Multivariate analyses, whether original or cited from existing empirical research (e.g., Jody Baumgartner, "The Veepstakes: Forecasting Vice Presidential Selection in 2008," *PS: Political Science & Politics* 41 [October 2008]: 765–72) would more effectively characterize the weight of relevant selection criteria, particularly when comparisons to previous eras are drawn.

Notwithstanding such relatively minor concerns, in general Goldstein's analysis is remarkably insightful, exhaustively researched, and substantively persuasive. Its overarching conclusions are supported and enlivened by genuinely perceptive treatments of such diverse matters as Dick Cheney's diminished second-term influence, in relation to his rejection of the White House vice presidency's generalist model (p. 166); the virtues of vice presidential ambition (pp. 286–88); flawed charges of an "imperial" (pp. 289–92) or antidemocratic (pp. 294–300) White House vice presidency; and the process by which invocations of the Twenty-Fifth Amendment's (temporary) succession provisions have become institutionalized, as well as the White House vice presidency's value in preparing for such events (pp. 248–64).

For scholars and others seeking to understand the vice presidency, this book is an indispensable resource—and, for that matter, a captivating read. In fact, it is not going too far to say that if you have one book about the vice presidency on your bookshelf, this should be it.

Interest Groups and Health Care Reform across the United States. By Virginia Gray, David Lowery, and Jennifer K. Benz. Washington, DC, Georgetown University Press. 2013. 248p. $29.95.
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— Michael Doonan, *Brandeis University*

This book makes a major contribution to an understanding of what influences state and national health policy. While the focus is on the role of interest groups, the models add insight into the range of influences on policy development, including political party control, competition between parties, issue saliency, ideology, and political action committees. Although *Interest Groups and Health Care Reform across the United States* adds value to the health policy field, in several places it is better at identifying effects than explaining the magnitude of the effect or impact on policy.

After providing background on interest-group theory, the structure of health care in the United States, and organized interest-group literature, Virginia Gray, David Lowery, and Jennifer K. Benz analyze three health-care policy areas: state pharmacy programs, regulation of managed care, and universal health-care efforts in the states. Variation within state policies is used to assess the influence of interest groups and other factors that impact policy adoption and revision. The driving theory is derived from the Energy Stability Area (ESA) model, which focuses on the density and diversity of organized interest.

State pharmacy programs assist low-income seniors not eligible for coverage through Medicaid. Prior to the passage of the Medicare Part D prescription-drug benefit in 2003, 34 states had drug assistance programs. Findings are based on variations among state programs. The authors question why these assistance programs were able to happen at the state level but were blocked nationally for so long. A key finding was that organized interests had little impact on program adoption but significant impact on subsequent modifications. This finding reinforces the supposition in ESAs that interest groups react more to the policy agenda than create it. Citizens' belief in a broader role for government had a positive impact on adoption, but Democratic Party control did not. However, Democratic control was essential for program expansion. Interparty competition, state wealth, and a higher percentage of seniors all increased chances of adoption. Higher health maintenance organization (HMO) penetration had a mitigating effect on adoption. Additionally, the authors found that the "greater number of health interests in a state, the lower the generosity of the program" (p. 87).

Politics of healthcare in the states differed from Medicare Part D. The authors conclude "that the politics of state health care is far more complex, far more interesting, and potentially far more optimistic than the national story" (p. 89). They accurately characterize the politics of Medicare Part D as "the purchase of a benefit at the expense of a wide array of pork barrel expenditures for providers, insurance companies, and pharmaceutical manufacturers" (p. 89). However, the political variations are more likely due to the differences in the nature of state programs compared to Medicare Part D. States with programs in 2002 covered just 16% of the people eligible and included waiting lists and benefit restrictions. The best state, New Jersey, covered just 40% of those eligible. In 2000, the largest such program, again in New Jersey, spent $324 million and covered 187,000 people (Kimberley Fox et al., "Managing Program Costs in State Pharmacy Assistance Programs," The Commonwealth Fund, February 2004). In comparison, more than 1.5 million beneficiaries in New Jersey are eligible for Medicare Part D and expenditures are in the billions; nationally in 2014, Medicare Part D spent $97 billion, $2,203 per beneficiary ("10 Essential Facts About Medicare and Prescription Drug Spending," The Kaiser Family Foundation, July 2016). While Medicare Part D is complex for consumers and a boon to industry and insurers, it provides comprehensive benefits to nearly all eligible Medicare beneficiaries. A program the magnitude of Part D could make or break the pharmaceutical industry or health insurance companies. State programs are not comparable.

