

Why Health Care Reform Now? Strategic Framing and the Passage of Obamacare

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Abstract

Economic reform and health care reform were both focal points outlined in President Obama's policy agenda, with increasing pressure to address economic and social insecurity given that President Obama entered office during the Great Recession (2007–09). The Patient Protection and Affordable Care Act (commonly known as 'Obamacare') successfully passed in March 2010 in the context of the economic crisis. We argue that the strategic framing of the economic crisis, through reasoning and arguments linking health care reform with economic downfall, is important in understanding the successful passage of Obamacare, and that this is reflected through strategic frames in speeches delivered by the President on health care reform. Health care reform has been successful not in spite of but rather because of the economic crisis of 2008, that allowed President Obama to use a strategic frame focusing on costs and economic problems. The two main frames identified are the 'market' and 'rights' frames. President Obama's strategic frames specifically surrounding the economic and cost-containment priority of health care reform are categorized as a 'market' frame in this article. He used this frame until the passage of the law in 2010, when the frame shifted to 'rights' frames, largely portrayed through anecdotes and focused on the concept of 'access' to care rather than the 'cost' of care. This is observable through tracking speeches and statements made in support of health care reform between 2009 and 2013.

Keywords

Patient Protection and Affordable Care Act; Obamacare; Discourse Analysis; Framing; Market; Rights; United States; Public Opinion; Economic Crisis

Introduction

On 23 March 2010, a landmark piece of health care reform legislation was passed in the USA under the Presidency of Barack Obama: the Patient Protection and Affordable Care Act (PPACA) (commonly known as 'Obamacare'). Several sections of this reform bill modify existing programmes, such as Medicare, with provisions such as curbing direct spending, giving

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prescription drug discounts, and addressing the systemic issue of quality and delivery of health care (Schmidt 2011). Many of these changes were implemented in 2014 with the co-operation of state governments. In its attempts to ensure affordable health care coverage to more Americans, the PPACA was the source of much controversy and resistance in both its initial stages and after its passage.

Much research on Obamacare has been focused on Congress and the role of political parties or interest groups. If the focus were on President Obama himself, it mainly concerned how he was navigating the context of a highly polarized political system, and how successful he had been in bringing the major interest groups to the bargaining table (Hacker 2008). Less attention has been paid to Obama's strategy to lead the public in order to put pressure on members of Congress. According to George C. Edwards (2009: 182), leading the public is at the core of the modern presidency. Especially in a presidential system, obtaining support from an independent elected legislature depends on public opinion and support. Presidents and the White House staff invest a lot of resources into focusing the public's attention on the issues the administration wishes to promote, and encouraging the public to view proposals for dealing with those issues in a positive way (Kernel 2007).

Health care policy, in particular, documents the administration's assumption of the potential for public leadership. Each downturn in a president's health care reform bill's progress prompted new schemes for going public rather than a reconsideration of the fundamental framework of the bill or the basic strategy for getting the bill through Congress (Jacobs and Shapiro 2000: 115 and 149). President Clinton, for example, concluded that health care reform failed, because he 'totally neglected how to get the public informed ... I have to get more involved in crafting my message – in getting across my core concerns' (quoted in Dew 1996: 66). Until recently, we knew very little about the impact of the president's persuasive efforts. A substantial and growing literature on presidential rhetoric (see Medhurst 2008) focuses on analyzing what the president said rather than the impact of presidential rhetoric on public opinion (Edwards 1996).

This article makes a different argument: we are not asking primarily how successful the administration has been in mobilizing public support, but rather how the President strategically framed topics and problems that were politically relevant at the time and important to the public in general. In order to form a broad reform coalition, we argue, first, that Obama used specific frames in order to get the support he needed to convince Congress to pass his reform proposal. Such an attempt by the President has to build on the interests of the major stakeholders in this bargaining process as well as the opinions of the broader public with regard to the major health care problems in the USA.

Second, this article demonstrates an interesting shift in the frames that are used prior to and after the passage of the PPACA, with a shift from market to rights frames between 2008 and 2013. Through speech analysis, we highlight how the presidential discourse on Obamacare was framed using economic terms prior to its passage. After the bill's passage in 2010, these discourses gave way to more anecdotes and rights frames. We conclude that Obama has used the market frames in the first period as a strategic instrument

to get public support for this bill in a time of economic austerity. After the passage of the bill, Obama's strategic focus has shifted more towards the effectiveness of the legislation (anecdotes) and how successful the reform will be in order to help people and broaden the access to health insurance (rights frames). We argue in this article that the shift from market to rights frames represents the use of *strategic framing* by President Obama that reflected the economic challenges of the time. We furthermore argue that the strategic framing resonated with the broader electorate and was an effective frame to use to pass a bill that was portrayed in Obama's speeches as one solution to help resolve the economic crisis.

