

SUPPLEMENTARY APPENDIX

Variable Coding

Massachusetts Survey (October/November 2012)

Party ID: 7 point scale coded 1-Strong Democracy, 2-Not Strong Democrat, 3-Leaning Democrat, 4-Pure Independent, 5-Leaning Republican, 6-Not Strong Republican, 7-Strong Republican.

Social Issue Conservatism: On social issues such as gay marriage and abortion, in general would you describe your views as (1) liberal, (2) moderate or (3) conservative

Fiscal Issue Conservatism: On fiscal issues such as taxes and spending, in general would you describe your views as (1) liberal, (2) moderate or (3) conservative?

Education: Coded 1-Less than high school (Grades 1-8 or no formal schooling), 2-High school incomplete (Grades 9-11 or Grade 12 with NO diploma), 3-High school graduate (Grade 12 with diploma or GED certificate), 4-Some college, no degree (includes some community college), 5-Two year associate degree from a college or university, 6-Four year college or university degree/Bachelor's degree (e.g., BS, BA, AB), 7-Some postgraduate or professional schooling, no postgraduate degree, 8-Postgraduate or professional degree, including master's, doctorate, medical or law degree (e.g., MA, MS, PhD, MD, JD)

Gender: coded 0-male, 1-female

National Survey (May 2013)

Party ID: 7 point scale coded 1-Strong Democracy, 2-Not Strong Democrat, 3-Leaning Democrat, 4-Pure Independent, 5-Leaning Republican, 6-Not Strong Republican, 7-Strong Republican.

Ideology: 5 point scaled code 1-Very Liberal, 2-Somewhat Liberal, 3-Moderate, 4-Somewhat Conservative, 5-Very Conservative.

Education: coded 1-No High School, 2-High School Graduate, 3-Some College, 4-2 year degree, 5-4 year degree, 6-Post Graduate degree

Gender: coded 0-male, 1-female

Religiosity: First factor from a principal components analysis of 3 questions: (1) how often do you attend church, (2) How important is religion in your life? and (3) how frequently do you pray?

Political Awareness: Additive index (0 to 5) of opinions about factual questions on (1) which party controls the US House, (2) which party controls the US Senate, (3) the job of John Boehner, (4) the job of John Roberts, and (5) the job of David Cameron.

Appendix Table 1. Exact Wording of FOR/AGAINST Arguments in the Massachusetts Voter Guide

Question	IN FAVOR	AGAINST
<p>Question 1 <i>Availability of Motor Vehicle Repair Information</i></p>	<p>A YES vote on Right to Repair will make it more convenient and less expensive for car owners to get car repairs by ensuring that no one is forced to go to a dealership for repairs unless they want to. A broad coalition of independent repair shops and consumer groups like AAA urge a YES vote on Right to Repair because they believe it is only fair that when you buy a car you have access to all information needed to fix it. A YES vote on Right to Repair will give car owners more options for where they can get car repairs. A YES vote will allow all car owners and independent repair shops to have access to all information necessary to fix their car. A YES vote on Right to Repair means it’s your car, you paid for it, you should get it fixed where you want.</p> <p>Authored by: Arthur W. Kinsman Massachusetts Right to Repair Committee 9 Park Street Boston, MA 02108 617-248-9427 www.massrighttorepair.com</p>	<p>Automakers already make repair information and tools available for purchase by anyone as a result of a 2002 national agreement. Repair shops oppose this measure because the current system works. This measure would negatively alter how repair information is provided and mandate the redesign of all cars, trucks, 18-wheelers, public transit and school buses, fire engines, ambulances, motorcycles and RVs. It would require the use of 15-year-old, outdated technology. Worse, this backward redesign – which adds to sticker price – must occur by January 2, 2014 or vehicles cannot be sold in Massachusetts. This measure could lead to the release of sensitive personal information, make vehicle hacking easier, and threaten safety and fuel efficiency innovation. Increased safety threats – including theft – are why law enforcement opposes the measure. Nothing in the measure requires any supposed savings to be passed on to consumers. A “no” vote protects consumer safety and ensures vehicle choice.</p> <p>Authored by: David Martin, Treasurer Citizens Committee for Safe and Fair Repair 202 Bonham Road Dedham, MA 02026 617-312-8031 www.voteNOon1MA.com</p>
<p>Question 2 <i>Prescribing Medication to End Life</i></p>	<p>When my father was diagnosed with brain cancer, he had little time left. As his final days neared, he chose to use the Death with Dignity law in his home state of Oregon. The Massachusetts version, like those in other states, will allow mentally competent adults with no chance to survive their illness to take life-ending medication prescribed by a physician. My dad knew he wanted to die in the comfort of his own home; competent and aware instead of detached and sedated; on his own terms instead of those of a fatal disease that had already taken too much. My dad was already dying, but because of this law, he could say goodbye to those he loved, with dignity and grace in my mother’s arms. I urge you to vote “Yes” because, while this choice isn’t for everyone, everyone has the right to this choice.</p>	<p>Question 2 restricts patients’ choices and control by enabling suicide as a substitute for quality health care. Question 2 is poorly written, confusing and lacks even the most basic safeguards. Patients would not be required to see a psychiatrist before obtaining the lethal drug. Many patients with a treatable form of depression could get a life-ending prescription, rather than effective psychological care. Also, the proposal lacks any public safety oversight after the fatal drug is obtained. Question 2 does not require a consultation for palliative care, a compassionate form of care that eliminates pain and maximizes quality of life for the terminally ill. And, eligibility is based on a six-month life expectancy. Doctors agree these estimates are often wrong. Individuals can outlive their prognosis by months or even years. Massachusetts should improve access to quality health care for terminally ill patients, not access to suicide. Vote no on Question 2.</p>

