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**How the Media Covers Lawmaking:
The Patient Protection and Affordable Care Act
Savannah Priebe**

Introduction

President Barack Obama signed the Patient Protection and Affordable Care Act into law on March 23, 2010. This legislation had been debated and contested from the time President Obama was inaugurated in January of 2009. The role of politicians in Washington in health reform may be apparent; media coverage contributions are more ambiguous. Was the extensive reporting on ongoing deliberations in Washington nothing more than information for the public? Or, did the framing of arguments made by media coverage shape the way the policy was discussed and sculpted? The mass media has a unique ability to determine what information audiences are provided with. In providing news coverage, the media places different issues above others in terms of salience. Stories on such issues as health care are numerous during a period of time, leading viewers to think about health care more frequently than other issues. Of particular focus in this analysis, are health care reform and its subsequent media coverage from January 2009 to April of 2010. Coverage of health care reform by the mass media influences the perceptions of health care legislation and its progress in Washington.

Throughout coverage of health care reform the mass media selected what would be at the forefront of viewers discussion on the issue, by providing for them specific concepts and information on the topic. From the time of President Barack Obama's inauguration in January of 2009 until the signing of the Patient Protection and Affordable Care Act on March 23, 2010, the mass media instilled the need of the uninsured in the United States of America in viewers. Due to their persistent coverage of the uninsured, there could not be a viewer who was unaware of this issue during that time. The mass media through coverage has the ability to form salience in topics of heated discussion such as health care.

Surprisingly the media does not often use this power to push political biases using ideological coverage. The mass media shapes perceptions of policy based on what issues they are widely covering, creating perceived significance and approval, or disapproval around a policy. During the time of the health care debate the mass media focused on three main concepts, uninsured, a public option, and abortion. These terms were the building blocks coverage was formed upon. The media did not use these terms in an ideologically biased way; rather they reported the importance of these concepts as they pertained to ongoing legislation and political opinion. Yet, in choosing these three concepts as the most popularly used terms in coverage, the media effectively sculpted perceptions of what was important to health care and its subsequent reform.

Previous Research

Policy and the mass media are so critically intertwined with one another; their relationship has been studied significantly throughout the years. The media has a substantial effect on larger political processes including the roles journalists play with politician decision-making and agenda setting. Accordingly, the framing of news stories is an extensive process involving determination of salience and spin.

Framing

There are several ways the media can frame a story. Journalists may choose to ignore politicians, mirror events in coverage, balance arguments, or add partisan bias. When ignoring politicians, journalists and media companies choose to stick to one or two trending stories rather than follow differing leads from politicians. “The Push for profit still encourages reporters for many mainstream outlets to follow a similar decision making process and cover similar topics” (Sellers, 2010, p. 144). When a media outlet chooses to

mirror an event in coverage they simply give straight facts without added thoughts or commentary of their own. In this aspect of journalism, the reporter is limited in what they can report as they can only repeat the facts they discover from the story (Sellers, 2010, p. 145). Yet another option in media coverage is to provide information for all sides of the discussion. Balancing arguments may require further investigation to determine the facts and arguments from all involved parties. This form of reporting also helps to emphasize conflict in situations. (Sellers, 2010, p. 148). Adding partisan bias occurs when a reporter or media source favors one side of a story or debate over another. In this form of coverage, journalists have the ability to sustain one viewpoint they believe in themselves. Partisan bias may also be a play on money making and consumer preference. Media members play to their market when selecting stories and the spin given to coverage (Sellers, 2010, p. 150). News companies give readers the stories they want to hear from the viewpoint that is most likely to maintain their attention. Journalists are not restricted to the use of one form of coverage, and in fact multiple framing choices are preferred. Limiting the type of coverage also reduces objectivity in reporting (Sellers, 2010, p. 148). Along with the media's ability to frame coverage, politicians also have their own choices in response to stories.

Politicians and media coverage

Politicians may choose to ignore coverage and stand by their policies and viewpoints. However, if a message does not become prominent in the media, supporters may back off from or give up on the issue in hopes of finding favorable coverage elsewhere. "Uncertainty about the effectiveness of public relations campaigns can lead politicians to respond more directly to news coverage" (Sellers, 2010, p. 153). Therefore, news coverage has the ability

to frame what becomes salient in policy making in some instances. How the mass media frames news affects the way viewers see politicians and policy (Cappella, 1996). How constituents perceive elected officials can be vital to the actions of a politician. If policy makers believe they are being widely scrutinized in the media, they are likely to adjust their actions accordingly. "Coverage of a particular message encourages legislators to pay more attention to the issue and arguments making up the message" (Sellers, 2010, p. 153). Without media there is less accountability for decision making in policy.

Arguably, journalists are political actors themselves, not only in their ability to capture the attention of politicians, but also in their own regard. Members of the media determine who the experts are by presenting them in their coverage. According to Cook in "Governing with the News", "Journalists can create importance and certify authority as much as reflect it, in deciding who should speak on what subjects under what circumstances". He also determines, the media has essentially become a part of the government in using their checks and balances on government officials. (Cook, 1998, p. 87). The news media has been cited as one of the top ranking political influences, a power they have developed through gatekeeping.

Gatekeeping

Gatekeeping refers to the ability of the media to determine what stories will be heard and what spin will be put on the issue. "Gatekeeping is the process by which the billions of messages that are available in the world get cut down and transformed into the hundreds of messages that reach a given person on a given day" (Shoemaker via Soroka, 2012). Members of the media are able to choose whose voice is telling the story by way of politicians, government figures, and other experts (Graber, 2010, p. 80). According to a

study of sources, reporters often use sources that have similar ideologies to their own. Different sources and experts reach diverse conclusions on issues, making the selection of these correspondents crucial to a story's coverage. Trusted names in journalism are at an added advantage in that they are able to use their own views to sway public opinion. Such journalists as Peter Jennings could persuade opinions based on his word alone. "What becomes news depends on demographics, training, personality, and professional socialization of news personnel" (Graber, 2010, p. 82). Media content is determinant of voting behavior, public opinions, and political policy preference, making it one of the most prominent political influences and an intriguing area of study. Following my investigation of previous publications on the topic, I sought to solidify the suggested salience of the media in policy with research of my own, through news coverage of the Patient Protection and Affordable Care Act.