The article is divided into five sections. In the first section we outline the major elements of the PPACA and introduce the two major frames we will use. The second section outlines the context with regard to the economic and financial situation and the way the public thinks about health care sector. This is important in order to evaluate how Obama has used specific frames strategically in order to build a broad reform coalition. The third section introduces the relevance of framing for the topic, and the fourth section provides a brief analysis of 12 speeches, summarizing the main frames that are used. In the conclusion, we briefly summarize the finding of the studies and speculate about further steps in health policy in the USA.

Frames, Context and Major Problems in Health Care Reform

There were two major issues within the American health care system when Obama took office. First, the mixed public and private health care insurance provided to citizens left a gap whereby millions of Americans had no health insurance – or were being denied insurance coverage due to pre-existing health conditions (Blumberg 2012). Second, the costs in the health care sector were skyrocketing in the last two decades (Schoen *et al.* 2013). The two main problems that the PPACA sought to reform were issues of cost and access. This leads us to a broader discussion on the health care system in the USA, which is commonly referred to as the individual or employer-based mandate, where each individual is responsible for ensuring his or her own health care coverage, obtains it through his or her employer or receives it through Medicare and Medicaid. This system left approximately 47 million Americans uninsured by the time President Obama was elected (Kaiser Family Foundation 2015).

In discourses given on health care reform, the individual mandate is correlated more closely with market-related language, where individuals must purchase insurance. In contrast, the single-payer system is in line with rights approaches to health care, where the least advantaged citizens are ensured health care coverage (Rudiger 2008). Thus, two relevant frames that are used when discussing health care policy are the market-based, or 'consumer-based' frame, and the rights, or 'human rights' frame. These two frames are considered by Chapman (1994) and Rudiger (2008) to represent opposing sides to health care policy ideology.

A rights approach to health care mandates universality of coverage, while also having a provision of equitable financing (Leary 1994). Fundamental to the rights approach to health care are values that include non-discrimination,

and viewing health care as more than simply a commodity. ‘The market approach is the contrary of a rights-based approach’ (Leary, quoted in Chapman 1994: 97). This statement is supported by Rudiger (2008), who also includes that a rights-based approach to health care must cover health care for the most vulnerable citizens. The market-based approach to health care, combined with the growing number of uninsured citizens facing bankruptcy, or being unable to obtain insurance coverage, appeared to be a unique issue in the USA among developed nations. Explanations for this discrepancy have been based on historically significant factors including American liberalism, the growth of insurance companies and employer-based insurance programmes. President Obama’s reform policy ended up operating within the constraints of the existing market system; this is to say, the PPACA does not call for an overhaul of the existing market approach to health care. The rights-based frame of health care highlights the concept of equal access, whereas the market frame focuses on issues relating to costs and the wider economic context.

The market approach to health care underlies the US model. Within the market-based health care system of the USA, there is a usage of both market and rights frames used by politicians to angle their arguments for or against reform policies. Health care is provided to Americans using both private (employer) and public (Medicare/Medicaid) systems. In contrast to the rights approach to health care, a central defining feature of the US-system (which is not typically specifically referred to as ‘market-based’) is the private insurance industry. In 2012, 200 million Americans had private health insurance, the majority of which was paid for by employers (Feldman 2012). Individual health care plans are expensive and before the passage of the PPACA, were not available for people with pre-existing conditions.

There are two very important distinguishing factors to be made about the concept of rights, contextualized to the USA. The first is the unique nature of rights in the US-context that favours individual rights over collective rights, and how this translates into policies such as welfare. The second important distinguishing factor about rights and the US concept is the way that rights framing can occur when discussing a market-based policy – such as the PPACA, which did not reform health care insofar as making the US system into a single-payer, universal system, but rather worked to continue a similar market system already in existence. Congress’s potential option of creating a system to give US citizens free health care would require more taxes and the displacement of the existing private sector. The PPACA reformed the private insurance industry by banning practices such as refusing patients with pre-existing conditions. However, fundamentally, there was no major change in the system, ‘The PPACA did not fix the fundamental economic structure on which the private industry is built’ (Feldman 2012: 8).

Based on the market and rights approaches to health care, these two opposing notions were paired with framing literature to view discourses and speeches delivered by President Obama, enabling us to view health through the rights and market frame.

