

Excerpts from Citizens' Health Care Working Group Final Recommendations,
http://www.citizenshealthcare.gov/finalrecs/ppd_recommendations.pdf

[Note: in addition to description of discussions and polls in the report excerpts below, there are quotes in italics (usually identified as being from a particular city meeting or other source). These quotes were all in boxes in the pdf; i.e. the reports' authors imply these are typical of a significant number of participants.]

The following common themes emerged from the community meetings and other sources of information collected from the American public by the Working Group:

- Individuals voiced support for a fairly comprehensive basic benefit design.
- Although many participants recognized the need to do more to ensure that the health care provided is appropriate and delivered efficiently, they were also concerned about arbitrary limits on coverage and were not comfortable with bare-bones benefit packages.
- Despite the reluctance of many to limit benefits, participants at meetings supported limiting coverage to services that have proven medical effectiveness.
- People wanted consumers to play an important role in deciding what should go into a basic benefit package.
- Affordability of care is a primary concern among participants.

Participants told the Working Group that they want to feel secure knowing that when they or their families need care, they can get it without becoming impoverished.

Participants wanted all Americans to be able to get the right health care, at the right time, in a respectful manner.

Participants frequently stated that the problems of high costs rest with "price setters"—namely, prescription drug companies, insurers, and for-profit providers.

A commonly expressed view was that a simpler system would result in lower administrative costs.

- Support also existed for limiting expensive yet "futile" end-of-life care and instead providing palliative care.
- Participants believed that investing in public health would pay dividends in terms of reducing health care costs.

- **When asked to evaluate different proposals for ensuring access to affordable, high quality health care coverage and services for all Americans, individuals at all but four meetings ranked *"Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance"* the highest.** Three other options generally ranked in the top four choices at the community meeting locations: *"Expand neighborhood health clinics"; "Open up enrollment in national federal programs like Medicare or the federal employees' health benefits program"; and "Require that all Americans enroll in basic health care coverage, either private or public."*

"Health care coverage can be organized in different ways. Two different models are: (1) Providing coverage for particular groups of people (e.g. employees, elderly, low-income) as is the case now; (2) Providing a defined level of services for everyone (either by expanding the current system or creating a new system). Which of the following most accurately reflects your views?"

In response to this question, a strong preference emerged:

- **A clear majority of participants preferred that all Americans receive health care coverage for a defined level of services.** In response to the question, the vast majority (between 68 percent and 98 percent) of participants at all community meetings have said that we should provide a defined level of services for everyone.

In the Working Group poll, 84 percent of participants answered the question this way. In surveys conducted by other organizations, a clear majority have expressed the opinion

that all Americans should have health insurance. For example, a *Wall Street Journal* poll regarding public support for a range of health practices in September 2005 found that 75 percent of U.S. adults somewhat favored (23 percent) or strongly favored (52 percent) universal health insurance. More recently, a New York Times/CBS poll conducted in January 2006 found that 62 percent said that they think the federal government should guarantee health insurance for Americans; 31 percent said this was not the responsibility of the federal government, and 7 percent said they do not know.⁴

- In the Detroit community meeting, some participants worried that the issue of discrimination needed to be addressed, regardless of the system design. Just like the current system of providing coverage for particular groups of people (such as Medicare or Medicaid for elderly, disabled persons or low-income populations, or group coverage organized through employment), a system providing a basic level of care for everyone ran the risk of not providing sufficient levels of care for all. Participants expressed concern that any system reform must avoid creating different levels of care for different subsets of the population.
- At the two largest community meetings in Los Angeles and Cincinnati, fewer than 10 percent of participants favored the current system that provides coverage according to a person's affiliation with a particular group. These participants, like those at the other meetings, cited problems with the current system, including:
 - o It excludes the unemployed and others who are not part of a particular group,
 - o The system is high cost, complex, and not uniform across groups,
 - o Mobility and flexibility are a problem.
- About 90 percent of participants supported the option of providing a defined level of benefits for everyone, rather than the current system of coverage for certain groups. The virtues of implementing a system of coverage for all that were mentioned included:
 - o Reduced overall and administrative costs;
 - o Decreased hospitalization and emergency room use;
 - o Access for all;
 - o Covered prevention and immunization; and
 - o Improved level of national health care.

However, participants also expressed potential concerns about such a system, such as: What is the defined level of services? Who will be denied access to care if costs are too high, and who will make these decisions? Who will pay?