Expectations

When beginning my research on trends in key concepts pertaining to health care reform, I expected to see distinct changes in wording over time. I anticipated regular use of few specific concepts when the bill was first introduced such as uninsured, universal coverage, middle class, and pre-existing condition coverage. These concepts would be spun in a positive light when news coverage discussed the introduction of reform and what it may mean for those it would most affect.

Following the initial introductions' focus on optimistic implications, a shift to actual wording and policy to be enumerated in the health care bill would lead journalists to concentrate on new negative language. Such terms as "death panels", "abortion" and "unconstitutional" would capitalize on the fears held by readers and constituents, creating

suspicion about health care reform's viability. With these particular concepts, a negative undertone would give a distrusting air to the proposal. I also anticipated debates and one-sided reporting of word placement in the projected legislation. I expected a prolonged period of skepticism and distrust leading up closely to the passing of legislation. Following these shifts I anticipated an eventual transfer back to a more positive approval of the Patient Protection and Affordable Care Act right around the time of signature by the President.

Additionally, I expected a referral to "Obamacare" early on in the health care reform debate. Though the final bill is entitled "The Patient Protection and Affordable Care Act" The media has taken to referring to the legislation as "Obamacare", a term I synonymously paired with current health care reform initiatives and expected to see regularly and frequently in newsprint.

Delving further into the results of these key concepts my initial hypothesis was one of significant impact on the policy by way of perceptions held by concerned constituents. Based on this notion, I believed the media would have full control of the way health care reform was ultimately shaped. Simply by introducing daunting concepts such as "death panels", the media would be able to shift public approval to public outrage and concern. I expected the media to continue focus on such terms until a desired outcome was reached. Though, I did not anticipate a specific goal held by the media generally, I had predetermined that news would play on concepts in favor of their preferred ideology.

My rationale for these expectations was based on personal observations of the mass media and its representation of health care reform. Though I did not read either of the newspapers I investigated during any portion of the time period researched, I was

subjected to the discussions that transpired through other forms of mass media during that time. Therefore, my own personal experiences influenced my perceptions. The encounters with health care reform in the mass media had by me, also supported the view that the mass media was able to greatly influence the perceptions and views held by consumers of their information. Though I chose to examine print media, I have come to the conclusion that the impact by any major media source on the way policy is perceived and ultimately its viability is vast.

Methods

My purpose then, was to test my theory of power over perception and ultimately congressional policy held by the mass media. In order to accomplish this task I embarked on a study of news articles written throughout the approximate time period of this decade's health care reform. Specifically, I focused on the time President Obama was inaugurated in January of 2009 to just after the signing of the Patient and Protection Affordable Care Act on March 23,2010.

Selecting specific newspapers to examine was the next step in my research. In hopes of receiving results with limited bias, I chose to investigate two papers that were known to be dissimilar ideologically. To start, I looked at the *New York Times* newspaper. The *New York Times* was created in 1851 and is owned by the New York Times Company (International Directory of Company Histories, 1991). The company states "our main purpose is to enhance society by creating, collecting and distributing high-quality news and information" (The New York Times Company). The total circulation for the *New York Times* in 2009 was 983,441 with 2010 slightly less at 913,850 (International Federation of Audit Bureaux of Circulations, 2013).

Because my first newspaper was located in the northeastern part of the United States, I aimed to select a differing region for the second print I was to evaluate. In keeping with that goal, I selected the *Houston Chronicle*, a southern newspaper, for my second analysis. The *Houston Chronicle* is owned by the Hearst Corporation and was created in 1901. Writers of the newspaper are based in Washington D.C. and write for readers in Texas. According to the Hearst Company it is the largest newspaper in Texas (The Hearst Corporation). However, the *Houston Chronicle* is smaller than national newspapers with circulation at 384,437 in 2009 and falling to 343,952 in 2010 (International Federation of Audit Bureaux of Circulations, 2013).

In order to achieve reliable results, I aimed at researching a minimum of fifteen news articles per newspaper, the equivalent of one article per month for the designated time period. After the first fifteen articles were analyzed I determined that thirty articles, or two articles per month would be more suitable for my study. In total, I analyzed sixty news articles, thirty from the *New York Times* and thirty from the *Houston Chronicle*. Every article was selected, read and coded according to the main subject of the article.

Beginning the process of my research, I initially sought out news articles by using the *New York Times* website (www.NYtimes.com) and searching “Obama” “health care” and “legislation” in the advanced search provided by the newspaper. Using the advanced search I was able to narrow the results to articles printed between January 1, 2009 and May 1, 2010. In deciding which article to select for each month, I carried out a selection of every tenth news article. For the first article selected in each month I began with results for the start of the month and selected ten articles down. In a quest for randomly selected articles, I believed this process to be effective in limiting the influence of my article choice

on the ultimate results. However, there were some obstacles to this selection procedure. For example, in the early months of Obama's presidency there were only one or two articles pertaining to health care in total published by the New York Times, in these cases the process was not applicable. In other instances, the tenth article actually had no relation to health care reform at all and only pertained to the "Obama" or "legislation" portion of my search, in which case moving on to the following article, or even another subsequent article was necessary. Though the selection process of articles in this study was not flawless, for this purpose it was fitting and feasible. Through this method I was able to locate fifteen articles regarding health care and President Obama. However, not every article referred to the proposed legislation. In the early months of Obama's presidency it was difficult to locate articles specifically pertaining to health care reform due to the prominence of the economy and anticipated stimulus plan in the media at that time. Nonetheless, in my original attempts I was able to locate articles surrounding health care reform and health care in general.