We demonstrate through framing analysis how the health care reform bill was presented by President Obama in 12 addresses and speeches, nine of which span 2008–10, and three of which span 2012–13. The particular

frames that juxtapose one another are the ‘rights’ and ‘market’ frames. Discourses advocating for single-payer system and the deservingness and need of each American citizen to have care would fall into the rights category, according to definitions of a human right to health care (Leary 1994; Rudiger 2008). The employer-based system and references to economic gains or losses would connote more market framing. In order to analyze rights and market discourses, framing literature was used to examine in-depth the significance of wording and symbols, and the reasons for which political elites choose to problematize certain issues in certain ways. Analyzing speeches before, during and after the passage also serves to reflect the change in framing techniques employed in President Obama’s speeches.

This allows us to evaluate the ways in which framing can be used as a technique to demonstrate how President Obama chose to present the issue of health care reform – namely, with a major focus on economic arguments near the beginning of the development and a shift towards rights arguments after the passage of the bill. The passage of the PPACA is a step towards creating more opportunities for Americans to access health care. While the PPACA did not overhaul the system to create a universalized, ‘single-payer’ system, its passage signifies a landmark change in the way health care will be discussed and delivered.

Economic Crisis, Public Opinion and the ‘Cost’ Argument

The passage of the health care reform was a remarkable policy breakthrough, especially considering the context of the economic crisis in 2008 (Lammert 2012). The reform resulted in the public creation of ‘exchanges’ to purchase insurance, an expansion of Medicaid, and changes to Medicare. The PPACA was enacted during a time of economic insecurity and the effect of public opinion was significant in forwarding the ‘cost’ argument, framed strongly in Obama’s speeches.

The economic climate in 2009–10 heightened public anxiety about losing health insurance coverage. Widespread economic fear contributed to the continuing public concern about health, tied to economic security, during the health care debate (Lammert 2012). Interestingly, as different surveys showed, the economic context produced a conflicting public view on health care reform: on the one hand, a clear majority of Americans had serious concerns about Obama’s reform bills, but on the other hand, a majority also said they would be ‘angry’ or ‘disappointed’ if nothing were done (Lammert 2012: 9). The economic crisis appeared to put a sense of urgency on making health care a priority, as Americans were concerned with the existing system and a majority even supported a government-run, single-payer system (Kaiser Family Foundation 2009). In the past, interest groups such as the American Medical Association and the Health Insurance Association of America and business groups from the pharmaceutical and medical sector were largely opposed to health care reform (Daemmrich 2011). Even labour unions have traditionally opposed a reform of the health care sector, as they found greater leverage in negotiating with employers for private health-insurance benefits than in seeking government-sponsored coverage (Gottschalk 2000).

However, interest groups and their relationship with the government changed during the economic and financial crisis (Lammert 2012). Insurance companies and business groups continued to benefit most from the existing system, and ‘allied themselves, and mobilized against any radical reform proposal’ (Mettler 2010: 817). In order to accept any kind of reform legislation, health insurance companies demanded the individual mandate (Gibson and Singh 2012). There was a much more co-operative approach of the key interest groups in the health care reform discussion. In addition to this there was another factor that played an important role in determining the outcome of any health bill passed in this context: public opinion coupled with anxiety and confusion.

Despite a general agreement in the public that reform was necessary, a majority of the people in the USA rejected the major reform bills that had been discussed in both chambers of Congress, even though public opinion polls could show that central elements of the reform such as the public option or a stronger regulation of health insurances had been very popular. The general public’s reaction to the legislation was characterized mainly by anxiety about the effects of reform on the coverage and care of the people, by generalized mistrust of government and by a deep confusion about what the law would actually do (Lammert 2012: 11–12).

The main elements of health reform were shown in polls to be quite popular (Hacker 2010: 870). Polls that were created during the health care reform debate by the Kaiser Family Foundation (Health Tracking Polls) and Newsweek showed that ‘more than 75 percent of the public thought that it was important or preferred that insurance companies cover people with pre-existing medical conditions, and more than 70 percent supported the new health insurance exchanges’ (Shapiro and Jacobs 2010). However, the general approval of Obama’s health care plan was shown to be 50 per cent or less (Kaiser Family Foundation 2009). This support figure was not enough for a presidential ‘going public’ strategy. The opposition was not entirely composed of opponents, but also of supporters of a more comprehensive reform in the health care sector who felt that the debated bills did not go far enough (Hacker 2010: 870). Support for a health reform bill declined over time, amid an increase in perceptions that American families would be worse off (Lammert 2012).

Defining Framing, Rights and Market Frames

Given the overview of public opinion and the positions of major stakeholders in the health care sector regarding the health care reform dilemmas, the type of language President Obama used would therefore prove to be of great importance in getting his message through and getting the PPACA passed. We are not making the argument that presidents can change public opinion, but rather that the White House can exploit existing public opinion as a resource for changing the direction of public policy by making appeals on policies that already have public support. The goal in such efforts is to make popular issues more salient to the public and thus encourage members of Congress to support White House initiatives that please the public. In this

context, we introduce the concept of framing and apply it to a speech analysis in order to get an in-depth look at the type of language and argumentation that President Obama used to pass health care reform.