At all locations, participants emphasized the importance of involving consumers in the development of a basic benefit package. Because consumers can articulate what services are necessary at various stages of life, their participation in the development of the plan could help contain costs. In the Phoenix community meeting, for example, participants wanted a basic plan that would vary based on age and gender, and that could be added to if desired. Participants at most meetings recognized that the current system does work for some, and allows for a richer benefit than might be available otherwise, but that it does not work for everyone. They expressed a desire to build upon the current system, changing it into something that is more inclusive and provides a level of care for all Americans. Everyone would contribute to this system based on their ability to pay. However, for those people who are unable to afford the cost, government subsidies should be provided to allow access to a basic package.

In a number of community meetings, including Lexington, Eugene, Sioux Falls, and Cincinnati, participants commented that the United States should learn from other countries that have covered all or most of their citizens.

The second structured question delved into how to define the specific level of benefits: *"It would be difficult to define a level of services for everyone. A health plan that many people view as 'typical' now covers these types of benefits, many of which are subject to co-payments and deductibles: preventive care, physicians' care, chiropractic care,*

maternity care, prescription drugs, hospital/facility care, physical, occupational, and speech therapy, and mental health and substance abuse. How would a basic package compare to this 'typical' plan? Are there benefits that you would add or would take out?"

• People at the community meetings frequently expressed strong support for increased focus on wellness and prevention services as part of "basic" coverage, rather than focusing only on treating sickness.

Individuals voiced support for a fairly comprehensive basic benefit design.

Benefits that a number of participants in meetings throughout the country viewed as important components of a basic benefit package included—but were not limited to— dental care, vision, hearing, care by non-physician providers such as nurse practitioners, long-term care, mental health, and hospice care. Some meeting participants also desired coverage of complementary and alternative medicine (for example, acupuncture).

Although many participants recognized the need to do more to ensure that the health care provided is appropriate and delivered efficiently, they were also concerned about arbitrary limits on coverage and were not comfortable with bare-bones benefit packages. A participant in the Eugene community meeting made the point, "There's a need for definition because we can't afford it all." **Still, when pressed to make decisions about what services to drop from basic coverage, many respondents told the Working Group "None," which was the most popular response in some locations.**

"We agree that there should be a basic level of services for everyone-everyone has a right to that care. But our concern is that neither of those- what we have now, or a basic plan for everyone - will work until it's a consumer-driven choice and not a corporate solution that values profits above everything else. The consumer should be driving the choices- not like the way the culture is now. There should be more of a balance." -- (Charlotte meeting)

"Every citizen has a basic right to have basic health care, and it can't be based on the type of job they have. -- (Salt Lake City meeting)

Despite the reluctance of many to limit benefits, participants at meetings supported limiting coverage to services to those that have proven medical effectiveness. They expressed a certain level of comfort with decisions that could affect utilization, if they were based on medical evidence – i.e. health plans or insurers should not pay for high-cost medical technologies or treatments that have not been proven to be safe and medically effective.

People wanted consumers to play an important role in deciding what should go into a basic benefit package. In meetings throughout the country, the majority of participants consistently answered that a combination of consumers, medical professionals, federal government, state and local government—generally in that order— should be responsible for having input into these decisions. Some participants indicated that employers and insurance companies should also play a role, but one that is more limited.

In the majority of meetings, participants were asked, *"On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?"* When participants were asked the question in this way, the highest rating was *always* for input from consumers, and it was *always* followed by "medical professionals."

"Some new entity or process needs to be created that includes all the relevant stakeholders, the foremost of which would be the consumer."

"[There should be] a 'quasi-governmental' entity representing all groups, including us, the people."

"One way to organize this would be to create an entity very much like the Federal Reserve Board with appointed individuals who are professionals in their field and whose

activities are generally public so it has to come under the Federal government but wouldn't be the government as we generally think of it." -- (Orlando meeting)

In the Sioux Falls meeting, participants were also asked to rate the "degree of involvement" government, medical professionals, insurance companies, employers, and citizens should each have in determining what is included in a basic health care package. 88 percent of participants voted that citizens should have a "major role," and 73 percent indicated that medical professionals should have a "major role." Participants generally believed that government (72 percent) and employers (64 percent) should play a "minor role"; **insurance companies received a mixed response, with 55 percent saying they should play a "minor role" and 42 percent saying they should play "no role."**

• Participants in some meeting sites discussed a potential role for a local board or other quasi-governmental entity in defining the basic level of services. For example, participants in the Memphis community meeting strongly supported the concept of defining the basic level of service using a "grass roots" method through regional or state boards. In these discussions, participants emphasized the need for a publicly accountable body.