Once an article was chosen for the month, I read through it entirely. Following the initial reading, the article was then coded based on three or four key concepts. Each article chosen had its own concepts; these were later compared to determine the main concepts for the entire fifteen-month period of coverage. A key concept can be defined as, words and phrases most salient to the point of the article or emphasized by the writer. When selecting key concepts I used the aforementioned definition while also searching for reoccurring patterns as I read through each article. Even though the decision of what was the main concept in an article was subjective, the key words selected from the article are important to the final conclusion regardless of objective determination of the main subject matter for

each. Furthermore the subject matter does not allow for an objective coding system for determination of key terms and concepts. Therefore, the selection of key concepts in this fashion is adequate for the purpose of this exercise.

After the process was concluded for the first fifteen articles of the *New York Times* newspaper, I proceeded to evaluate the *Houston Chronicle*. In a similar approach to locating articles, I searched “Obama” “health care” and “legislation” in hopes of locating articles pertaining to the Patient Protection and Affordable Health Care Act in its early stages. Contrary to my previous search I did not look directly at the *Houston Chronicle’s* website. For this newspaper I shifted to using the Lexis/Nexis search engine to more easily obtain results for my search. In the same way as in my exploration through the *New York Times*, I proceeded to search “Obama” “health care” and “legislation” in Lexis/Nexis for the specific dates of January 1, 2009 through May 1, 2010. With the obtained search results I once again followed a comparable process as in the *New York Times* search. I selected every tenth article for the month, and moved on to the next article if the initial print was not relatable to the topic of health care or health care reform. Conversely, with the *Houston Chronicle* I had determined the need to increase the number of articles I would analyze. Taking the need to select two articles a month into account, I modified the selection process to the tenth article from the beginning of the month along with the tenth article from the end of the month. For the second article in that month I started at the last article in the month and counted ten articles back. Worrying of every article relating to the same time of the month, I used this method in order to account for as much of a single month as possible. As with the original plan of selection there were some limitations. In months with a low number of articles relating to the specified issue of health care and health care reform

diverse dates in the month were unattainable. Through this process I was able to obtain thirty articles from the *Houston Chronicle* that were relevant to the topic of health care and health care reform. The articles were then read and coded in the exact fashion of the *New York Times* articles.

Subsequent to completion of the thirty articles from the *Houston Chronicle* I returned to the *New York Times*, in a quest to complete thirty articles per newspaper. Comparable to the *Houston Chronicle* articles, I used the Lexis/Nexis database to search for the fifteen additional articles from the *New York Times*. The selection and coding was completed in the same manner as the first group of articles from the *New York Times* newspaper. With this method of analyzing print media I discovered interesting results in regards to the occurrence and salience of several concepts.

Concepts

Throughout my analysis of newspaper coverage on health care reform and the Patient Protection and Affordable Care Act between January 2009 and April 2010, I came across three main concepts repeatedly made the focus of conversation. The concepts I will be analyzing are uninsured, public option, and abortion. Other less prominent concepts, yet still important in coverage, will be discussed later in the paper, along with the differences in newspapers reporting of all terms.

Uninsured

The most commonly used term throughout this fifteen-month period was “uninsured”. Throughout the observed newspapers, twenty-one articles were written with the topic of uninsured as a prominent theme. The *New York Times* was responsible for publishing ten of

the articles, and the *Houston Chronicle* eleven stories. The focus of this particular phase of health care reform places a great deal of importance on those without health insurance.

How uninsured was defined

Uninsured is a rather self-explanatory term, referring to those individuals in the United States who are completely without medical coverage. The number of uninsured citizens increased throughout health care reform coverage as reported by different journalists and sources. In January of 2009 the estimated number of uninsured Americans was set at forty-five million (Pear, 2009). The number had increased from forty-five million to forty-six million as reported by the same reporter, Robert Pear in the *New York Times*, by March of 2009 (Pear, 2009). In the same month, the *Houston Chronicle* reported on the 5.5 million uninsured Texans in relation to the forty-eight million uninsured overall in the United States (Ackerman, 2009). By May of 2009, the *Houston Chronicle* was reporting that fifty million people were uninsured (Johnson, 2009). The fifty million figure was maintained in the *Houston Chronicle* in the following months and was ultimately described as “tens of millions of uninsured” by March 2010 just before health care reform was passed (Espo, 2010). In describing the quantity of uninsured Americans, the *New York Times* took a more generalized figure whereas the *Houston Chronicle* aimed on giving an estimated number. Both newspapers started with numbers, and ultimately ended using generalized information such as “millions.” The *Houston Chronicle* however, consistently increased the numbers of uninsured in the articles it presented for several months before reverting to the use of simplifications.

Causes for rising numbers of uninsured

The media defined the problem of uninsured Americans throughout the health care reform discussion in multiple ways. The main factor pointed to in the problem of the uninsured was that of the ongoing recession, people were losing their jobs and in turn losing their health coverage; accounting for a rise in the number of those without insurance and creating a considerable predicament. Initially Tom Daschle, the nominee for Secretary of Health and Human Services, focused on the recession's effect on the uninsured, stating: "as we face a harsh and deep recession, the problem of the uninsured is likely to grow" (Pear, 2009). The rising number of those without health coverage was compounded by the concurrent increases in health care costs. Loss of employment, leading to diminished health coverage not only affected individuals losing their jobs, but also their dependents. Children were losing insurance at an alarming rate as a consequence of the aforementioned recession. With the removal of Daschle as nominee for Secretary of Health and Human Services, coverage was framed around the late Senator Kennedy, his determination to pass health care reform and his battle with brain cancer. Kennedy was often named "...the leading proponent of universal health insurance" (Pear, 2009). Finally President Obama was looked to as overseer of reform, a position he promptly delegated to members of Congress.