In order to better understand the impact that the economic crisis had on the passage of the health care bill, we can turn to the concept of framing in political discourse. The notion of framing evokes connotations of political culture, public opinion and political rhetoric. Political culture can be seen as a broad framework into which various frames that target specific issues or groups exist. Framing is more than simply, for example, a political culture, and is more specific than political rhetoric. Because it is a strategy, it takes into account political climates, citizens' reactions towards language and ideas, and the way that these ideas are translated through the media to impact citizens. Members of different parties use framing to appeal to different groups. Framing is a rational method to influence the way citizens think about issues, and the way people think and feel about issues translates to their voting patterns and political preferences. Because of its link towards understanding voting patterns and reactions from citizens, framing is an important aspect to the study of politics and political discourse. As Brewer and Gross (2005) find through their research, citizens' thoughts on policy issues are shaped by frames, specifically ones that highlight 'values'.

Framing is a technique used by politicians to angle their arguments towards the general public. It is a rhetorical strategy that is used in political discourse and that is relevant in the analysis of how the PPACA was presented to the general public. Language, words and symbols are closely linked with framing, as these form the basis for the way in which citizens interpret messages from politicians. Framing is a very useful concept through which to analyze the political discourse surrounding the passage of the PPACA, because frames influence the way that competing political elites portray issues – in this case, how President Obama portrayed the issue of health care reform. The ways in which political issues are portrayed by the media and by political figures have a significant impact on electoral behaviour. Previous research by Paul Brewer and Kimberly Gross (2005), William Jacoby (2000) and Anne Schneider and Helen Ingram (1993) on framing and social constructions indicates that particular importance ought to be placed on the framing discourse of President Obama in his persuasive speeches and statements regarding the PPACA. Research by Jenifer Jerit (2008), Jeffrey Koch (1998) and Theda Skocpol (1994) on the use and effectiveness of framing in the Clinton health reform demonstrates the impact and importance of framing in political discourse.

Both the framing and the policy literature operate under the fundamental assumption that 'policy is purposeful and attempts to achieve goals by changing people's behaviour' (Schneider and Ingram 1993: 335). Political actors and public officials need to calculate and anticipate reactions from their 'target populations'. Target groups, once identified, can be described by public officials through political discourse to impact the social construction. The groups that are highlighted in the public allocation of resources are most polarizing when highlighted as powerful versus non-powerful groups, and this dynamic is visible in policy development and framing. One of the most interesting target groups

identified is the category of ‘dependants’, as this group was deemed to be a deserving group in the USA under Medicare and Medicaid. For the dependant groups, such as children or mothers, officials want to appear to be aligned with their interests; but their lack of political power makes it difficult to direct resources towards them. Symbolic policies permit elected leaders to show great concern but relieve them of the need to allocate resources (Schneider and Ingram 1993: 338).

This statement may factor into the US health care policy in alignment with discourses on ‘rights’, although it fails to make a significant move towards universality, as rights are often interchanged or linked with notions of entitlement, deservingness and need (Beechey 2015). It is equally important to highlight here that while a rights-based approach to health implies universality, rights-framing of health care policy need not necessarily be universal. Rights framing may involve highlighting particular groups and their entitlement and right to health care. The approach and the notion of the right to health, as highlighted in various areas – the most high-profile of which is the Universal Declaration of Human Rights – implies government ensuring access to all citizens to adequate health. The word ‘care’, however, makes this more specific. Health care and framing in terms of rights in the USA, on the other hand, may involve appeals that do not include universality but rather highlight specific target groups, such as disadvantaged groups requiring a ‘right’ to health care. In Obama’s speeches, any mention of any particular group receiving health care benefits may be construed as a rights framework, even if universality is not implied. Rights framings in the US context does not necessarily imply universality of health care or changing the health care system to become universal, but rather that discourses of rights are invoked.

From 28 January 2008 to 3 March 2010, eight speeches and remarks and one letter to Senate Democratic Leaders were selected using the online portal *The American Presidency Project*, and analyzed using critical discourse analysis. Speeches were selected based on relevance and by using the key words ‘health care reform’, which appeared in the title of six of the chosen nine articles. Their length varied from 814 to 5,695 words, with an average length of 2,200 words. The three speeches selected after the passage of the PPACA span 28 June 2012 to 21 October 2013, and vary in length from 1,207 to 3,630 words, with an average length of 2,366 words.