• Participants were troubled that many people did not have access to the health care they need. Access to care includes access to both facilities and health care providers, including specialists. According to a national Wall Street Journal/Harris Interactive survey 56 percent of adults agree that people who are unemployed and poor should be able to get the same amount and quality of medical services as people who have good jobs and are paying substantial taxes.

In the Memphis community meeting, the discussion of the complexity of the insurance system emphasized the problems created by multiple payers.

Participants frequently cited barriers to care related to their insurance coverage. People in community meetings mentioned that they have experienced problems getting care due to health insurance rules. For example, some services were not covered due to pre-existing conditions. Participants also discussed problems related to needing to go through an insurer's gatekeeping requirements to receive referrals that sometimes were denied. A number of participants spoke of problems with the portability of health insurance under the current system.

Within the employer-based health insurance system, someone who changes jobs might be forced to switch insurance and could lose access to their health care provider if that provider is not in the new network.

Participants wanted all Americans to be able to get the right health care, at the right time, in a respectful manner. Access for everyone emerged as a common theme across meeting sites. Some meeting participants said that receiving "the right health care" meant that medical decisions would not be based on factors such as a person's age. Many participants decried making medical decisions on the basis of cost rather than medical need, but did want the care they receive to be delivered in a cost-effective manner. Community meetings tended to devote a substantial amount of time to questions related to financing health care and controlling health care costs. The first of five questions that were commonly used in community meetings asks participants their opinion on whether everyone should be required to enroll in basic health care coverage.

[describing a table showing responses to that question:] Note: Los Angeles, New York, and Hartford are not included in this table. In the Los Angeles meeting, the responses were modified based on participants' comments in the meeting. As a result, only 16 percent answered "yes" to the question, while 78 percent of the participants chose a third option that was offered by participants—that everyone automatically would have coverage under a national system, so, according to participants, the question was not applicable. For the same reason, the question was not completed in the New York meeting. In the Hartford meeting, the majority of participants abstained.

Several common themes emerged when individuals discussed why they supported

requiring everyone to have health care coverage. Some participants expressed the opinion that those who are able should pay their fair share.

"Enrolling everyone in a single pool would spread costs and yield savings." -- (Providence meeting)

"There should be progressive rates for health care, based on ability to pay, through income taxes, as part of a single payer system." -- (Hartford meeting)

Although strong support for an "individual mandate" was found at each of the meetings, some participants disagreed. Others objected to the way the question was worded since they said it assumed implicitly that a national health care system would not exist. In fact, at the community meeting in Los Angeles, the vast majority of participants supported a new "third" option: that everyone automatically would have health coverage and access to care under a new national system. Participants who disagreed with the individual mandate concept expressed concerns that it would give greater power to the government and would undermine concepts of individual freedom.

"Should some people be responsible for paying more than others? What criteria should be used for making some people pay more?"

- **In almost every community meeting, a majority of participants supported the notion that some individuals should be responsible for paying more for health care than others.** The most commonly mentioned criterion for paying more was income, but varying payment by income was supported by the majority of participants in fewer than half of the meetings where this question was discussed.

- The most popular choice of criteria was *income*. In other words, those with higher incomes should pay more than those with lower incomes. Some participants argued that those with very low incomes should not have to pay anything for their care. A July 2006 Wall Street Journal Online/Harris Interactive Poll found that 39 percent of adults agree that the higher someone's income is, the more he or she should expect to pay in taxes to cover the cost of people who are less well off and are heavy users of medical services. Over 80 percent of respondents in the University town hall meeting said that some people should be responsible for paying more for coverage than others, and about 71 percent said income should be used as a criterion for making people pay more.

Figure 6: What criteria should be used for requiring some people to pay more?

Location	None — everyone	Vary by Family size	Vary by health	Vary by income	Other	Other/ Combinatio
Orlando	21%	6%	15%	41%	17%	Not asked
Baton Rouge	6%	15%	27%	44%	8%	Not asked
Memphis	15%	3%	11%	58%	14%	Not asked
Charlotte	12%	1%	27%	32%	27%	Not asked
Jackson	26%	4%	19%	38%	13%	Not asked
Denver	16%	4%	16%	57%	8%	Not asked
Los Angeles	20%	4%	11%	51%	15%	Not asked
Providence	20%	2%	27%	45%	6%	Not asked
Indianapolis	16%	4%	29%	47%	5%	Not asked
Detroit	12%	7%	7%	69%	7%	Not asked
Phoenix	26%	2%	12%	52%	8%	Not asked
Des Moines	17%	4%	16%	61%	3%	Not asked
Philadelphia	8%	5%	7%	70%	10%	Not asked
Billings	12%	7%	29%	44%	8%	Not asked
Fargo	6%	1%	11%	21%	—	61%
Little Rock	11%	5%	6%	15%	—	62%