How to limit the number of uninsured

The largest concentration on the uninsured was cited around how to reduce their mounting numbers. A common consensus among media coverage concluded that the surest solution was in offering affordable coverage for all. In an effort to provide affordable health care, politicians suggested more resources be placed in medical technology and experimentation. Medical technology could create a more cost efficient health care system,

reducing the overall cost of coverage to patients. Shifting focus to preventative care from treatment of ailments would also create a reduction in costs and create a system more available to the current uninsured. Senators and Representatives also spoke of increasing Medicaid eligibility. If qualification for the government aided insurance program were less restrictive, more citizens below and around the poverty line would become insured. Over the course of reform, an idea to penalize those who are uninsured emerged. According to David Bowen, the director of the health staff at the Senate Committee on Health, Education, Labor and Pensions, tax penalties should be expected. "... Some form of tax penalty is an effective means to enforce such an obligation, though only on those for whom affordable coverage is available" (Pear, 2009). Taxes on medical insurance benefits were also a possible solution to the crisis of rising numbers of uninsured. A proposal to tax high-income workers and those with high-end insurance packages was also investigated. Several thoughts and propositions for reform are brought forward in reform coverage including; Increasing the number of physicians, placing responsibility on individuals to acquire insurance, removal of the ability of insurance companies to deny coverage on the grounds of pre-existing conditions, government subsidization of coverage, and the introduction of a government run insurance plan.

Implications of the uninsured

Attention centered on uninsured citizens relies on the negative outcomes for the uninsured in the United States. Large numbers of uninsured people results in strained medical care providers. Hospitals and emergency rooms become overcrowded, and resources become limited for those with coverage, making it difficult to contain costs. These are but a few implications for the country as a whole. Individuals bearing the burden of no insurance

coverage face the fear of becoming ill and the inability to pay large medical bills. Being uninsured could ultimately end in economic hardships and bankruptcy, as the concept is framed by coverage in the media. The uninsured have been cited as a main cause for a significant portion of our medical industry's troubles. Reduction of uninsured from the growing estimations throughout coverage would reduce substantial problems contributing to the inefficient health care system, according to the news articles studied.

Public Option

The notion of a government run insurance policy, also known as "public option," was the second most common phrase found in newspaper coverage in the fifteen month time period between January 2009 and April 2010. The *New York Times* and the *Houston Chronicle* covered this topic almost entirely equally. Out of the twenty articles with public option as a major topic over the fifteen months, eleven were written in the *New York Times*, with the nine remaining articles published in the *Houston Chronicle*. Prominent members of Congress supporting the public option were generally covered as optimistic and sure the public option would be a triumph. House Speaker Nancy Pelosi was often quoted confidently proclaiming the success of a government run plan, "A bill will not come out of the House without a public option" (Pear R. , 2009). What exactly then was meant by a public option?

What is a public option?

As defined by coverage, a public option refers to a public health insurance plan. Public option refers to a national government plan that would initially be paid for by the national government as a loan to be repaid. Subsequently the idea was to have insurance premiums fund the initiative, not citizen tax dollars. Public option was theoretically an alternative to

private insurance companies, creating greater competition in the market as part of a new insurance exchange. Individuals without employer provided health insurance would be able to choose from plans available to those without coverage. Ideally a public plan would create a competitive marketplace, allowing consumers to compare and purchase insurance with the aid of federal subsidies. Several different bills were produced in order to create the most efficient and effective government run plan. The United States House of Representatives proposed tying reimbursement rates to those already paid by Medicare. According to estimates made by the nonpartisan Congressional Budget Office, this particular bill would save the nation 110 billion dollars over a ten year period by reducing the nations overall health care spending (Stolberg, 2009). Another option considered relied on negotiating reimbursement rates with insurance providers. This alternative would save approximately twenty five million dollars according to the Congressional Budget Office (Stolberg, 2009). The specific details of a government run insurance plan changed frequently throughout coverage. Along with altering details of a public option, important players associated with the government run option differed throughout the reform process.

Public option and competition in the insurance market

President Barack Obama was a key player in the coverage of a public option. Yet the take on his opinion differed throughout the fifteen-month period. Initially the *New York Times* quoted him saying, "I strongly believe that Americans should have the choice of a public health insurance option operating alongside private plans...this will give them a better range of choices, make the health care market more competitive and keep insurance companies honest" (Pear, 2009). President Obama's determination to "make the health care market more competitive and keep insurance companies honest" was used in several

articles throughout the time frame. However, he was also admonished for avoiding commitment to an endorsement of a public option later in negotiations (Herszenhorn, 2009). It seems President Obama is key to the public option discussion, as he is spoken of often, yet he is always referenced to his early quote of keeping insurance companies honest. His later contributions are limited and indeterminate of the option he supported. Other noted speakers on the issue of a public option are generally more definite of their position regarding a public option. Republican Senator Olympia Snowe was covered often as the only Republican to vote for the health care bill approved by the Senate Finance Committee. Snowe also developed a compromise to the public option that would create “a ‘trigger’ that would establish a government plan as a fallback” (Stolberg, 2009). In most instances the politicians being quoted were opposed to some aspect of a public option. Democrats were more likely to be in favor of the public option throughout coverage. Senate majority leader Henry Reid was often a focus throughout coverage of a public option. Reid’s search for a compromise in order to ensure health care reform overall was noted, along with his quest for sixty votes. Reid generally did not give much comment on plans for a government option but in one article stated “Insurance companies will certainly have more competition. The American people will certainly have more choices” (Herszenhorn & Pear, 2009). The main themes in positively portraying a public option came with the idea of holding private insurance companies accountable by creating more competition in the market. This premise was consistent throughout coverage of reform.

Opposition to a public option?