Each speech highlighted important information, quotes and themes that allow for categorization into rights or market frames. The purpose of the speech analysis is to uncover whether the frames were more oriented towards discussion of the market/economy, or towards convictions of rights (human rights, or rights in the American context). The emergence of a third, ‘mixed’ frame is a result, given that the reform bill focuses on a market solution to a historically, highly rights-framed issue. The methodology used was a categorization into a table with each instance of a market, rights or mixed frame, and some of the recurring arguments and themes are highlighted in this analysis section.

The analysis of each speech encompasses a qualitative analysis of sections, wording, framing and terminology that relate to either rights or market framing. The key words used for the selection of speeches, statements and a

letter spanning the years 2008–13, are ‘health care’ in the title or content on *The American Presidency Project* database and ‘PPACA’ in later years. This allows the search to be narrowed down to speeches that focus on health care reform, including but not limited to the PPACA, as the name ‘PPACA’ would not have existed in the early development stages. Critical Discourse Analysis is used to categorize the ideas based on the framing used.

(Strategic) Framing: Obama on Health Care Reform

The speeches are split into two groupings: the 2008–10 grouping, comprising of nine discourses, and then the 2012–14 grouping, comprising three speeches and statements. The first grouping had many instances of market framing, while a transition towards anecdotes and rights frames (as well as ‘mixed’ frames) emerged in the second grouping.

The only article from the nine analyzed prior to the passage of the PPACA which showed more instances of rights framing over market framing (only one instance of market framing, compared to four instances of rights framing), was the article on the remarks at the Vermont primaries on 4 March 2008 (APP 2008c), where at least three instances of rights discourse that were not specific to health care were invoked, relating to uncertainty and providing for one’s family. This particular speech contained one invocation of rights discourse specific to health care, and one invocation of market discourse. In all the other speeches, statements and letters prior to the passage, there were far more invocations of market discourse than rights discourse (see table 1). Examples of this include the 11 May 2009 ‘Remarks on Health Care Reform’ speech (APP 2009a), where a paragraph-by-paragraph discourse analysis shows at least 12 instances of market framing and four instances of rights framing, with two mixed market-rights frames used. This demonstrates a very stark example of economic and market arguments shaping the discourse surrounding health care reform at this time. Some examples of market framing from this particular speech include President Obama highlighting concepts including: the spiraling cost of health care, health care premiums and costs rising and doubling, personal bankruptcies, health care costs hindering companies’ innovation and competitiveness, putting the Federal budget on a ‘disastrous path’, reform being essential for building the economy, and the central role of health care in reducing budget deficits.

The two earliest speeches analyzed in January 2008 call on, respectively, the passage of a universal health care plan, and that American people cannot afford health care or more war (28 January 2008 [APP 2008a]; 29 January 2008 [APP 2008b]). These early speeches invoke mainly market frames that are not necessarily specific to health care, although President Obama does highlight that problems of affordability are at the centre of the health care debate. However, the market framing becomes much stronger in the 2009 speeches: a figure and an argument that come up in three of the speeches analyzed prior to the PPACA’s passage include the specific figure that soon, one-fifth of the economy will be spent on health care (one-sixth, in the case of the 9 September 2009 joint session) (11 May 2009 [APP 2009a]; 2 June 2009 [APP 2009b]; 9 September 2009 [APP 2009c]). Claims are made

Table 1

Obama's speeches/discourses and the dominant frames

Speech/discourse and date	Dominant frame
1. Remarks in Washington, DC in Response to the State of the Union Address (28 January 2008) (APP 2008a)	Predominantly market
2. Remarks in El Dorado, Kansas: 'Reclaiming the American Dream' (29 January 2008) (APP 2008b)	Predominantly market
3. Remarks Following the Ohio, Rhode Island, Texas, and Vermont Primaries (8 March 2008) (APP 2008c)	Some rights frames
4. Remarks on Health Care Reform (11 May 2009) (APP 2009a)	Predominantly market
5. Letter to Senate Democratic Leaders on Health Care Reform (2 June 2009) (APP 2009b)	Predominantly market
6. Remarks on Health Care Reform (22 June 2009) (APP 2009c)	Predominantly market
7. Address Before a Joint Session of the Congress on Health Care Reform (9 September 2009) (APP 2009c)	Some rights, more market
8. Remarks at the Opening Session of a Bipartisan Meeting on Health Care Reform (25 February 2010) (APP 2010a)	Market and increased amounts of 'mixed' market-rights
9. Remarks on Health Care Reform (3 March 2010) (APP 2010b)	Predominantly 'mixed' market-rights
10. Remarks on the United States Supreme Court Ruling on the Affordable Care Act (28 June 2012) (APP 2012)	Predominantly 'mixed' market-rights
11. Remarks on the Patient Protection and Affordable Care Act (18 July 2013) (APP 2013a)	Predominantly 'mixed' market-rights, some rights
12. Remarks on the Patient Protection and Affordable Care Act (21 October 2013) (APP 2013b)	Predominantly mixed; some rights framing and mostly explanatory