Tucson	18%	0%	18%	50%	13%	Not asked
Sioux Falls	13%	3%	23%	10%	—	52%
Salt Lake City	9%	4%	23%	59%	6%	Not asked

The level of support for higher-income people paying more for health insurance they purchase themselves was similar across education levels of the people responding to the Working Group poll. A **large share of respondents disagreed or strongly disagreed**. These findings may reflect the view, also heard at many meetings and in comments submitted via the Working Group poll, that there is some support for higher contributions from higher-income people, **but there is less support for direct income-related cost-sharing or premiums than there is for contributions to a national coverage system through some form of progressive tax, as discussed below.**

The following question generated substantial debate at many of the meetings:

"Should public policy continue to use tax rules to encourage employer-based health insurance?"

As shown in Figure 7, the percent of individuals who agreed with this question varied greatly from meeting site to meeting site. In the Detroit community meeting, only 23 percent of participants supported a continuation of the use of tax rules to encourage employer-based health insurance, while 87 percent of those at the Baton Rouge community meeting agreed with the policy. **In a number of meetings, some participants abstained from answering the question, in many cases because of frustration with the way the question was worded, as was the case with the previous two questions.**

- **Views about employer-based coverage did not generally reflect a deep distrust of employers, but instead were intertwined with broader concepts of health reform. The extent to which participants at a meeting may have been more heavily focused on fundamental reform, like a single-payer system, affected the group discussions about employer-based coverage.** An analysis of Internet and mailed-in, open-ended responses to the question about changing the way health care is financed, as well as comments from participants at some community meetings, revealed at least four—sometimes overlapping—categories of responses.

"If employers are to continue to provide coverage, all employers must participate, nationwide."

"I think that placing the burden of health care on employers makes American businesses less competitive in the global market. At the same time, I think that placing the burden of paying for health care on individuals will ultimately drive up the cost of care by forcing the poor and middle-income among us to rely on costly emergency services that hospitals cannot ethically deny based on inability to pay, rather than cheaper preventive care which they can."

*"We must sever the relationship between health insurance and employment. Employers should not bear the cost; it is impacting our competitiveness in the global market and it leaves huge gaps in which persons not employed in a company providing health insurance, are forced to bear huge costs of non-group insurance or, most likely, go without insurance at all. The rising percentage of uninsured is a tragedy in itself because these people frequently go without needed health care until they reach crisis. In addition, we all pay for the uninsured through higher and higher insurance premiums. **Our system must be completely overhauled and redesigned to provide universal coverage with buy-in by all who have the means and a safety-net for those who can not.**"*

- *"Employer-based insurance is not sustainable and is too expensive"* Many participants felt the nation should move away from current tax rules that favor employer-sponsored coverage. Even with the current tax breaks, health care costs continue to rise rapidly, and both businesses and employees are footing ever larger and unsustainable

expenditures. Some meeting participants believed that the system of employer-based health insurance needs to be replaced to make U.S. industries more competitive. At least one person noted that the employer subsidies were invisible to the average citizen, unlike Medicare or Medicaid, whose costs are frequently cited. Other participants noted that they were afraid to leave their jobs because of fear of losing health insurance or paying higher premiums. Those who opposed the current tax breaks cited a lack of equity in the current employer-based insurance system, a system that, as long as it exists, means that health care, as stated by someone at the Indianapolis meeting, will be, "an imperfect patchwork full of gaps."

"We need to have one single pool of Americans who are insured. This would help spread their risk and everyone could be covered. Employers could contribute to the costs, but individuals should be able to contribute on their own." - (Comments submitted to CHCWG Internet "What's Important to You?")