The second major focus is on the politics of managed-care regulation. The 1990s backlash against managed care was driven by physician loss of autonomy and patient frustration. States filled a federal void by enacting significant and widespread managed-care regulation. Here, the authors provide more information on the magnitude of effect, and the federal-to-state comparisons are solid. Unlike prescription drug programs' organized interests, physician and consumer groups had an effect on the number and strengths of regulations. But surprisingly, HMO strength was associated with more and stronger regulations.

The research finds that "[t]he higher the proportion of health-lobbying organizations, the fewer HMO regulations adopted, and the weaker the stringency of those regulations" (p. 113). This is attributed to "policy gridlock." States with a minimum proportion of health-lobbying organizations enacted an average of 12 regulations, compared to an average of five for states with a maximum number. They did not find any influence of state ideology. This makes sense as the Left and the Right shared discontentment with HMOs. At the same time, political-action committee (PAC) contributions were associated with weaker regulations. Once again, there was more legislative activity in states with greater party competition. Democratic legislatures were associated with more and stronger regulations (p. 115). However, the party of the governor did not matter, suggesting that regulations are more important to the legislative branch. State administrative capacity was positively associated with reforms. The role of interest groups and other influences over HMO regulations was significantly different for federal programs than for state drug programs, and this variation and complexity was part of the story.

The third case is called "universal coverage," but is more like state health-policy reforms. Gray, Lowery, and Benz define universal coverage as "any effort to provide universal coverage to all its citizens" (p. 16) including mandates for employer coverage, controlling costs of health insurance, and expanding coverage for needy families or individuals with state-only money. While the authors include appropriate caveats, in many places it reads as though the states actually proposed or enacted plans that would or could achieve universal coverage. By 1996, 17 states had passed and 42 states had considered universal coverage laws (p. 17). And later the authors say: "Five states enacted universal coverage legislation in 2007, six in 2008, and five from 2003 through 2009, for a total of twenty-two universal care enactments of some type from 2003 to 2009" (p. 154). But 17 states did not pass laws that would remotely achieve universal coverage, and nothing close to universal coverage in their sample was "enacted." This terminology is comparable to suggesting that states enacted laws to end hunger, if they improved their school lunch program.

Massachusetts's reform and Vermont's single-payer efforts were attempts to provide near-universal coverage. These plans are discussed but came too late to be considered in the analysis. And these programs relied heavily on federal funding, which would have excluded them from the analysis. Massachusetts's reform was driven by the state's need to renew its federal 1115 waiver, and most subsides were matched with federal dollars. The Vermont plan would also require waivers and sought to maximize federal revenue. According to the book: "So states have achieved reform in spite of less diversity and higher concentration of for-profit interest groups than the national level" (p. 23). Similar to state prescription-drug programs, this overimplies what the states achieved, in my opinion. But this does not invalidate their findings on interest-group influence on state health-care reform efforts.

Interest groups had the most important influence on state action (p. 146). As expected, the greater proportion of liberal advocacy interest, the greater likelihood of reform. Reform was more likely when there were a lower proportion of advocates for low taxes, small business groups, and/or insurance industry interests. Higher HMO penetration was also associated with reforms. The authors found strong evidence of diffusion between neighboring states. Overall, moving toward health-care reform was "more a partisan issue than an ideological one" (p. 147). Estimates for liberalism in a state were not associated with increased reforms, but Democratic control over the governor's office was, and control of the legislature more so. And once again, party competition mattered and led to more reform.

The authors concluded that organized interests mattered more in national reform than in the states. But like the state prescription-drug policies, this could be because of scope and scale. The Clinton health-care reform plan and Barack Obama's Affordable Care Act were comprehensive health-care reform measures with billions of dollars attached. The state-only resources were crumbs by comparison.

Findings across all three cases show that interest groups have varying influential power on different policies and come together, or oppose each other, depending on the policy specifics. The analysis leads to the conclusion that "the nature of state policymaking is highly contingent on the specifics at hand" (p. 161). Outcomes are not always determined by dominant interests. The suggestion is that there are more opportunities for change and a broader range of issues that impact this change at the state level. This is a validation of federalism or the opportunity to be different, and of the notion that states can serve as "laboratories of democracy." The conclusion might also be that states are more willing to regulate in a federal void, but less willing or able to spend significant state-only dollars compared to the federal government. The real value

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of *Interest Groups and Health Care Reform* lies in its examination of state variation on interest-group action and other influences on state action. This adds insight and breaks new ground in a critical branch of political science.