that link health care with the precarious macro-economic situation of the USA: President Obama's 2 June 2009 letter to Democratic leaders drew attention to market forces in several ways: he denoted the cost issue and situated health care within the wider context of the national deficit. 'Health care reform must not add to our deficits over the next 10 years – it must be at least deficit neutral and put America on a path to reducing its deficit over time' (APP 2009b: para. 8). In line with his speeches, this letter spells out 'the ever-increasing cost of Medicare and Medicaid are among the main drivers of enormous budget deficits that are threatening our economic future' (APP 2009b: para. 2). This is closely linked to his 9 September 2009 address where the beginning of his speech marks an urgency to address the economic crisis, through health care reform: 'Our health care problem is our deficit problem. Nothing else even comes close. Nothing else' (APP 2009c: para. 10).

In a speech delivered on 25 February 2010, President Obama again makes reference to solving the economic crisis through health care reform and points

to health care as the largest driver of the deficit, with only short allusions to Americans who will become sicker if no action is taken – the bulk of the speech, like most given in this time frame, focuses on the economic argument. The first analysis of the speeches, then, demonstrates a trend whereby rights framing is used, albeit much less frequently and much less at the centre or theme of the speech or discourse. It is, indeed, necessary to use rights framing when discussing that insurance companies continue to deny coverage based on pre-existing conditions, as that element of the argument boils down to a question of access. However, the central themes and recurring arguments found in these speeches centre on the portion of the economy spent on health care, the deficit, and the clear linking of the health care problem to the economic problem. President Obama’s framing remains market-heavy, even as he explains the cost cutting for those on Medicare, and concludes his 22 June 2009 speech with the macro-economic urgency, ‘Our families, our businesses, and our long-term fiscal health demands that we act and act now’ (APP 2009c: para. 9).

The economic arguments prior to the passage of the PPACA stand in stark contrast to the rights arguments in speeches analyzed after the passage of the PPACA. After 2010, we see a more ‘mixed’ type of framing begin to emerge; discourses that reflect both rights and market frames, such as an anecdote that highlights a citizen’s inability to pay for his or her health care bill, illness leading to financial ruin, narratives of everyday Americans affected by the PPACA’s passage, or anecdotes that suggest relief due to the easing of the financial burden of healthcare.

After the passage of the PPACA, there is a marked shift in the narrative in the three speeches that are analyzed. The tone in the speeches analyzed are found to move away from the urgency of passing the legislation in order to fix the economy, and instead, they focus much more on several individually named, everyday American citizens. This change in the speeches provides a narrative and anecdotal tone. The rights frames that emerge tend to employ discourses of deservingness and need (18 July 2013 [APP 2013a]). The 28 June 2012 statement makes reference to preventing discriminatory practices, as well as referencing Natoma Canfield, and the ‘injustices that people like Natoma’ faced (28 June 2012 [APP 2012]). Lastly, in his speech delivered on 21 October 2013 (APP 2013b), President Obama discusses the Obamacare website, while ‘folks like Jessica’ saw their insurance coverage made possible. He also highlights that he received a letter ‘from a self-employed man named John Mier’ and discusses the joy that these individuals felt at being able to afford health care. What stands out as a sharp contrast in these later speeches are the appeals made to rights and relatable Americans, the injustice of unaffordable healthcare, and anecdotes with American citizen’s names, instead of the focus on the economic crisis and deficit.

In order for this bill to pass, it was important for this contentious topic to be framed in proper terms that could appeal both to Americans as well as to lawmakers, lobbyists, and interest groups. President Obama’s discursive frames are analyzed under the assumption that the way in which health care was framed had an impact on the passage of the PPACA.

Conclusion

As we have seen in the empirical analysis, Obama has used predominantly market frames in order to support his reform proposal. This was especially the case in the time period up until the passage of the reform bill in 2010, when Obama primarily mentioned cost factors to assert the necessity of reform. By linking the cost argument to public expenditures and the deficit problem, he strategically picked up broader public concerns to support and justify his reform proposal. Additionally, the cost arguments also resonated well with the interests of the major stakeholders in the health care sector. It was cost, and not access to health care that was seen as the main problem, although both aspects are closely linked to each other. But prior to the passage of the PPACA, access to health care was discussed more in line with the cost arguments and less from a rights perspective in the public. By linking the problem of health care reform to the more general problem of US budget deficits and the financial and economic crisis from 2008, Obama strategically used concerns by US citizens that were well documented in public polls.