"Employer-based insurance is unfair, inequitable, and inadequate" A number of participants discussed other aspects of the employer-based system that were not working. **For example, participants brought up the fact that some employers are going around the current tax system by hiring only part time employees, to whom they are not required to offer full benefits. In the Los Angeles meeting, many participants supported a government-run universal health care system because they felt that the current employer-based system is unfair.** They expressed concerns that it excludes self employed, unemployed, and part-time workers, and favors large corporations. These participants supported replacing the employer tax incentive with another type of tax (such as an income or payroll tax). At several meetings and in Internet comments, some called for a national value added tax or national sales tax. **A large number of participants expressed the opinion that access to care should not be tied to insurance coverage.**

- At most meetings, participants stressed the importance of preventive care to reduce health care costs. Preventive care includes getting important screenings, exercising regularly if possible, and following a healthy diet. Some individuals said that practicing preventive care would lower health care costs.
- Participants at most meetings believed that individuals have a responsibility to manage their own care and use of services. Participants told the Working Group that doing so involves educating oneself, possibly through attending health education classes. It also involves being proactive in seeking better care and becoming wise, informed consumers of health care services and following treatment regimens. **However, a number of participants noted that some people are better equipped to be informed consumers than others.**
- In many meetings, participants mentioned that individuals have a social responsibility to pay a fair share for health care. Participants in the Memphis and Las Vegas meetings, among others, mentioned that, in a universal health system, this would include paying appropriate and possibly additional taxes.

The Working Group poll also shows some support for strategies that focus attention on the costs and appropriate use of health care. A majority of respondents either agreed (37 percent) or strongly agreed (19 percent) that we should all pay for part of our health care costs so that we will be more careful about how we use health care services.

• Participants frequently stated that the problems of high costs rest with "price setters"—namely, prescription drug companies, insurers, and for-profit providers. In meetings throughout the country, participants mentioned the desire to limit profits in the health care sector. Some participants also noted that allowing the government broader authority to negotiate prices with pharmaceutical companies would reduce Medicare costs. The Working Group poll showed strong support for government setting limits on prices for health care products such as prescription drugs or medical devices; just over 70 percent of respondents strongly agreed (39

percent) or agreed (32 percent) with these government-set limits. The general lack of trust of for-profit health care expressed in the community meetings is consistent with other national survey findings. For example, a December 2003 *Wall Street Journal Online* Health Care Poll found that most of the public do not view health care as a business that should be driven by the profit motive, and only 22 percent would prefer that for-profit insurance provide most health insurance; the findings indicated a preference for government (31 percent) or non-profit organizations (25 percent).

"I paid over \$12,000 in expenses (not including legal fees) to collect \$12,500 in medical expenses because insurers were arguing about who was responsible. Everyone wants to avoid paying. It would be vastly cheaper to adopt any of the European systems."

"I think we'll finally, inevitably, follow the lead of every other Westernized nation and institute some form of extensive public health care system -I think it's the most efficient system, and the one that gives the best care to the most people. The biggest problem I see with the system as it now stands is that we as a society spend a huge amount of money putting a profit in the pockets of the 'middleman' in the system—the insurance companies. That's why we spend 50% more of our GNP on health care than other nations do while getting worse care, and it's absurd."

(Comments submitted to CHCWG Internet "What's Important to You?")

A commonly expressed view was that a simpler system would result in lower administrative costs.

Participants believed that a more straightforward health care system would reduce administrative costs by eliminating duplication of services. **At a number of meetings throughout the country, many individuals advocated a single payer system to eliminate the middleman, possibly one structured like Medicare or similar to the public school system. Under this type of system, everyone would pay taxes to support the system, even though, as with education, they might not use the services. Participants advocating the single payer concept said it would be the most efficient way to organize health care.**

- o Participants expressed preferences for using medical evidence to decide which services are covered and provided. Many participants discussed the importance of focusing on evidence-based medicine.
- o There was general support for controlling prescription drug costs by limiting direct-to-consumer advertising of prescription drugs and using more generic drugs, when medically appropriate. Some people mentioned ideas to make generic drugs available more quickly in the market; for example, Orlando community meeting participants suggested reducing the length of time of the exclusive patent rights of pharmaceutical companies.

Support also existed for limiting expensive yet "futile" end-of-life care and instead providing palliative care.

- **Participants believed that investing in public health would pay dividends in terms of reducing health care costs.** Some people discussed providing more funding for community health centers and for public health more generally. They believed that doing so could reduce racial differences or disparities in health care, and could effectively reduce overall system costs.

The last of the four questions that the legislation directed the Working Group to ask the American people is about trade-offs they are willing to make so that everyone has access to affordable, high quality care. In community meetings, the "typical" structure was to ask participants to discuss their willingness to pay to achieve this goal, evaluate the most important priorities for public spending on health care, consider specific trade-offs the public would be willing to make, and then to evaluate potential approaches for improving access to affordable, high quality health care for all Americans. **In many meetings, time**

constraints or the desire by participants to reiterate their support for broad system reform precluded discussion of some of these questions.