	<p>Authored by: Heather Clish, Reading, MA Dignity 2012 14 Mica Lane, Suite 210 Wellesley, MA 02481 781-237-5800 www.YesOnDignity.com</p>	<p>Authored by: The Committee Against Physician Assisted Suicide One Beacon Street, Suite 1320 Boston, MA 02108 617-391-9663 www.StopAssistedSuicide.org</p>
<p>Question 3 <i>Medical Use of Marijuana</i></p>	<p>A YES vote will ease the suffering of thousands of people with cancer, Parkinson’s disease, Crohn’s disease, multiple sclerosis, HIV/AIDS, glaucoma, and other debilitating conditions. Scientific research has proven that marijuana can be useful for many clinical applications, including pain relief, nausea, and seizures.</p> <p>Provisions of the proposed law requiring strict regulation by the Massachusetts Department of Public Health, written physician approval, a limited number of non-profit treatment centers, and criminal penalties for fraud will help ensure only appropriate medical use of marijuana.</p> <p>This proposal has been endorsed by many patients, their families, medical professionals, and law enforcement officials who believe that a smart, science-based approach can help suffering patients without encouraging inappropriate drug use. In fact, allowing the medical use of marijuana will lessen the need for dangerous narcotics like morphine and OxyContin.</p> <p>On behalf of thousands of patients, we ask for your support.</p> <p>Authored by: Linda Brantley, President New England Coalition for Cancer Survivorship Committee for Compassionate Medicine P.O. Box 5715 Boston, MA 02114 617-520-4559 www.compassionforpatients.com</p>	<p>We all have compassion for those in pain, but the loopholes for corruption and exploitation are enormous. If enacted, this law would allow:</p> <ul style="list-style-type: none"> • virtually anyone could grow pot in their backyard and carry a 60-day supply; • anyone age 21 and over to operate a pot shop in your neighborhood to sell marijuana for any “medical” reason - not just for the seriously ill. <p>In Colorado, for example, less than 3% of patients suffer from cancer and HIV.</p> <p>We do not need 35 pot shops to serve the less than 1% truly in need of medical marijuana in Massachusetts. There is already a marijuana pill available for prescription (Marinol). Other marijuana medication will be available in pharmacies soon.</p> <p>Medical marijuana needs tighter restriction and physician oversight. Let’s develop medications properly and find a better path for seriously ill patients, who should not be arrested.</p> <p>Protect Massachusetts from widespread abuse. Vote no.</p> <p>Authored by: Dr. Jay Broadhurst Vote No on Question 3 P.O. Box 2954 Acton, MA 01720 508-330-3843 www.mavotenoquestion3.com</p>

Notes: Full text of the 2012 Voter Information Guide for MA is provided here: https://www.sec.state.ma.us/ele/ele12/ballot_questions_12/message12.htm

Appendix Table A2. Predicting Support for Questions 1, 2 & 3, MA Registered Voters, 2012

	Coef	SE	p-value	Probability Change (min-max)
<u>Question 1 – Right to Repair</u>				
Party ID (D to R)	0.00	0.08	0.99	
Social Issue Conservatism	-0.12	0.16	0.43	
Fiscal Issue Conservatism	-0.09	0.18	0.63	
Education	0.15	0.07	0.02	0.15
Gender	0.13	0.23	0.58	
Support Cue	-0.71	0.32	0.03	-0.10
Oppose Cue	-1.72	0.28	0.00	-0.26
Constant	1.87	0.44	0.00	
N	793			
Pseudo R ²	.09			
<u>Question 2 – Death with Dignity</u>				
Party ID (D to R)	0.03	0.06	0.57	
Social Issue Conservatism	-0.83	0.14	0.00	-0.38
Fiscal Issue Conservatism	-0.38	0.14	0.01	-0.19
Education	0.13	0.05	0.01	0.22
Gender	0.46	0.18	0.01	0.11
Support Cue	0.00	0.22	0.98	
Oppose Cue	-0.44	0.22	0.04	-0.11
Constant	0.04	0.37	0.91	
N	822			
Pseudo R ²	.12			
<u>Question 3 – Medical Marijuana</u>				
Party ID (D to R)	-0.06	0.06	0.34	
Social Issue Conservatism	-0.89	0.13	0.00	-0.40
Fiscal Issue Conservatism	-0.07	0.15	0.65	
Education	0.01	0.05	0.88	
Gender	0.09	0.19	0.64	
Support Cue	-0.12	0.25	0.63	
Oppose Cue	-0.48	0.22	0.03	-0.11
Constant	1.74	0.37	0.00	
N	845			
Pseudo R ²	.10			

Note: Coefficients are from logit models; predicted probability changes calculated using margins in Stata. 2-tailed p-values are reported.