Impression of Influence: Legislator Communication, Representation, and Democratic Accountability. By Justin Grimmer, Sean J. Westwood, and Solomon Messing. Princeton: Princeton University Press, 2014. 224p. $95.00 cloth, $29.95 paper.
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— James M. Curry, *University of Utah*

In their book, Justin Grimmer, Sean Westwood, and Solomon Messing provide a much-needed and updated look at how members of Congress use federal spending decisions to cultivate a personal vote in their districts. The central argument is that the benefit gained by lawmakers from federal spending decisions is variable and dynamic—affected by how lawmakers seek to claim credit throughout the federal appropriations process, how constituents allocate credit for these actions, and how both of these processes are influenced by the local and national political environment. In elucidating these previously unappreciated dynamics, *The Impression of Influence* provides an impressive look at this very important topic, and will become standard reading for anyone interested in congressional representation.

While "a large literature analyzes how district expenditures affect support for congressional incumbents" (p. 1), Grimmer, Westwood, and Messing uncover important depth and nuance and significantly improve our understanding of this relationship. The bulk of the book demonstrates how the relationship is influenced by various dynamics. One of the most important findings is that it is not the spending itself that bolsters support for lawmakers among their constituents; rather it is the ability of lawmakers to convey an *impression* that they had influence over these spending decisions through their messaging and communication efforts.

In several chapters, the authors draw on creative experimental studies that replicate lawmakers' real-world credit-claiming messages to assess how constituents respond. Among their robust findings is that the credit constituents allocate does not vary by the size of the federal expenditure coming to the district. Credit is applied equally to very large and relatively small expenditures. Credit is also equally applied regardless of the level of involvement that lawmakers can claim they had over the spending decision. Constituents do not distinguish between lawmakers' claims that they directly secured funding via earmarks and lawmakers' simple announcements of federal grant decisions over which they had no direct control. The benefit provided to the officeholder is the same. The conclusion to be drawn here is clear—it is the message that matters more than the money.

Rather than by the spending itself, variation in the amount of credit lawmakers can derive is influenced by the political environment they face. Grimmer, Westwood, and Messing use computational, supervised learning methods to code nearly 170,000 press releases—every press release published by every member of the House of Representatives from 2005 to 2010—for their content, and utilize this data to uncover patterns in lawmakers' propensities for claiming credit for federal spending, as well as the words they use to make the credit claims. Analyzing these data alongside additional experimental evidence, the authors find that "legislators credit claiming rates reflect both district characteristics and short-term political forces" (p. 51). Reminiscent of Richard Fenno's (*Homestyle* 1978) finding that a lawmaker's representation style is influenced by his or her district's characteristics, Grimmer, Westwood, and Messing find that cross-pressured legislators—such as Democrats representing Republican-leaning districts—issue credit claims more frequently as they seek to develop a reputation as an effective advocate for their district, which can allow them to deemphasize their partisanship in upcoming elections.

From my perspective, one of the most interesting findings in the book, and one that speaks to contemporary arguments about earmark reform in Congress, is that as the Republican Party's rhetoric became more vehemently antispending following the 2008 election and the rise of Tea Party activists, the benefit that lawmakers representing conservative- and Republican-heavy districts could gain from credit claims declined. Primarily drawing on experimental evidence, Grimmer, Westwood, and Messing find that when lawmaker's credit claims are accompanied by messages expressing the negative fiscal impact of the spending, support among all but the most liberal respondents, and especially among self-identified conservatives, actually declines. This finding suggests that lifting the earmark ban would not do nearly as much to help Congress overcome gridlock as some reformers believe. In fact, it suggests that the political environment favoring fiscal austerity post-2008 may have contributed to the adoption of the earmark ban in the first place. With credit claims for federal spending providing Republicans, and many Democrats, with less electoral benefit, or even becoming an electoral liability, lawmakers had more to gain from broadcasting their opposition to federal spending, rather than attempting to claim any credit for it.

As a whole, the book is impressive and persuasive, especially regarding its central claims. However, there are some aspects that could have benefited from further development and consideration. For one, little attention is given to each party's majority or minority status in Washington, and how that status may affect the dynamics of credit claiming and federal spending decisions. While the Republican's sharp rhetorical turn against federal spending did coincide with the rise of the Tea Party, it