... the single most common response to the question about trade-offs can be summarized as "**No trade-offs.**" The discussions at the community meetings provided context for what people really were saying, which is far more complicated.

The discussion at meetings was divided into several parts. One set of deliberations at the meetings focused specifically on paying for expanded coverage.

*"That is too broad a question. There is the wealthy American public who have lots of options right now. There is the less wealthy American public who have enough income to take some of the available options. There is the working American public who can just barely afford any available options. And there is the American public who can not afford any of today's health care options. And each group will have very different ideas about what they are willing to give up or 'trade-off' to get affordable, good quality health care. Even the concept of 'quality' health care is a relative term — any reasonably trained and mostly competent doctor looks good when your choice is that doctor or no treatment at all. **What all Americans should want is at least the quality and availability of care that countries like Canada, France, England, etc. offer.**" -- (Comments submitted to CHCWG "What's Important to You?")*

***"Eliminate profits in the health care system to pay for universal coverage."** -- (New York City meeting)*

***"Eliminate medical middlemen (insurance companies) and direct-to-consumer advertising by pharmaceutical companies in exchange for universal health care."** -- (Hartford meeting)*

"For those that already have health care, I believe many are willing to pay a little more for that benefit if they can be guaranteed that the extra would be put towards providing health care for those less fortunate - most of us have been in the position of having no health care at one time or another in our lives. For those that don't currently have health care, there can't be much they can trade "

"I think that most people would be willing to accept a national value added or national sales tax to fund a nationalized medical system that treats all legal citizens fairly and equally, without financial or any other kind of discrimination." "Phase it in. Universalize a small sector of health care —for example, preventive care — before trying to redo the entire system. If the public learns to trust a small sector of tax-financed health care, it will be more open to greater change." "It should be underwritten by the government, with sliding scale of payments made by individuals through taxes - people who make the most should pay the most to insure that health care is available for all; employers should also contribute through the taxes they pay." Comments submitted to CHCWG "What's Important to You?")

"Considering the rising cost of health care, which of the following should be the most important priority for public spending to reach the goal of health care that works for all Americans?"

At community meetings throughout the country, participants were asked to consider a list of possible priorities for public spending to reach the goal of health care that works for all Americans. The list presented at the meetings generally included the following items: guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas; investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters; guaranteeing that all Americans have health insurance; funding the development of computerized health information; funding programs that eliminate problems in access to or quality of care for minorities; funding biomedical and technological research; guaranteeing that all Americans get health care when they need it, through some form of public or private program, including "safety net" programs for those who cannot afford

care otherwise; and preserving Medicare and Medicaid.

- **When asked to rank or choose among competing priorities for public spending on health, meeting participants—with few exceptions—were most likely to rank "Guaranteeing that all Americans have health coverage/insurance" at the top of the list. In the Working Group poll, 64.6 percent chose this as among the top three priorities for public spending on health.**

Other spending priorities in the list that tended to score high included:

- o **Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters;**
- o **Guaranteeing that all Americans get health care when they need it, through some form of public or private program, including "safety net" programs for those who cannot afford care otherwise;**
- o **Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas; and**
- o **Funding programs that eliminate problems in access to or quality of care for minorities.**

It is also important to note that support for *any* of the particular proposals could change dramatically when the list of potential priorities was modified, as occurred in two meetings. In the Hartford meeting, where participants were asked, "Which is your first priority?" **Discussants there added a ninth priority to the list: "Guaranteeing that all Americans have quality health care."** When this option was included in the list of options, a full 80 percent of participants selected it rather than the options ranked highly elsewhere. For example, although the option, "Guaranteeing that all Americans have health coverage" ranked as the second highest priority in the list, it was selected by only 8 percent of participants. "Guaranteeing that all Americans get health care when they need it" also was selected by 8 percent of respondents, and no other option generated more than one vote. **Similarly, in the Billings meeting, audience members requested a word change of one of the choices to include "Guaranteeing that all Americans have health care."** In this meeting, participants were asked to rate each priority on a scale from 1 (low) to 10 (high). When this option was added, it ranked higher than any other option.