The public option was generally covered in mirroring events, focusing on how each side felt about the choice and what they had to say about it. Generally Republican politicians were

opposed to the idea of a government run insurance plan. Most Republicans found the public option to be the beginning of a government takeover and a detriment to our current market system. Accordingly, Republicans were portrayed as being very upset with the idea of government involvement in the insurance industry. John Boehner, House Republican leader described the public option as “determination to enact a government run health plan that would raise taxes and ration care” (Pear, 2009). Other claims were made that government involvement in insurance would lead to a single payer government run-system. Along with opposition to the public plan itself, Republicans were reported as attacking President Obama’s views, claiming he was a Socialist for his health care proposals (Stolberg, 2009). Further, Republicans found the public plan flawed in that it removes individual choice from citizens and places it in the hands of the government, once again referencing a government takeover. The creation of a public option was surrounded with serious political disagreement. Obama’s installation of a government run insurance plan was argued to be an implication of how he was going to ruin the country with extensive government. Kenneth Duberstein, former chief of staff to the Reagan White House sums up this argument, “What’s going on here is not simply health care and the public option... in light of the auto bailout, the bank bailout, the stimulus package, the public option fight is a surrogate for how much government is too much” (Stolberg, 2009). Republicans often attacked the bill for being a government takeover of health care (Espo, 2010). Creation of a public option would soon make the government insurance one of the largest insurers in the country according to their argument. However, throughout coverage, Republicans were not the only parties guilty of portraying a public plan negatively. Reporters themselves spoke of possible issues with the proposed government run insurance plans.

State public options and the 2009 reform effect

Comparisons were made to the Massachusetts health care reform. Coverage looked to its positive aspects of insuring almost all of its inhabitants, yet quickly turned to the faults in a system similar to the proposed public option. Though Massachusetts has a high coverage rate “...doctors are turning away new patients, costs to the state are climbing and thousands have paid tax penalties for being uninsured” (Johnson, 2009). The state of Tennessee offers another example of a government run option. Tennessee has managed to create insurance at a lower cost, but coverage is limited and numbers of those insured by the program are few (Johnson, 2009). In comparing the two states’ alternative health coverage plans, it is clear that neither option, both very similar to projected national proposals, were viable choices to sustain health insurance for all Americans. Democrat approval was not completely absent from coverage, however Republican disapproval was generally a more prominent focus.

Individual mandate and the public option

Context is important when looking at coverage of a public option. In early introduction of a public option, creation of a government run plan was paired with the issue of an individual mandate. Individual mandates would require all Americans to have health insurance or pay a penalty for failing to do so. President Obama determined early in this phase, “If we are going to make people responsible for owning health insurance we must make health care affordable” (Pear, 2009). Soon after the initial pairing with an individual mandate, the idea of a public option was paired with insurance companies and insurance costs in nearly all coverage. One article determines Obama and Democrats’ “...main idea for controlling insurance costs is the proposal for a public option” (Calmes, 2009).

Public option and Medicare

Arguments were not only reserved for Republicans, Democrats also had their own points of view on ways to carry out a public option. A portion of Democrats wished for subsidized coverage through private plans, whereas others hoped to create Medicare for all. Medicare was often discussed when speaking of a public option. What would happen to Medicare? Most plans regarding a public option would cut Medicare payments, ultimately reducing overall access to care. A “major bill in congress would cut more than \$150 billion over ten years from federal payments to private health plans that care for more than ten million Medicare beneficiaries” (Herszenhorn & Pear, 2009). Cuts to Medicare are part of a larger problem, the cost of a public option. According to John Boehner, Republican House leader, Elmendorf confirmed “a Government run plan will make health care more costly than ever” (Babington, 2009). Then came, how can the costs be paid for?

Tax implications of a public option

Several suggestions to cut spending elsewhere, or create and raise taxes developed. Taxes on soda, cigarettes, and alcohol were all discussed. However, taxes on health insurance were most prominent in proposals. Taxation to cover costs of a public option encountered setbacks when President Obama said he would stand by his promise not to raise taxes on the middle class (Babington, 2009).

Ultimate fate of a public option

President Obama’s reluctance to tax middle class families, amongst other issues, led media coverage to question the plausibility of a public option in the final health care bill.

Originally, a public option seemed viable with House Democrats affirming that the House bill would hold some type of a public option (Pear, 2009). This statement was followed by

months of opinion polls showing public support up until late 2009 based on coverage in both *The New York Times* and *The Houston Chronicle*. Yet, the strong opinions and expressed flaws in the public option created an unlikely inclusion of the plan in final health care legislation. Numerous negative aspects of a government run insurance plan appeared in mid to late October of 2009. The Budget Office Analysis determined little effect would be had on the number of insured in America, or the federal cost of health care. It also found the public option to be “unlikely to establish a significant market presence in many areas of the country” (Stolberg, 2009). Opinion polls started to show decreased support for a public option in early 2010 along with waning political support. Senator Susan Collins of Maine maintained, “In a 60 vote scenario, it is the centrists who will hold the balance of power” (Herszenhorn & Pear, 2009). Senator Collins may have been right, as the sixty votes were not gained and the public option was not included in the bill passed by the Senate on December 24, 2009 (Espo, 2009). The House was then given few options but to compromise after the Senates removal of a public option, with “... no votes to spare ... so the legislation must be largely tailored along the lines favored by the Senate” (Werner, 2010). With the passing of a health care bill in the Senate sans government insurance plan, the idea of a public option was all but eliminated from news coverage.

Abortion

Abortion is one of the most divisive topics in the United States of America and the concept of health care reform stirred up this inexhaustible debate. The topic of abortion was a key issue for a short period of time, first making its debut in July of 2009 truly hitting the spotlight in November 2009, and receding from coverage by early 2010. Yet even with its short lifespan of media coverage in the health care debate, Abortion was the third most

common concept in this timeframe. Coverage was not evenly divided between the two newspapers studied. The *Houston Chronicle* reported nearly half as many stories with abortion as a main topic as the *New York Times* and did not begin to cover abortion with health reform for months after their counterpart.

