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# WHAT HAPPENED TO AMERICANS' SUPPORT FOR THE CLINTON HEALTH PLAN?

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**Prologue:** *Nearly a year has passed since Congress declared the demise of health care reform, at last for the current legislation session. However, the problems that drove the 1993-1994 health reform effort remain and, indeed, are growing worse in many cases. In this study Robert Blendon and colleagues examine public opinion polls during the 1993-1994 period to attempt to understand why Americans' strong initial support for health care reform—and specifically the Clinton administration's managed competition-based proposal—reversed itself during the debate. Within a twelve-month period, they found, public support for the Clinton plan fell from 71 percent to 43 percent. The authors offer a number of explanations for this drop-off of public support, especially among key groups that traditionally have supported Democratic proposals. They are sharply critical of the Clinton administration's failure to retain public support and translate political momentum into action. Blendon has had a long, distinguished career in tracking and interpreting opinion polling about health care, both in the United States and in other countries. He is Roger I. Lee Professor of Health Policy and Management and chairs the Department of Health Policy and Management, Harvard School of Public Health. He directs the Harvard Program on Public Opinion and Health care and the Program on the Future of Health care. Mollyann Brodie is senior researcher and director of special projects at The Henry J. Kaiser Family Foundation in Menlo Park, California. She holds a doctorate in health policy from Harvard. John Benson is deputy director of the Kaiser/Harvard Program on the Public and Health/Social Policy at the Harvard School of Public Health. He received a master's degree in history of science from the University of Wisconsin.*

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**Abstract:** Within a twelve-month period public support for the Clinton plan fell from 71 percent to 43 percent. The administration lost substantial support among two politically important groups—the elderly and Democrats. This outcome was brought on by a series of key strategic and substantive misjudgments by the administration in the choices that it made in the development of its plan. These particular decisions inadvertently reinforced the public’s deeply held cynicism that although health care reform was needed, the government in Washington would not do it right and would ultimately leave the middle class worse off than it was before.

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**F**or the third time since World War II, a U.S. president has been unable to convince Congress to enact his proposed national health care reform plan. As was true of the earlier presidential attempts, the Clinton administration’s failed effort resulted from many factors, including the strong opposition of interest groups, the ideological composition of Congress, opposition by important segments of the media, the timing of the proposal, and the nature of public opinion.

When President Clinton’s task force began its work in the spring of 1993, 71 percent of Americans said that they approved of what they had heard or read about the president’s initial proposal.<sup>1</sup> Following President Clinton’s televised speech 22 September 1993 announcing his plan, public support for the plan hovered at 59 percent.<sup>2</sup> But only six months later opinion surveys showed that more Americans opposed President Clinton’s plan than favored it.<sup>3</sup> Furthermore, while 55 percent of Americans said in September 1993 that they thought that the president’s health care reform proposal would be good for the country, by June 1994 only 33 percent believed this to be true.<sup>4</sup>

This paper focuses specifically on the reasons for the decline in public support for the Clinton proposal between the early planning stages and the plan’s demise in the summer of 1994. First, we show which groups in the United States moved from support to opposition during the debate and explore their principal reasons for opposing the plan. Then, from a wider analysis of polling data, we discuss the reasons why the Clinton administration lost the support of a broad range of Americans.

**Data and methods.** The data presented in this paper are drawn from twenty-eight surveys conducted by nineteen survey organizations between November 1992 and June 1994. The surveys were compiled from the POLL database and archives at the Roper Center for Public Opinion Research in Storrs, Connecticut; the Louis Harris and Associates subscription service; print and broadcast media; and agreements with private survey organizations. In all but one case, the polls involved telephone surveys of 750 to 2,000 randomly selected adults nationwide. The sole exception was an Election Day exit survey of 15,490 voters nationwide.<sup>5</sup>

When interpreting these findings, readers should recognize that all surveys are subject to sampling error. Results may differ from those that would

have been obtained if the whole population of adults had been interviewed. The size of this error varies with the number of people surveyed and the magnitude of difference in the responses to each question. The sampling error for a survey of 750 respondents is approximately  $\pm 4$  percent; for a survey of 2,000 respondents,  $\pm 2.5$  percent; for a survey of 15,490 respondents,  $\pm 1$  percent. In addition, telephone surveys (even after weighting to adjust for this) tend to underrepresent the views of persons less likely to have telephones, particularly persons with low incomes. In 1990 an estimated 5 percent of U.S. households were without telephone service.