Appendix Table A3. Predicting Support for Hypothetical Propositions, National Sample, May 2013

	Coef	SE	p-value
<i>Residency Restrictions on Sex Offenders</i>			
Party ID (7 pt, Strong D to Strong R)	0.033	0.025	0.184
Ideology (5 pt, Very Lib to Very Cons)	0.020	0.050	0.697
Education	-0.049	0.029	0.089
Gender	0.336	0.083	0.001
Religiosity	-0.082	0.028	0.004
Political Awareness (0 to 5 scale)	-0.002	0.024	0.926
Positive Cue	-0.163	0.095	0.088
Negative Cue	-0.348	0.092	0.001
Constant	4.023	0.182	0.001
N	998		
R ²	.06		
<i>Restrictions on Abortion During 2nd Trimester</i>			
Party ID (7 pt, Strong D to Strong R)	0.091	0.030	0.002
Ideology (5 pt, Very Lib to Very Cons)	0.467	0.058	0.001
Education	-0.055	0.032	0.087
Gender	-0.036	0.094	0.701
Religiosity	-0.209	0.033	0.000
Political Awareness (0 to 5 scale)	-0.069	0.028	0.014
Positive Cue	-0.004	0.106	0.972
Negative Cue	-0.201	0.112	0.073
Constant	1.846	0.219	0.001
N	997		
R ²	.29		
<i>Supermajority Budget Requirement</i>			
Party ID (7 pt, Strong D to Strong R)	0.032	0.025	0.212
Ideology (5 pt, Very Lib to Very Cons)	0.244	0.051	0.001
Education	-0.081	0.030	0.008
Gender	-0.125	0.084	0.136
Religiosity	-0.065	0.029	0.026
Political Awareness (0 to 5 scale)	-0.060	0.024	0.014
Positive Cue	0.046	0.095	0.627
Negative Cue	-0.482	0.100	0.001
Constant	3.046	0.196	0.001
N	998		
R ²	.14		

Note: Coefficients are from ordinary least squares regression with Huber-White heteroskedastic consistent robust standard errors. 2-tailed p-values are reported.

Appendix Table A4. Predicting Support for Questions 1, 2 & 3, MA Registered Voters, 2012
(Political Uncertainty models)

	Coef	SE	p-value
<u>Question 1 – Right to Repair</u>			
Political Uncertainty	-0.289	0.266	0.277
Party ID (D to R)	-0.003	0.075	0.971
Social Issue Conservatism	-0.120	0.156	0.441
Fiscal Issue Conservatism	-0.083	0.178	0.640
Education	0.149	0.066	0.024
Gender	0.132	0.232	0.570
Support Cue	-0.709	0.326	0.030
Oppose Cue	-1.720	0.278	0.000
Constant	1.948	0.451	0.000
N	793		
Pseudo R ²	.08		
<u>Question 2 – Death with Dignity</u>			
Political Uncertainty	0.014	0.241	0.955
Party ID (D to R)	0.033	0.056	0.562
Social Issue Conservatism	-0.826	0.144	0.000
Fiscal Issue Conservatism	-0.386	0.142	0.007
Education	0.129	0.049	0.009
Gender	0.458	0.180	0.011
Support Cue	0.004	0.219	0.984
Oppose Cue	-0.444	0.221	0.045
Constant	0.039	0.376	0.917
N	822		
Pseudo R ²	.10		
<u>Question 3 – Medical Marijuana</u>			
Political Uncertainty	0.250	0.270	0.356
Party ID (D to R)	-0.050	0.060	0.399
Social Issue Conservatism	-0.893	0.135	0.000
Fiscal Issue Conservatism	-0.077	0.152	0.612
Education	0.011	0.049	0.825
Gender	0.085	0.189	0.651
Support Cue	-0.122	0.245	0.620
Oppose Cue	-0.487	0.222	0.028
Constant	1.680	0.381	0.000
N	845		
Pseudo R ²	.10		

Note: Coefficients are from logit models. 2-tailed p-values are reported.

Appendix Table A5. Model Fit when Initiative Dummy Interaction Added, National Sample, May 2013

	Base Model From Table A3		Model Includes Interaction of Treatments X Initiative State (0,1)	
	AIC	BIC	AIC	BIC
<i>Residency Restrictions on Sex Offenders</i>	3225.26*	3269.41*	3229.77	3288.64
<i>Restrictions on Abortion During 2nd Trimester</i>	3512.21*	3556.35*	3514.43	3573.29
<i>Supermajority Budget Requirement</i>	3287.54*	3331.69*	3291.80	3350.67

Note: From the models presented in Table 3 as compared to an additional model that includes a main effect for Initiative State Respondent (0,1) and two interaction terms (Initiative X Support Treatment & Initiative X Oppose Treatment). *indicates a lower value and the preferred model based on AIC/BIC criterion.