Proposed health care bills

Political ideology brought Abortion to the forefront of health care reform discussions, “The debate over health care in Congress is becoming a battlefield in the fight over abortion” (Kirkpatrick, 2009). Initially the issue was brought forth in the proposed health care bills from the House and Senate. The Senate passed a bill stating that if an insurance plan covers abortion it cannot use federal money to pay for the procedure. If there was a government plan, the Secretary of Health and Human Services would have the ability to determine if the public option would cover abortion or not (Herszenhorn & Pear, 2009). However, not every one was content with the idea of separating funds to pay for abortions, the process was often referred to as “a sham” by Republican senators such as Mike Johanns of Nebraska (Herszenhorn & Pear, 2009).

Segregated Money Model

Commonly sited as the “Segregated Money Model,” the idea of using private funds for abortion procedures, and subsequently excluding funds from the government for such, received the bulk of media coverage on Abortion. Opponents of the model feared, “only a line on an insurers’ accounting ledger would divide the federal money from the payments for abortion” (Kirkpatrick, 2009). Conversely, proponents argue, seventeen Medicaid programs are already successfully using this system to cover elective abortions (Kirkpatrick, 2009).

Abortion ban in health care reform?

Over the course of deliberation on a health care reform bill in the Senate, a proposition to ban abortion coverage was introduced. The proposal, created by Senator Ben Nelson, a Democrat from Nebraska and Senator Orrin Hatch, a Republican from Utah, would keep any health care plan provided with any federal aid from covering abortion (Herszenhorn & Pear, 2009). This proposal was rejected by a close vote but would come under scrutiny from several members of the House. A similar proposal to that rejected in the Senate, to ban federal subsidies to fund abortion coverage, was passed in the House of Representatives. Proposed by Representative Bark Stupak, a Michigan Democrat, the House proposal states, “No federal money could be used to pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion” (Herszenhorn & Pear, 2009). The proposal was passed in the House of Representatives but was not appreciated by all members. Representative Jan Schakowsky referred to the proposal as “the most crushing blow to reproductive rights since Roe v. Wade” (Herszenhorn & Pear, 2009). While the House and Senate were deliberating their approaches to abortion in health care reform, the Energy and Commerce Committee voted to allow health plans to cover or not cover abortion (Herszenhorn & Pear, 2009), an aspect present in both the House and Senate bills (Herszenhorn & Pear, 2009). However, the Energy and Commerce Committee also determined federal funding would not be permitted to fund abortion, there must be at least one plan with abortion coverage and one plan without. The “essential benefits” package would be defined by the government and could not contain abortion coverage (Herszenhorn & Pear, 2009).

Thirty-year ban on abortion funding

A thirty-year ban on the use of taxpayer dollars to fund elective abortions further muddied the deliberation for health care reform on this subject. Supporters of abortion claimed it was impossible to have any private plan covering abortion with this ban, resulting in restricting coverage for women who currently have abortion coverage in their health plan. Proponents counter this claim with the proposition that woman can purchase abortion coverage as an added fee to their insurance plans. Supporters further to defend the ban with reference to the federal employee insurance plan, which does not permit abortion and excludes plans that cover such (Kirkpatrick, 2009). President Obama was also a hot topic in the dispute over abortion coverage and health reform. In campaign promises made by the President, he vowed to uphold abortion rights. Likewise, he also assured those against abortion he would work with them. President Obama also guaranteed abortion would not be financed with federal funds (Kirkpatrick, 2009). All the assurances pledged by the President complicated Congress' ability to negotiate and create a clear plan that satisfied everyone. Compromise was a huge theme throughout the debate on abortion coverage in health care reform. President Obama plans on abiding by the thirty year ban on the use of taxpayer dollars, seemingly ending the debate on that aspect of abortion coverage.

Impact on a health care bill

The seemingly infinite debate over abortion plays a significant role in health care legislation; with a ban on abortion, several members of Congress may not agree to the ultimate health care reform bill. On the other hand, health care reform without a ban has also been declared impermissible. Those in favor of abortion rights have vowed to block bans on abortion coverage, "Pro Choice members will be working to ensure that health care

reform legislation does not restrict abortion rights beyond current law” declared Representative Diana DeGette (Kirkpatrick, 2009). Yet opinions are equally as strong on the opposite side of abortion rights. Senators like Ben Nelson who say they cannot agree to support the bill without a ban on abortion (Herszenhorn & Pear, 2009), could be the difference between approval of health care reform and failure. The Senate is not the only chamber with adversaries to reform without limitations on abortion, House Democrats have also voiced opposition to allowing a bill without a ban (Kirkpatrick, 2009). Representative Bart Stupak gathered commitment from as many as forty Democrats to block the final reform bill unless limitations on abortion were included (Kirkpatrick, 2009).

Other influences

The House and Senate Democrats and Republicans alike are not the only influences on the success of health care reform. The United States Conference of Catholic Bishops declared an opposition to the health care bill unless it adheres to the ban of federal funding for abortion coverage (Kirkpatrick, 2009). Significant groups with the ability to provide ample funding can have a large impact on any proposed legislation. Spokesman for the bishops on abortion Richard Doerflinger asserted, “We have said to the White House... we could be the best friends to this bill if our concerns are met” (Kirkpatrick, 2009). However, Catholic hospitals have backed the segregated money model amongst opposition from the Catholic Bishops. Self-interest may be the cause of catholic hospital approval, as stated by media coverage. Catholic hospitals, looking for profits would benefit from the reduction of the uninsured (Kirkpatrick, 2009). However, Catholic hospitals have attributed their support to the ability of the Segregated Money Model to bar federal funding for abortion. Cooperation from Catholic hospitals is noteworthy in this context due to the ability of their support to

give Democrats who may be against abortion, the political coverage to vote for the health reform bill (Kirkpatrick, 2009).