Paying More Taxes for Health Care for All: Evidence from Other National Polls

A poll conducted in December 2004 by The Pew Research Center for the People and the Press found that **65 percent of Americans favor or strongly favor the U.S. government guaranteeing health insurance for all citizens, even if it meant raising taxes (Pew);** an earlier poll conducted in August 2003 also by Pew from the same polling group also found that **67 percent favored guaranteeing health insurance to all citizens even if it meant raising taxes.**

A 2003 CBS New/New York Times poll showed that **81 percent of respondents favored using potential tax cut money to ensure all Americans have access to health insurance,** whereas 14 percent indicated a tax cut should be a higher priority. A 2003 poll found that **79 percent of Americans believed it is more important to provide health care coverage for all Americans, than to hold down taxes. (ABC/Washington Post).**

The next question often asked at community meetings was met with resistance at most meetings, sometimes by many of the participants:

"Some believe that fixing the health care system will require tradeoffs from everyone—for example, hospitals, employers, insurers, consumers, government agencies. By 'tradeoff' we mean reducing or eliminating something to get more of something else. On a scale from 1 (strongly oppose) to 10 (strongly support), please rate your support of each of the following trade-offs. What are some other examples of trade-offs that you would support?"

Individuals at many, if not all, community meetings argued that there were enough

resources in the system already to achieve a goal of health care that works for all Americans, that resources just need to be redistributed. Most, however, did not think that the resources needed to be redistributed away from services provided to them; rather, they wanted to see reductions in waste, fraud, and (unnecessary) profit. In other cases, participants thought that the tradeoffs should come from outside the health arena. For example, at the Los Angeles community meeting, participants developed and voted on their own list of specific tradeoffs they would be willing to support. The only two choices that garnered majority support were: (1) No tradeoffs—the American people already pay more than enough to fully fund a single payer universal plan; and (2) Trade war for health care—cut from defense and homeland security budgets. In Las Vegas, the participants opted for "re-evaluating federal spending priorities."

The final substantive question at meetings asked people for their opinions on a range of fairly specific yet broad proposals for ensuring access to affordable, high quality health care coverage and services for all Americans:

"If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this?"

As with the previous question, participants at the community meetings were asked to evaluate a list of proposals. In this case, participants were asked to evaluate ten proposals on a scale from 1 (low) to 10 (high). Proposals included: offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own; expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program (SCHIP), to provide coverage for more people without health insurance; rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices; open up enrollment in national federal programs like Medicare or the federal employees' health benefits program; expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families; require businesses to offer health insurance to their employees; expand neighborhood health clinics; create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance; require that all Americans enroll in basic health care coverage, either private or public; and increase flexibility afforded states in how they use federal funds for state programs—such as Medicaid and SCHIP—to maximize coverage.

A clear consensus emerged amongst these options:

- **When asked to evaluate different proposals for ensuring access to affordable, high quality health care coverage and services for all Americans, individuals at all but four meetings ranked "*Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance*" the highest.**
- Three other options almost consistently ranked in the top four choices:
 - o Expand neighborhood health clinics;
 - o Open up enrollment in national federal programs like Medicare or the federal employees' health benefits program; and
 - o Require that all Americans enroll in basic health care coverage, either private or public.

The support for neighborhood health clinics and for opening up enrollment in Medicare or the federal employees' health benefits program was consistently high and in line with the strong support for the Medicare program that was expressed in meetings across the country. The level of support in the Working Group poll and University town hall meeting for opening enrollment in national programs such as Medicare or the federal employees' health benefits program was in line with a 2005

national survey by the Employee Benefit Research Institute that found 76 percent strongly or somewhat favor allowing uninsured people to buy into government programs such as Medicare and Medicaid, or into the one in which members of Congress participate.

In the community meetings, the **individual mandate** (in other words, requiring that all Americans enroll in basic health care coverage, either private or public) was included as one of the options. Regardless of when in the meeting the question was asked, this option had a fairly high level of support, although the explanation of the concept differed from discussion to discussion. This option ranked third in popularity in the University town hall meeting, and, in several community meetings, it ranked higher than all other options.

However, its support in the Working Group Internet poll was below 50 percent.

Responses to Tradeoff Questions on Working Group Poll and from University Internet Town Hall Meeting

How much do you agree or disagree with the following options to assure coverage for all Americans? % who "Agree" or "Strongly Agree"	Working Group Poll	University Town Hall Meeting
Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own	42%	35%
Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance	68%	71%
Rely on free market competition among doctors, hospitals, other health care providers and insurance companies, rather than having government define	23%	16%
Open up enrollment in national federal programs like Medicare or the federal employees' health benefit	64%	63%
Require businesses to offer health insurance to their employees	56%	47%
Expand neighborhood health clinics	73%	79%
Create a national health plan, financed by taxpayers, in which all Americans would get their health insurance	70%	78%
Require that all Americans enroll in basic health care coverage, either private or public	47%	74%
Increase flexibility given states in how they use federal funds (such as Medicaid and the State Children's Health Insurance Program) to maximize coverage	55%	58%
Expand current tax incentives available to employers and their employees to encourage them to offer insurance to more workers and their families	69%	61%