Because of space constraints, for this paper we selected particular findings based on the following criteria: (1) relevance to key policy decisions on health care reform; (2) avoidance of biased or confusing question wordings; and (3) timeliness.

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### **Decline In Support For The Clinton Plan**

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At the time of the September 1993 speech, nearly six out of ten Americans (59 percent) said that they supported the Clinton health plan. This included a majority of Democrats, adults of all age groups and educational levels, and middle-income Americans. The only two groups that did not offer majority support at this early stage were Republicans and persons who earned more than \$50,000 per year.<sup>6</sup>

Opposition by those who considered themselves Republicans was not surprising. The president's proposal had not been developed by a bipartisan group. More importantly, it included features that were, in general, not supported by Republicans across the country. By an almost two-to-one ratio (58 percent to 32 percent) Republicans favored tax credit approaches to health coverage over employer mandates such as those included in the president's plan.<sup>7</sup> Similarly, from the outset fewer Republicans (44 percent) than Democrats (61 percent) or Independents (59 percent) thought that the nation's health care system needed comprehensive reform.<sup>8</sup>

By April 1994 President Clinton had lost majority support among most of the groups that had supported the plan in September 1993, including middle-income Americans (those who earn between \$20,000 and \$49,000 per year), political Independents, and adults over age thirty. Especially important was the decline in support among those age sixty-five and older, from 62 percent in September 1993 to 37 percent in April 1994. The only groups that continued to give majority support to the president's plan were Democrats and the poor.<sup>9</sup> However, even among Democrats support fell twenty-five points, from 83 percent in September 1993 to 58 percent in April 1994 (Exhibit 1).

In designing its plan, the Clinton administration aimed to improve the

**Exhibit 1**  
**Public Approval Of The Clinton Health Care Reform Plan, September 1993 And April 1994**

	September 1993	April 1994	Change in support <sup>a</sup>
National	59%	43%	-16%
By political party			
Republican	35	25	-10
Independent	55	45	-10
Democrat	83	58	-25
By age			
18-29	57	51	-6
30-49	58	42	-16
50-64	58	38	-20
65 and older	62	37	-25
By household income			
Less than \$20,000	63	51	-12
\$20,000-\$29,999	61	39	-22
\$30,000-\$49,999	58		-17
\$50,000 or more	49	2	-11
By education			
Less than high school graduate	58	44	-14
High school graduate	60	39	-21
Some college	59	46	-13
College graduate	56	42	-14
By region			
Northeast	63	46	-17
South	56	39	-17
Midwest	61	43	-18
West	55	40	-15

Sources: Gallup/CNN/USA Today Polls, 24 September 1993 and 16 April 1994.

<sup>a</sup> September 1993 to August 1994.

health care arrangements of most Americans and lower their future health care costs.<sup>10</sup> Thus, it is startling to find how few people believed, by April 1994, that the reform plan would actually do this. Among the five separate measures of what the plan might accomplish, most Americans did not see themselves as better off if the plan became law (Exhibit 2). On three of the measures, a majority or plurality thought that they would be worse off: 63 percent said that there would be too much government involvement under the Clinton plan; 54 percent believed that the amount of money they would pay for medical care would increase; and 48 percent said that they would have less choice of doctors. On the other two measures—the quality of their care and whether they would personally be better or worse off—most people thought that their situation would remain about the same. However, even in these two cases, more people thought they would be worse off than thought they would be better off.<sup>11</sup> On one dimension

**Exhibit 2****Americans' Expectations Of The Effect Of The Clinton Health Care Reform Plan On Them, Seven Months After The Plan's Introduction**

	<b>Too much</b>	<b>About right</b>	<b>Too little</b>	<b>Don't know</b>
Amount of government involvement	63%	29%	6%	2%
	<b>Increase</b>	<b>Same</b>	<b>Decrease</b>	<b>Don't know</b>
Amount of money you pay for medical care, including health insurance	54%	26%	17%	3%
	<b>Fewer</b>	<b>Same</b>	<b>More</b>	<b>Don't know</b>
Choice of doctors	48%	33%	16%	3%
	<b>Decline</b>	<b>Same</b>	<b>Increase</b>	<b>Don't know</b>
Quality of medical care available to you	39%	40%	20%	1%
	<b>Worse off</b>	<b>No difference</b>	<b>Better off</b>	<b>Don't know</b>
Effect on you personally	37%	40%	19%	4%

Source: Gallup/CNN/USA Today Poll, 16 April 1994.