Ideological compromise in an election year

Prominent to the abortion discussion and health reform is the political context at the time. Congress members had to make a decision to consider the health reform cause or to focus on their own, in some cases, challenging re-elections. David Wasserman from the Nonpartisan Cook Political Report summed up the conflict by saying, “My sense is that for Democrats to pass this bill, they would have to convince several members who are already in serious jeopardy, even after voting no on the first health care bill, to put passage of the bill ahead of their own chances of being competitive in the fall” (Stolberg & Pear, 2010). The concern for health care reform revolved around the need to switch no votes to yes in order to pass the final bill and this was being prevented by political unease. “The Concern among Democrats right now is that there are more yes votes reconsidering than no votes” David Wasserman once again commented (Stolberg & Pear, 2010). Republicans solidified several Democrats’ political concerns by stating intentions of using public opinion polls to cite the health care bill as an issue in the 2010 elections (Espo, 2010). In health care reform abortion confrontation has been constant between parties and ideologies, as soon as the realization of a compromise was extinct, so too was media coverage.

Conclusions

Throughout my analysis of news coverage in the health care reform debate and the Patient Protection and Affordable Care Act, I discovered an absence of anticipated trends. My investigation yields a lack of partisan bias throughout coverage. The use of partisan ideologies were virtually non-existent throughout coverage, whether blatant or subtle I was

hard pressed to locate bias in any context. There was also a lack of change in concepts over time. Few terms such as uninsured, public option and abortion were consistently at the forefront of health care debates and terms such as “obamacare” and “death panels” less focused upon. The medias gatekeeping was remarkably similar from both newspapers contributing to my conclusion of limited ideological coverage. Through the media’s use of few key concepts, the frame work of health care reform coverage was shaped to the issues the media determined were pertinent.

Narrow changes in concepts

Overall in my research I discovered several intriguing patterns throughout the fifteen month period of news coverage. Interestingly enough, there was no distinct transition for terms, they generally floated in and out of coverage over the entire course of the health reform debate. The term abortion was a slight exception to this rule as it popped in and out of coverage rather quickly and abruptly. Abortion was only a topic of interest for a few months total, yet it still had a significant influence on health care reform. Conversely, terms like uninsured and public option remained prominent throughout the conversations of health care reform with changing contexts throughout. Uninsured was introduced in January of 2009 and was still a leading topic in April of 2010, following the passage of health care legislation. A narrow use of shocking terms such as “death panels” and “unconstitutional” was also discovered. Though the Patient Protection and Affordable Care Act is often referred to as “Obamacare” there were extremely few instances of this reference in the media, none of which occurred before the signing of the bill into law.

The observations I have made throughout my study of the *New York Times* and the *Houston Chronicle* were not fully consistent with what I had anticipated to discover. I did

not see specific distinct changes in wording throughout coverage of health reform. Though, this expectation was not met, I did observe a regular use of a few distinct concepts. The terms uninsured, public option, and cost were significant throughout the fifteen month timeframe. With new developments in individual bills and emergent ideas, additional issues and concepts arose and were the focus of that time. Throughout my examination of media coverage on health reform in the time frame of January 2009 until April 2010, I made multiple noteworthy observations.

I discovered the significance of the terms uninsured, public plan, and abortion. The topic of the uninsured dominated health care reform debates, and the media coverage following it. From initial talks of health care reform, after President Obama's inauguration in January 2009, right up until legislation was passed, the uninsured were a main concern. The context of the uninsured changed, along with the defined number of those without insurance. Starting at forty-five million and increasing to fifty million in just a few short months, the need to protect the rising number of those affected seemed more dire. Eventually the number settled in the "millions" by the time the Patient Protection and Affordable Care Act was passed. The reasons for rising numbers of uninsured were blamed on an ongoing recession and rising health costs. Though the former could not be repaired through health care reform, the latter had a chance at being resolved. Increased taxation on products and high-end insurance plans were proposed as solutions to help cover health care for all. Based on coverage of the uninsured, it could arguably be established as the reason for health care reform legislation. Now that the problem was defined, the fundamental issue of policy conflict was solved (Stone, 1997). The discussion then turned to what to do about it.

The predicament of eliminating the uninsured came with inquiries of exactly how to diminish the numbers. With the introduction of a public option in April of 2009 this concept became as popular as the uninsured in the health reform debate. A public option could solve the issue of high numbers of uninsured but consequently increased the animosity in the deliberation between parties.

Medicare was also another widely discussed concept in conjunction with the public option. In order to fund a public option, there would have to be cuts made and taxes increased. Medicare was made a significant topic in five stories over the course of health care reform, generally tantamount with a public option. Talks of Medicare were usually aimed at illuminating the negative effects that a public option would create and the inability to sustain both programs. Eventually compromise within and between parties led to the elimination of a public option in the Patient Protection and Affordable Care Act.

Abortion brought a different aspect of health care to light. Separate bills in congress purporting or opposing a ban on federal subsidies for abortion coverage were the significant topics of discussion. Coverage on the topic of abortion determined the necessity of a compromise on the issue in order to pass health care legislation. Without a ban, it seemed health care legislation did not have a chance and with a ban, it appeared to face the same fate. Articles covering the topic of abortion in the health care debate circled around compromise, the need for it, and the lack of it. When it was discovered that abortion was never going to be a resolved issue in the debate, media coverage subsided while shifting to other aspects of the debate.