As stated in the beginning, our analysis was not an attempt to make any conclusions on how Obama's framing has influenced the reform process. Rather, we demonstrated how the President used specific frames in hoping to increase the salience of issues. We also highlighted the shift in frames employed in select speeches from 2008 to 2013, from the market frame towards the rights frame. This usage of specific frames and the shift it embodies further highlights the strategic frame used by President Obama.

However, we do have to be attentive to the limits of presidential framing as well. The most important is perhaps the presence of competing frames. Particularly in the context of partisan polarization, the problem of competing frames must be analyzed more carefully. Furthermore, Obama's opponents in the reform debate also used strategic framing to gather support against his policy position. Critics attacked the reform proposal as a government 'take-over' of health care, one that will risk the lives of US citizens by establishing 'death panels'. As with Obama's framing, the strategic purpose of his arguments was not to create a change in public opinion but rather to activate already-existing beliefs. And of course, the media's central role would require a profound analysis as well.

Obama employed different frames in his discourses after the reform proposal successfully passed in Congress. He shifted his discourses away from economic arguments after the PPACA's passage, and often used a rights frame to defend the reform against criticism. Progressive and left-wing Democrats might see this as an attempt to keep health care reform on the public agenda. But in general, this can also be explained with strategic framing: after the reform was implemented in a successful way, the economic crisis and costs would no longer be the main problem. The focus shifted to having the right to having access to health care, and thereby justifying the health care reform afterwards. Anecdotes and individual stories about everyday Americans are effective carriers to promote the success of the reform proposal. By analyzing speeches, using framing as a method and understanding the economic context of the bill's passage, we are able to better understand the way health care reform was framed from 2008 to 2013.

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References

- American Presidency Project, The (APP) (2008a), Remarks in Washington, DC in Response to the State of the Union Address, <http://www.presidency.ucsb.edu/ws/?pid=77029> (accessed 12 April 2015).
- American Presidency Project, The (APP) (2008b), Remarks in El Dorado, Kansas: ‘Reclaiming the American Dream’, <http://www.presidency.ucsb.edu/ws/?pid=77030> (accessed 12 April 2015).
- American Presidency Project, The (APP) (2008c), Remarks Following the Ohio, Rhode Island, Texas, and Vermont Primaries, <http://www.presidency.ucsb.edu/ws/?pid=76465> (accessed 12 April 2015).
- American Presidency Project, The (APP) (2009a), Remarks on Health Care Reform, <http://www.presidency.ucsb.edu/ws/index.php?pid=86130&st=health&stI=> (accessed 30 April 2015).
- American Presidency Project, The (APP) (2009b), Letter to Senate Democratic Leaders on Health Care Reform, <http://www.presidency.ucsb.edu/ws/index.php?pid=86250&st=health&stI=> (accessed 30 April 2015).
- American Presidency Project, The (APP) (2009c), Address Before a Joint Session of the Congress on Health Care Reform, <http://www.presidency.ucsb.edu/ws/index.php?pid=86592> (accessed 1 December 2013).
- American Presidency Project, The (APP) (2010a), Remarks at the Opening Session of a Bipartisan Meeting on Health Care Reform, <http://www.presidency.ucsb.edu/ws/?pid=87574> (accessed 1 December 2013).
- American Presidency Project, The (APP) (2010b), Remarks on Health Care Reform, <http://www.presidency.ucsb.edu/ws/?pid=87593> (accessed 1 December 2013).
- American Presidency Project, The (APP) (2012), Remarks on the United States Supreme Court Ruling on the Affordable Care Act, <http://www.presidency.ucsb.edu/ws/index.php?pid=101087&st=Remarks+on+the+United+States+Supreme+Court+Ruling+on+the+Affordable+Care+Act&stI=> (accessed 1 December 2013).
- American Presidency Project, The (APP) (2013a), Remarks on the Patient Protection and Affordable Care Act, <http://www.presidency.ucsb.edu/ws/?pid=103914> (accessed 1 December 2013).
- American Presidency Project, The (APP) (2013b), Remarks on the Patient Protection and Affordable Care Act, <http://www.presidency.ucsb.edu/ws/index.php?pid=104337&st=patient&stI=> (accessed 10 October 2015).
- Beechey, S. N. (2015), Frames of rights, entitlement, need, and deservingness in the Affordable Care Act, *Sociology Mind*, vol. 5: 239–44, <http://dx.doi.org/10.4236/sm.2015.54021> (accessed 3 May 2016).
- Blumberg, L. (2012), *The Affordable Care Act: What Does it Do for Low-Income Families?* No. 15–2012, University of Wisconsin-Madison, Institute for Research on Poverty.
- Brewer, P. and Gross, K. (2005), Values, framing, and citizens’ thoughts about policy issues: Effects on content and quantity, *Political Psychology*, 26, 6: 929–48.
- Chapman, A. (1994), *Health Care Reform: A Human Rights Perspective*, Washington, DC: Georgetown University Press.
- Daemmerich, A. (2011), *U.S. Healthcare Reform and the Pharmaceutical Industry*, Working Paper 12–015, Harvard Business School.