Americans saw themselves as better off under the Clinton plan: Nearly two-thirds (63 percent) knew that the plan provided coverage for all Americans.<sup>12</sup>

Since upper-income persons initially opposed the plan, it was critical for the president to hold the majority of public support among middle-income Americans. However, the administration never convinced people that its plan would heavily benefit the middle class. Less than half (41 percent) of the public identified the middle class as a principal beneficiary of the president's reform plan.<sup>13</sup> Moreover, by the debate's end more Americans were worried that a bill would be passed that would hurt the quality and cost of their health care (57 percent) than were worried that no universal coverage and cost containment bill would be passed at all (29 percent).<sup>14</sup>

When Americans who opposed the Clinton plan were asked in an open-ended way why they opposed the proposal, their most frequent response was that it cost too much (28 percent). The next most prominent reasons were that there was too much government involvement (18 percent), that it would make the health care system worse (18 percent), and that it would restrict choice too much (10 percent).<sup>15</sup>

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### **What Went Wrong: The Conflict Among Three Key Beliefs**

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How is it that support for the president's plan fell from 71 percent in April 1993 to 43 percent in April 1994? And how is it that so many

Americans came to think that the plan would not be beneficial to them or to the country? We try to explain this decline in support by looking at the connection between a wide range of polling data available during this time period and the decisions the Clinton administration made in developing its plan. We begin by looking at survey data from 1992 and 1993 to identify three key beliefs underlying public attitudes about reform.

**Americans wanted reform.** Support for national health insurance reached a forty-year high of 66 percent in 1992.<sup>16</sup> Voters in the 1992 election ranked health care as the third most important issue in their presidential choice, behind the economy and the federal budget deficit.<sup>17</sup> By the time President Clinton had taken office, health care was listed second among the issues that Americans most wanted the government to address, behind only the economy.<sup>18</sup> In May 1993 nine in ten (90 percent) said that there was a crisis in health care in this country.<sup>19</sup> Together, these findings illustrate Americans' strong desire for and support of major health care reform, coinciding with President Clinton's election and initial reform efforts.

**Americans judged reform based on whether or not it was good for them personally.** From the outset Americans showed more concern for solving their own health care problems than for solving those facing the nation as a whole. Survey findings showed that Americans' strong support for reform could be quickly tempered by messages implying that personal sacrifices might be required to deal with the broader problems. Support for reform plummeted if Americans heard that reform would limit their choice of doctors or hospitals, would require rationing, would reduce the quality of care most persons now receive, or would require more than a modest tax increase.<sup>20</sup> When given a list of goals for health care reform, Americans chose making health care affordable for themselves and their families (34 percent) by nearly a two-to-one margin over controlling the total cost of health care (19 percent).<sup>21</sup> Given that any large-scale reform is likely to hurt some and help others, the public's criterion that reform "do no harm" to them personally created a serious constraint to maintaining public support for comprehensive reform.

**Americans were deeply cynical about government.** In striking contrast to their support for federally sponsored national health reform, Americans held overwhelmingly negative views about government (Exhibit 3). When the Medicare program was enacted in 1963 under President Lyndon Johnson, 69 percent of Americans said that they trusted the federal government to do what is right most of the time; in March 1993, when the Clintons started work on their proposal, only 23 percent expressed this level of trust.<sup>22</sup> Similarly, while the Clinton planners were developing long lists of proposed new government health care regulations, 65 percent of

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**Exhibit 3**  
**Americans' Attitudes Toward Government At The Time Of The Planning And**  
**Announcement Of President Clinton's Health Care Reform Plan**