Framing of health care concepts

Negative framing through the use of words such as “death panels” or “Obamacare” did arise, though not to the extent I had expected. To my surprise, the term “Obamacare” was not present in news coverage during the entire process of health care reform. The first instances of this concept surfaced in April of 2010, just after the bill was passed. In each use of the expression, Obamacare is referenced as not existing; both articles were discussing fraud. The term “death panels” occurred in eight articles across the fifteen months, not far behind the eleven articles for abortion. Surprisingly, of the eight articles referencing abortion, four were from the *New York Times* and four were from the *Houston Chronicle*. Further escaping what I had foreshadowed occurring. Patterns in abortion brought me to an unexpected discovery when the *New York Times* covered the topic more frequently than the *Houston Chronicle*. Each newspaper covered abortion in a similar light, closely describing the debate over an abortion ban.

A substantial portion of coverage revolved around skepticism of passing health care legislation. As late as weeks before the Patient Protection and Affordable Care Act was passed, journalists were speaking to the unlikeliness of reform. In a news article from the *New York Times* on March 3, 2010 Senate leadership aides were skeptical of the ability to meet President Obama’s deadlines. “Ms. Pelosi does not yet have the votes she needs to pass the legislation” confirms compromise was not possible just twenty days before the Patient Protection and Affordable Care Act was signed into law. Yet, few aspects of coverage proclaimed distrust.

Coverage showed the anger from Republicans in the assertion of a “government takeover” with the introduction of a government run insurance plan. Whereas Democrats sought to increase competition in the market in order to “keep insurance companies

honest". The Coverage being evenly split between both newspapers, and framed in a similar light showed that the media was using its framing and agenda setting not to assert their own personal beliefs but to create a realm of importance around the uninsured and a way to fix it, at the time a public option happened to be the solution. President Obama's notion of "making the health care market more competitive and keeping the insurance companies honest" was repeated throughout coverage in both newspapers. There was a significant reliance on the idea private insurance companies were deceitful. However, a public option was not endorsed through coverage and in fact, several opposing views to the public option were covered. As deliberations moved forward, more and more differing opinions surfaced in media coverage. Republicans discussing their resistance to a government insurance became more pronounced and other ineffective forms of similar plans were brought to light. The media paid considerable attention to a public option and the idea of an individual mandate. Individual mandates would force every American to purchase health insurance or be fined. The public option was a way to ensure the individual mandate was feasible by creating an affordable health insurance option. The two concepts were often intertwined in discussion and given significant media coverage.

Upon completion of my research on concepts in media coverage during the health reform debate, I was able to see patterns in reporting. I discovered the media may not explicitly influence what people were thinking, nonetheless it definitely had control over what they were thinking about. During this time, such issues as high numbers of uninsured could not help but be considered as they were present every month in multiple articles. Uninsured is only one example of the medias framing. When the presentation of a public

option arrived in April 2009, the media was soon covering that concept in every month with regards to some aspect of health reform.

This ability to essentially control what viewers consider when determining their own views and opinions can result in extreme power. The extent of coverage on a single topic leads viewers to place importance on that issue, consequently deeming other topics less pertinent or giving less thought. With this power the media is able to control what is on the forefront of American views and discussion. If there was no outcry for increased health coverage, there would likely be no need for a health care debate or reform. The Media's ability to create that uproar, paves the way for policy making.

Limited Partisan Bias

Throughout coverage, limited differences were noted between the *New York Times* and the *Houston Chronicle*. Both newspapers gave similar coverage, and similar attention to the pertinent issues throughout health care reform. One difference between the two media outlets was in timing. The *New York Times* tended to cover issues frequently in the first couple months examined, and then took a few month break before returning to coverage on the issue, a few months off and back to coverage. The *Houston Chronicle* steadily covered topics for the initial months of coverage, took a few months breaks and returned for more coverage. Between the *New York Times* and the *Houston Chronicle*, the term uninsured was a focal concept in at least one news article each month of the fifteen month period. Journalists from both papers discussed the impact of the upcoming election year on the deliberations and ultimate health care legislation.

Ideology did not seem to play a role in the number of occurrences for most concepts.

The *New York Times* used the term “death panels” in such ways to discredit the allegations. One article gives the side of President Obama stating, “ He took issue with critics who he said had distorted the debate to stoke fears that health changes will include ‘death panels that will basically pull the plug on Grandma’” (Cooper, 2009). The *Houston Chronicle* used the term “death panels” in a similar light, discussing President Obama’s distaste for the word, but also the Republican use of the term. “You have every right to fear... we should not have a government program that determines you’re going to pull the plug on Grandma” (Babington, 2009) was used to show Democrats’ disbelief at allegations of death panels and “pulling the plug” from Republican politicians. The *Houston Chronicle* often followed the term “death panel” with, “widely debunked”. The framing taken by each newspaper was not what I would have expected from either papers reporting and was generally spun in a neutral light. This allows me to falsify yet another hypothesis, in that the news would play on concepts in favor of their preferred ideology.

From my analysis of coverage there was a limited impact on policy through perceptions held by constituents. Few articles were tailored to constituents in an attempt to engage strong emotions that would hinder or help the health care policy. I was also mistaken in my claims that the media would be able to shift public approval through fearful concepts and ambiguity. Overall my expectations were far from my results in most aspects.

All but one news article focusing on Medicare was published in the *Houston Chronicle*, an interesting observation that may be attributed to framing coverage in a way to alarm consumers without obvious bias or outright disapproval. In my research this small aspect of Medicare reduction due to a private option, is the only hint of ideology in selection of coverage. Even though there was generally no ideological bias or implications

woven into media coverage, the choices on what to cover can be seen as ideological. The increased use of Medicare coverage by the *Houston Chronicle* is one example I discovered in my research.

During the time of health care reform leading up to the Patient Protection and Affordable Care Act, gatekeeping by the media was a key component of public views and opinions on the legislation. Media content determines how people will vote, what they support, and how much energy they will devote to a policy or legislation. “Journalists can create importance and certify authority as much as reflect it” (Cook, 1998) and that is exactly what I observed in my investigation. The mass media uses their framing power to decide what should be important to viewers, and determine salience of topics through approval and reporting.

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