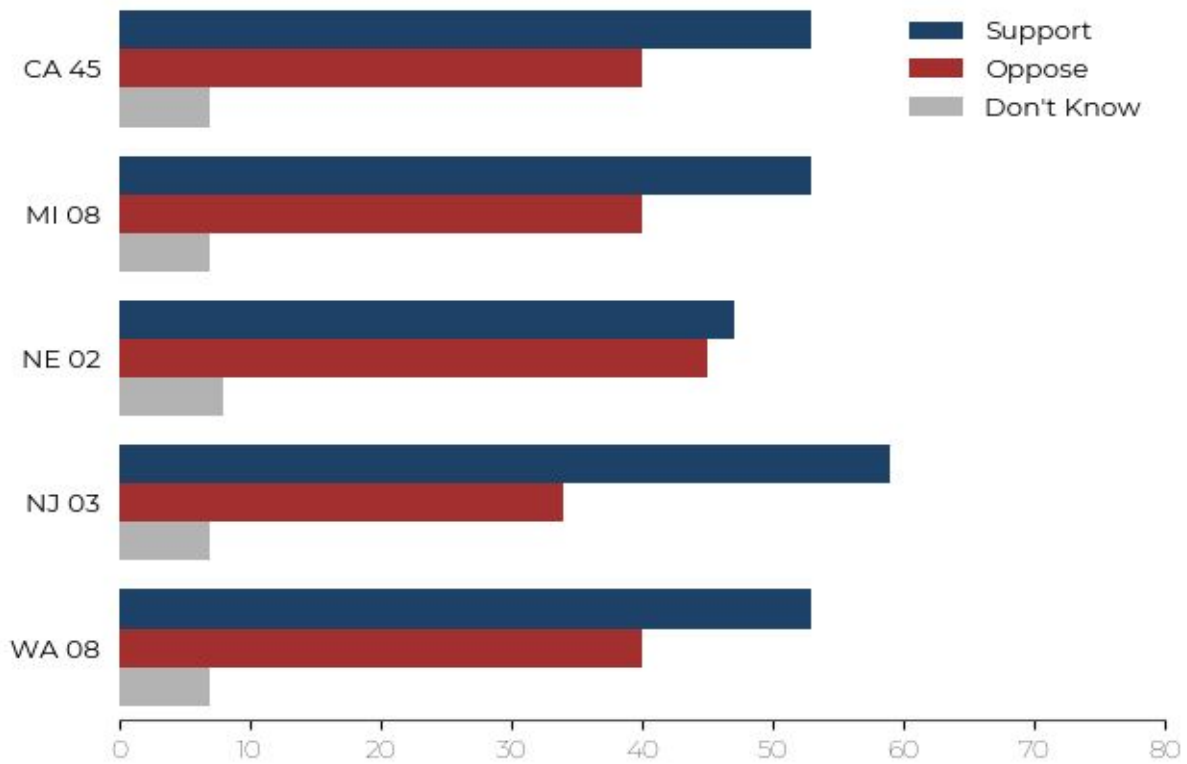


Data From Morning Consult Polling, 2018

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The Upshot polling allows us to examine each district, and we see that in every close race, including the suburban NE-02 and CA-45, single-payer has net positive support.

## SINGLE PAYER HEALTHCARE POLLED WELL IN 2018 SWING DISTRICTS



Analysis by Colin Bowers and Brandon Williams  
Data from NYT/Siena College

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### Conclusion

Neither polling data nor actual election results suggest that embracing Medicare for All or the broader progressive agenda hurt Democratic politicians in 2018.

## Appendix

Table 1: Effect of Medicare for All on Candidate Vote Share

	<i>Dependent variable:</i>
	2018 Democratic Vote Share
Clinton Vote Share	0.819*** (0.047)
CF Score	-0.011 (0.026)
Republican Incumbent	-0.205*** (0.072)
Support Medicare for All	-0.088 (0.068)
Constant	0.227*** (0.085)
Observations	220
R <sup>2</sup>	0.753
Adjusted R <sup>2</sup>	0.748
Residual Std. Error	0.476 (df = 215)

*Note:* \*p<0.1; \*\*p<0.05; \*\*\*p<0.01



Table 2: Effect of CF Score on Vote Share

	<i>Dependent variable:</i>
	2018 Democratic Vote Share
Clinton Vote Share	0.823*** (0.048)
CF Score	-0.005 (0.025)
Republican Incumbent	-0.209*** (0.073)
Constant	0.196** (0.077)
Observations	220
R <sup>2</sup>	0.751
Adjusted R <sup>2</sup>	0.747
Residual Std. Error	0.477 (df = 216)

*Note:* \*p<0.1; \*\*p<0.05; \*\*\*p<0.01

Table 3: Medicare for All Without Ideology Control

	<i>Dependent variable:</i>
	2018 Democratic Vote Share
Clinton Vote Share 2016	0.827*** (0.042)
Republican Incumbent	-0.176*** (0.065)
Support Medicare for All	-0.084 (0.066)
Constant	0.196** (0.078)
Observations	236
R <sup>2</sup>	0.772
Adjusted R <sup>2</sup>	0.769
Residual Std. Error	0.463 (df = 232)

*Note:* \*p<0.1; \*\*p<0.05; \*\*\*p<0.01