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	Only fair/poor	Excellent/good	Not sure
Value you personally get from the taxes you pay to the federal government <sup>a</sup>	80%	18%	2%
	Only some of the time/never	Just about always/most of the time	Don't know
How much of the time you can trust the government in Washington to do the right thing <sup>b</sup>	77%	23%	0%
	Agree	Disagree	Don't know
When something is run by the government, it is usually inefficient and wasteful <sup>c</sup>	69%	29%	2%
	Agree	Disagree	Don't know
The federal government controls too much of our daily lives <sup>c</sup>	65%	34%	1%
	Smaller	Larger	Not sure
Favor smaller government with fewer services or larger government with many services <sup>d</sup>	60%	29%	11%

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**Sources:** See below.

<sup>a</sup> Harris/Business Week Poll, 14 October 1993.

<sup>b</sup> Gallup/CNN/USA Today Poll, 22 March 1993.

<sup>c</sup> Princeton Survey Research Associates/Times Mirror Center Poll, 26 May 1993.

<sup>d</sup> Los Angeles Times Poll, 12 June 1993.

Americans told pollsters that the federal government controlled too much of their daily lives, and 69 percent agreed that when something is run by the government, it is usually inefficient or wasteful.<sup>23</sup> Eighty percent said that the value they get from taxes paid to the federal government was only fair or poor, and 60 percent favored a smaller government with fewer services.<sup>24</sup>

This conflict among key beliefs created a precarious situation for the Clinton administration from the outset. The task was to convince most Americans that they would be better off and that, for once, the federal government had “gotten it right.”

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**What Went Wrong: The Presidents Choices**


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Incoming presidents know that they have only a brief window of opportunity or “honeymoon” during which to enact their legislative agendas. President Clinton entered office with only 43 percent of the popular vote;

this made it difficult for him to claim an overriding mandate for his health care agenda and further shortened the traditional honeymoon. In 1993 an electorally weak President Clinton faced key strategic and substantive choices.

Strategic choices. The president had many decisions to make regarding the process by which his health care reform plan would be developed. While seemingly unimportant at the time, these process decisions dictated the nature of initial press coverage. In an era when most Americans form their opinions based on their exposure to media reports, the images relating the design process sent important messages to the public.

Hillary Rodham Clinton and Ira Magaziner, the president's senior advisers for health care reform, seemed to be inventing a new idea from within the White House. First, the public heard that a task force consisting of 500 "experts," none of whom could be publicly identified, would develop a proposal for the president to consider. Second, the administration was not seen gathering advice from private-sector leaders, such as major employers, unions, distinguished physicians, and others who had gained considerable national or regional recognition for their own work on health care reform over the past decade. Of particular importance here was the lack of visibility by business leaders who, in an employment-based program, were to be implicit partners in the new Clinton health plan. The president's economic summit might have been a better model for garnering consensus around the new health plan than the process ultimately chosen.

Third, the proposal was not grounded in any existing "real-world" examples of reform. One way to dispel widespread cynicism would have been to show the public actual working programs that the administration had used as the basis for its initiative. Many thoughtful proposals, at least for parts of a comprehensive reform program, had already been designed and, in some cases, implemented (for example, Hawaii's employer mandate, Maryland's hospital payment program, or the Federal Employees Health Benefits Program). These offered tangible illustrations that government-sponsored reform could work without causing serious problems for individuals.

The plan's apparent complexity further worsened the political situation. Like it or not, the Clinton plan had been explicitly designed by the federal government, which the public did not fully trust. Yet the plan was too complex and addressed too many issues for the public to make an independent judgment about its desirability. Less than a month after the president's September 1993 speech, 54 percent of Americans said that they thought the president's plan was too complicated to work.<sup>25</sup> The public could not understand the plan and was unable to validate the proposal by any "real-world" illustration or by the visible involvement of any trusted nongovernmental group.

At the time of President Clinton's election it was already clear that the public and experts were split over the key proposals for reform.<sup>26</sup> Health care reform had been on the congressional agenda for more than thirty years, and there was still no national consensus about what to do. The real strategic problem for the new administration was essentially a political problem, not a policy problem: how to get consensus among experts, the public, and opinion leaders on a specific health care reform solution. Given the cynical environment—a secret task force operating for months behind closed doors, unwilling to meet publicly with physician groups and lacking any visible private-sector leaders—was probably not the way to form such a consensus. Furthermore, given that the presidential “honeymoon” period was particularly short, the task force wasted precious time and slowed the momentum for comprehensive reform.