In general, responses to the open ended question about paying for health care were very similar to responses to the questions regarding tradeoffs and recommendations. **There are comments from a small number of individuals who are strongly opposed to major changes to the current system or to any changes that would increase the government's role in health care, but these were not the typical comments we received or what we heard in meetings or from the Internet poll.**

Analysis of the comments shows that when asked about what kinds of changes should be made to the way we currently pay for care, **most wrote about the need for a single health care system.** We know from the comments submitted as well as the discussions at the meetings that the notion of a single health care system means a number of different things to different people. For some, the most important issue clearly was the need for a government-run program. For others, it was an administratively simple program that

would be available to everyone but provided in the public and private arenas. **Among the 2,511 respondents who wrote about the need for a single health care system in response to an open-ended question about how health care should be financed, 43 percent recommended a single payer system, while 24 percent discussed national health care and 18 percent discussed universal health care. The remainder discussed the ideas of universal Medicare, universal coverage, universal basic care, or universal access.**

And, while a minority expressed the view that market reforms and advancements in technology could help to control costs and lead to better access to care, most of the people we heard from want more fundamental change.

The same notion—the need for a single national health care system—dominated the responses to the final question that asked people for the single most important recommendation for improving health care for all Americans.

The Working Group Heard Many Views about How to Make Health Care Work for All Americans: Examples:

"We need a single-payer system to control costs and promote efficiency, and it has to be universal."

"I think the only thing that will work is creating a system that includes everyone at a basic level of care with significant incentives for preventive care. It could be done through a system of clinics located near grocery stores (or WalMart-type stores), in schools and community health centers."

"Let's just do Medicare for everyone. And establish a universal standard of electronic record keeping. Then everybody can go to the doctor of their choice, when they need to, and nobody falls through the cracks. And our health care system can focus on getting the right treatment to people the best way, and the healthcare database can track what treatments works best for whom, in the most cost effective way. Until we have a system that guarantees universal, complete coverage, we will never be able to track what basic, effective health care really costs or establish mechanisms—or even rationing (which I don't think we need)— that does what is best for all"

"Everyone pays a fair share, everyone has health care benefits."

"A non-profit single payer system that covered everyone would be the best solution. This would save billions in the total cost of health care in America. This plan could buy drugs with huge bulk discounts like Medicare & Congressional, & veterans plans do."

"Require all Americans to choose a health care option and allow health care choices. Then let the free market reduce the costs. The default option is a free Medicaid type program that only provides emergency and preventative care."

"Put everyone in one risk pool and have a publicly financed, privately delivered system instead of paying high administrative costs for private insurance companies."

"Develop a coordinated system through the government that assures access for all, including focusing on preventive care. Health care should be regulated - like utilities are regulated. The private sector system is not working for the US. Every other developed country has figured out a system; why can't we ?"

"A single payer system with a massive investment in information technology that provides universal access to patients as well as providers."

"Enact a single payer system of national health insurance with national standards and a global budget in which inequalities in health care delivery would be monitored and reported by race, ethnicity, income, and disability status at the state and community levels to identify inefficiencies that could be reduced by incorporating non-discrimination standards into the regulatory structure at the federal and state levels."

"We need to set up a system like Social Security, where all working people pay into it, but all get equal coverage. We also need to tax not-for-profit institutions and systems that are currently acting very much like for-profit systems to cover insurance costs for

the uninsured, the elderly, and disabled. If these systems are competing with one another, and they are, they must contribute to the community need through tax dollars, since they are duplicating services and keep building facilities that are not needed."

"Medicare and the VA are and have been working. They are cheaper than other options already in place and are more efficient in administrative costs than many other options."

"A non-mandatory, semi-private, semi-government run health insurance/free (or at least affordable, possibly based on income levels) health care program to everyone in the country. A health care program completely run by the government wouldn't work, but neither would one that was privately run - something comparable in theory to the FEHBP. And it should be either free service (paid for by taxes) for the patron, or be priced according to income and possibly 'risky' behaviors."

"Create a system that seamlessly covers individuals from birth to death. Health care is about the individual, not whether they work, or have a disability, or fall within a certain age range. We keep everything in this country piecemeal and segregated by false categorization and because of that ensure a fragmented system with lots of individuals falling through the cracks. Get rid of the fractured system based on the private market. It doesn't work. It is costly and creates too many gaps in care."