- Dew, E. (1996), *Showdown. The Struggle between the Gingrich Congress and the Clinton White House*, New York, NY: Simon & Schuster.
- Edwards, G. C., III (1996), Presidential rhetoric: What difference does it make? In M. J. Medhurst (ed.), *The Future of the Rhetorical Presidency*, College Station, TX: Texas A&M University Press.
- Edwards, G. C., III (2009), Leading the public. In G. C. Edwards III and W. G. Howell (eds), *The Oxford Handbook of the American Presidency*, New York, NY: Oxford University Press, pp. 182–207.
- Feldman, A. (2012), *Understanding Health Care Reform: Bridging the Gap between Myth and Reality*, Boca Raton, FL: CRC Press.
- Gibson, R. and Singh, J. P. (2012), *The Battle Over Health Care: What Obama's Reform Means for America's Future*, London: Rowman & Littlefield Publishers.
- Gottschalk, M. (2000), *The Shadow Welfare States: Labor, Business, and the Politics of Health Care in the US*, Ithaca, NY: Cornell University Press.
- Hacker, J. (2008), Putting politics first, *Health Affairs*, 27, 3: 718–23.
- Hacker, J. (2010), The road to somewhere: Why health care reform happened, *Perspectives on Politics*, 8, 3: 861–76.
- Jacobs, L. R. and Shapiro, R. Y. (2000), *Politicians Don't Pander*, Chicago, IL: University of Chicago Press.
- Jacoby, W. (2000), Issue framing and public opinion on government spending, *American Journal of Political Science*, 44, 4: 750–67.
- Jerit, J. (2008), Issue framing and engagement: Rhetorical strategy in public policy debates, *Political Behavior*, 30, 1: 1–24.
- Kaiser Family Foundation (2009), Kaiser health tracking poll – June 2009, <http://www.kff.org/kaiserpolls/upload/7943.pdf> (accessed 26 April 2016).
- Kaiser Family Foundation (2015), Key facts about the uninsured population, <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/> (accessed 3 October 2015).
- Kernel, S. (2007), *Going Public*, Washington DC: CQ Press.
- Koch, J. (1998), Political rhetoric and political persuasion: The changing structure of citizens' preferences on health insurance during policy debate, *The Public Opinion Quarterly*, 62, 2: 209–29.
- Lammert, C. (2012), Obama's health care reform – Mission accomplished? In M. Klepper, R. Isensee and E. Bosenberg (eds), *American Economies*, Heidelberg: Universitätsverlag Winter, pp. 281–99.
- Leary, V. (1994), Defining the right to health care. In Chapman, A. (ed.), *Health Care Reform: A Human Rights Perspective*, Washington, DC: Georgetown University Press, pp. 87–105.
- Medhurst, M. L. (2008), From retrospect to prospect: The study of presidential rhetoric, 1915–2005. In J. A. Aune and M. J. Medhurst (eds), *The Prospect of Presidential Rhetoric*, College Station, TX: Texas A&M University Press, pp. 3–27.
- Mettler, S. (2010), Reconstituting the submerged state: The challenges of social policy reform in the Obama era, *Perspectives on Politics*, 8, 3: 803–24.
- Rudiger, A. (2008), From market competition to solidarity? Assessing the prospects of US health care reform plans from a human rights perspective, *Health and Human Rights*, 10, 1: 123–35.
- Schmidt, P. (2011), *Medicare and the Patient Protection and Affordable Care Act*, New York, NY: Nova Scotia Publishers, Inc.
- Schneider, A. and Ingram, H. (1993), Social construction of target populations: Implications for politics and policy, *American Political Science Review*, 87, 2: 334–47.

- Schoen, C. *et al.* (2013), Access, affordability, and insurance complexity are often worse in the United States compared to ten other countries, *Health Affairs*, 32, 12: 2205–15.
- Shapiro, R. Y. and Jacobs, L. (2010), Simulating representation: elite mobilization and political power in health care reform, *The Forum*, 8, 1, Article 4, <http://bepress.com/forum/vol8/iss1/art4> (accessed 26 April 2016).
- Skocpol, T. (1994), From social security to health security? Opinion and rhetoric in U.S. social policy making, *PS Political Science and Politics*, 27, 1: 21–5.