Similarly, the president's heavy focus on the North American Free Trade Agreement (NAFTA) and foreign policy crises after his September 1993 speech led to a delay in the administration's activity on behalf of its health care reform effort. Between September 1993 and the January 1994 State of the Union address, the administration's principal communication focus was on these other issues, not on explaining the Clinton health plan to the country. During these four months the major interest groups were able to define the president's plan in their own terms through political advertising and media coverage.

**Substantive choices.** The loss of public support for the president's plan was not entirely attributable to the choices made regarding the timing and process. In fact, we believe that five substantive decisions were made in the design of the plan that contributed to the decline of public support.

(1) *Universal coverage and the employer mandate*. Health care emerged as an election issue because it had become a problem that worried middle-class Americans.<sup>27</sup> The president and his advisers were well aware that the middle class was the key audience for their plan. In fact, President Clinton made it clear that his top priorities were for “those who do the work, pay the taxes, raise the kids and play by the rules.”<sup>28</sup>

One critical question in designing a reform plan was whether it should first address the concerns of this group and, second, the needs of the disadvantaged, or vice versa. The public's underlying preference for aiding middle-class working Americans first can be seen from polling questions gauging support for employer mandates. Public support was twice as high for requiring employers to contribute to health premiums for full-time workers (60 percent) as it was for a similar requirement on behalf of part-time or seasonal workers (31 percent).<sup>29</sup>

This question of which group should be helped first also came up in the context of universal coverage. The administration could have taken one of

two approaches. In the Hawaiian model universal coverage was achieved over a considerable period of time. The first groups to be guaranteed coverage in the 1974 legislation were those who worked more than twenty hours a week. For full-time workers this meant not only guaranteed coverage, but also insurance portability, since every full-time job would come with health insurance. Not until fifteen years later did Hawaii pass a second piece of legislation that guaranteed coverage for the nonworking population and those who worked fewer than twenty hours a week. The Hawaiian debate had initially been framed in terms of whether health insurance was an employment right for full-time workers.<sup>30</sup>

The alternative approach is to guarantee everyone coverage over the same time period with no preference for those who work full time. The debate, therefore, tends to focus on the subsidy needs of the lowest-income members of our society rather than on the employment right to health care coverage for average working Americans. The president's choice of an "everyone together" strategy led to a lack of clarity in the public's mind about exactly what the plan would do for working people. For example, three months after the president's September 1993 speech, Americans were asked if the Clinton health plan guaranteed workers that they would not lose their health coverage if they changed jobs or lost the job they had. A majority (56 percent) either said that they did not know or thought that the plan did not guarantee it.<sup>31</sup>

(2) *The decision not to require a tax increase, other than a cigarette tax, to finance the president's plan.* The public believed that considerable savings could be achieved from the existing system, which could be used to help expand coverage. However, 75 percent of Americans also expected that the savings would not be enough and that some tax increase would be required.<sup>32</sup> They even showed some willingness to pay a modest amount in order to achieve universal coverage.<sup>33</sup> When the president proposed no new taxes, aside from a higher cigarette tax, Americans thought that there was something wrong with the financing of his plan. In October 1993 eight in ten Americans (80 percent) thought that the reform plan would cost more than the president had estimated it would; 54 percent expected it to cost much more.<sup>34</sup>

Too much was seen as being given away for free by the Clinton plan, and it lacked credibility in the public's mind. Americans could not understand how more people could be covered, more benefits added, and more bureaucracies established without costing them more money.

In addition, surveys showed that Americans would not support a health care plan that threatened the health insurance security of senior citizens under Medicare. Sixty-nine percent said that they would be less likely to support health care reform if it involved a threat to Medicare.<sup>35</sup> In the

absence of a tax increase, the plan's reliance on anticipated future Medicare savings gave the perception that the elderly were being asked to subsidize disproportionately the needs of the uninsured. This concern clearly suggests an explanation for the falloff of support among the elderly, who would have been most affected by this funding approach.

(3) *The decision on how the plan should contain health care costs.* Although the public was leery about government involvement in health care, one policy with strong public backing was government regulation of future growth in health insurance premiums.<sup>36</sup> People were concerned about the growth of their own health care costs and thought that the insurance industry, as well as providers, were taking advantage of them. The popularity of directly regulating insurance premiums had been shown in an earlier referendum in California to regulate automobile insurance premiums (Proposition 103). The public clearly found this approach preferable to government-set national and regional limits on health spending. From the outset more than twice as many Americans expressed strong support for the former than for the latter approach to controlling health outlays (Exhibit 4).<sup>37</sup>

Government-imposed national limits on spending quickly became associated with rationing and decreased quality of care, because the public did not trust the government to make such consequential decisions. In the public's view, what needed to be done was to deal with unreasonable charges, not to set an arbitrary limit on future health care spending.

(4) *The decision to rely almost exclusively on competing private managed care plans as the principal mechanism.* The administration chose to rely on managed competition not only because of its potential for cost containment but also for its apparent lack of government involvement. Ironically, the reliance on managed competition seems to have increased rather than to have allayed the public's fear of too much government. Managed compe-

#### Exhibit 4

#### Americans' Support For Regulating Insurance Rates And Setting A National Spending Limit, At The Time President Clinton Was Developing His Plan

As a step government could take to regulate health care costs	Strongly approve	Somewhat approve	Somewhat disapprove	Strongly disapprove	Not sure
Placing a limit on the rates that can be charged for private health insurance	58%	23%	9%	8%	3%
Placing a yearly limit on total private and government spending on health care in the United States	26%	31%	19%	18%	7%

Source: Harvard School of Public Health/Marttila and Kiley/Robert Wood Johnson Foundation Poll, 18 March 1993.

tition looked to many Americans like a government attempt to propel persons into health plans they did not want to join and to compel them to purchase their health insurance through large new government bureaucracies they did not understand.

To start with, many Americans would prefer not to belong to managed care plans. In 1990 nearly two-thirds (63 percent) of those who did not belong to a health maintenance organization (HMO) said that they were not interested in joining one, and in 1993 most Americans (74 percent) said that they preferred to arrange their own care rather than joining an organization that arranged their care for them.<sup>38</sup> Furthermore, the public placed choosing their own doctor as paramount in any reform plan. In fact, 66 percent of Americans said that it was very important for them to be able to choose any doctor they wanted rather than choosing from a list provided by their health plan.<sup>39</sup>

What was needed was a reform plan that placed a stronger emphasis on making more affordable fee-for-service plans available and less on moving Americans into managed care arrangements. Hawaii, again, could have been an important model. As part of its health plan, Hawaii has a large number of its residents enrolled in a comparatively less costly private, free-choice, fee-for-service plan; a large share of the state's population is enrolled in managed care systems as well.

(5) *The decision to establish compulsory health alliances.* A centerpiece of the president's plan was the creation of large new government agencies (health alliances) in each state to pool insurance risks and set budget limits on most health care spending. Under the plan, most people would be required to receive their insurance from a health alliance.

The public had difficulty accepting this concept for three reasons. First, few people understood what this new agency would do, why it was needed, or how it related to cost containment. Only 25 percent of Americans said that they knew what a health alliance was.<sup>40</sup>

Second, by creating new government agencies, the plan provided a "smoking gun" for those who claimed that the president wanted the federal government to take over the health care system. Two days after President Clinton's September speech, 65 percent of Americans agreed that the president's plan would increase government bureaucracy and government control.<sup>41</sup> Public concern about government bureaucracy was so strong that the mere mention of the term produced overwhelmingly negative responses. For example, when one survey question described the president's plan as establishing "79 new government agencies and commissions," 72 percent of Americans said that they would not support the plan. This became the perfect issue and mechanism for critics to use in attacking the plan.<sup>42</sup>

Finally, the public did not see a need to change the way in which they now purchase their health insurance. When offered a choice of different places to get health insurance, only one in six Americans (17 percent) preferred to purchase insurance from a health alliance.<sup>43</sup> Unconvinced that purchasing their insurance from an alliance would be an improvement over their existing situation, Americans preferred to stay with arrangements to which they were accustomed. One of the most compelling reasons for adopting an employer mandate was to allow people to continue with their current health care arrangements and build upon the current employer-based system of health insurance. The health alliances directly contradicted this consideration.

Was it possible for the president to have educated the public about the merits and need for health alliances? We think not, principally because the Clinton plan involved many other divisive features that required time and attention. President Clinton did not have the luxury of focusing his public messages strictly on health alliances. The employer mandate was probably the single most important concept for the president to explain. Even though Americans favored the idea in theory, they were not sure that an employer mandate was the best way to guarantee insurance coverage and protect their own health insurance security.<sup>44</sup> Furthermore, the employer mandate was a divisive feature because of its potential to mobilize strong interest-group opposition. The president needed, above all else, to convince Americans that a federal government requirement that employers offer and contribute to health insurance coverage for all of their employees was the most desirable health care reform solution.

In a highly cynical environment, each of these decisions proved difficult to defend, and well-funded interests used these choices as the basis for launching national campaigns opposing the president's plan.

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## Conclusions

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President Clinton faced a daunting task when he took on health care reform as his major domestic priority. Because he had not won an electoral majority in the 1992 election, he could not claim a mandate for his plan. The polls showed no broad national consensus on what type of health plan should be adopted. Similarly, the public viewed health care problems and solutions in a dramatically different way than the experts viewed them.<sup>45</sup> And, to make matters worse, the expert community itself was deeply divided among various options for reform.<sup>46</sup> Added to these problems was the fact that 1992 voters were also concerned about the deficit and high taxes and cynical about government. Furthermore, the president faced opposing interest groups that had the financial capacity to conduct cam-

paigns against the administration's proposal.

To succeed in this difficult environment, the administration had only a small margin for political error. In particular, it had to hold middle-class enthusiasm and support for its plan. To do this, the administration had to be sure that the public did not see its plan as benefiting only the most disadvantaged in the population, or increasing government interference in people's lives without the clearest and most essential of rationales.

The middle class had made health care its issue and expected the president to address its concerns explicitly, by making sure that (1) working people would not lose the insurance that came with their jobs or lose their insurance when they changed jobs; (2) they were not charged more for a policy if they became seriously ill or were not excluded from coverage because of the illness; and (3) private insurance companies would not continue to raise so sharply the insurance premiums paid by working people and their employers.

From the middle-class perspective, all other issues were of secondary importance. Of course, most average Americans wanted the nonworking population to have health insurance, favored better health benefits for everyone, and saw the need to slow down the growth of national health spending. But they were clear that they did not want these problems solved if this required a great sacrifice on their part. For example, Americans were asked, while the Clinton plan was being developed, whether we should provide the uninsured with the same benefits available to the average person and pay more in taxes as a result, or provide them with a scaled-down health plan and pay lower taxes. Six out of ten middle-income Americans chose the more limited approach to this problem; in designing its plan, the administration did not.<sup>47</sup>

Also, middle-class Americans never viewed the health care reform debate as a vehicle for budget deficit reduction. Undeniably, the public was concerned that the Clinton plan not increase the deficit, but their top health care priorities were related to their own families' health insurance security and costs. There was certainly little linkage in the public's mind between the need for health care reform and the need to make substantial cuts in future spending in the popular Medicare program.

As we showed earlier in this paper, the administration overstepped its margin for error, not only in the process chosen to develop its plan, but also in key elements of the plan's content. It was possible to maintain public support for health care reform during the Clinton presidency, but reform had to look more like Hawaii's less complex program and less like the administration's Health Security Act. Even passing a plan like Hawaii's would have involved a contentious public debate.

Support for universal coverage could have been sustained if its costs had

been spread out over a long time with a modest expansion of benefits as the years went by. Statewide regulation of private insurance premiums and of the business practices of insurance companies remained highly popular throughout the course of the debate. Strong public support could not be achieved for global limits on spending, compulsory statewide alliances, or the sweeping movement of Americans into HMOs or other plans that significantly limited choice of physicians. These initiatives needed to wait for the next wave of public interest in major health care reform.

Are there any lessons here for the next debate on health care reform or another large-scale domestic policy initiative?<sup>48</sup> We have seen that although the “window of opportunity” might exist for major government action to address a particular policy issue, the tendency is for experts to overestimate the willingness of middle-class Americans to sacrifice and risk the uncertain consequences of major changes in their lives. Thus, if substantial reform is to be achieved during these windows of opportunity, the legislation must be more modest in its reach than many reformers may see as desirable. Finally, in designing strategies and choosing policy proposals, presidents must recognize and overcome the persistently high level of public cynicism toward government.

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## NOTES

1. U.S. *News and World Report* Poll (Storrs, Conn.: Roper Center for Public Opinion Research, 21 April 1993).
2. Gallup/CNN/USA *Today* Poll (Storrs: Roper Center for Public Opinion Research, 24 September 1993).
3. Gallup/CNN/USA *Today* Poll (Storrs: Roper Center for Public Opinion Research, 26 February 1994).
4. Princeton Survey Research Associates/*Newsweek* Polls (Storrs: Roper Center for Public Opinion Research, 23 September 1993 and 17 June 1994).
5. Voter Research and Surveys Election Day Exit Poll (Storrs: Roper Center for Public Opinion Research, 3 November 1992). In exit surveys of this sort, questionnaires are distributed at voting places selected in such a way as to produce a sample that will reflect the opinions of all those who voted nationwide. The questionnaires are filled out by the voters themselves as they leave their voting places.
6. Gallup/CNN/USA *Today* Poll (24 September 1993).
7. NBC*News/Wall Street Journal* Poll (Storrs: Roper Center for Public Opinion Research, 5 March 1993).
8. Harvard School of Public Health/Marttila and Kiley/Robert Wood Johnson Foundation Poll (Storrs: Roper Center for Public Opinion Research, 18 March 1993).
9. Gallup/CNN/USA *Today* Poll (Storrs: Roper Center for Public Opinion Research, 16

- April 1994).
10. *Health Security: The President's Report to the American People* (Washington: White House Domestic Policy Council, 1993).
  11. Gallup/CNN/USA Today Poll (16 April 1994).
  12. Henry J. Kaiser Family Foundation/Harvard School of Public Health/Princeton Survey Research Associates Poll (Storrs: Roper Center for Public Opinion Research, 17 February 1994).
  13. Gallup/CNN/USA Today Poll (Storrs: Roper Center for Public Opinion Research, 8 August 1994).
  14. *U.S. News and World Report Poll* (Storrs: Roper Center for Public Opinion Research, 25 June 1994).
  15. Gallup/CNN/USA Today Poll (Storrs: Roper Center for Public Opinion Research, 25 June 1994).
  16. CBS News/New York Times Poll (Storrs: Roper Center for Public Opinion Research, 8 July 1992).
  17. Voter Research and Surveys Election Day Exit Poll (3 November 1992).
  18. Harris Poll (Storrs: Roper Center for Public Opinion Research, 22 January 1993).
  19. Gallup/CNN/USA Today Poll (Storrs: Roper Center for Public Opinion Research, 10 May 1993).
  20. R.J. Blendon et al., "The Beliefs and Values Shaping Today's Health Reform Debate," *Health Affairs* (Spring I 1994): 274-284.
  21. Henry J. Kaiser Family Foundation/Commonwealth Fund/Harris Poll (Storrs: Roper Center for Public Opinion Research, 6 August 1993).
  22. "Opinion Roundup: The State of the Nation," *Public Opinion* (February/March 1984): 21-40; and Gallup Poll (Storrs: Roper Center for Public Opinion Research, 22 March 1993).
  23. Princeton Survey Research Associates/Times Mirror Center for the People and the Press Poll (Storrs: Roper Center for Public Opinion Research, 26 May 1993).
  24. *Harris/Business Week Poll* (Storrs: Roper Center for Public Opinion Research, 14 October 1993); and *Los Angeles Times Poll* (Storrs: Roper Center for Public Opinion Research, 12 June 1993).
  25. Gallup Poll (Storrs: Roper Center for Public Opinion Research, 28 October 1993).
  26. R.J. Blendon, T.S. Hyams, and J.M. Benson, "Bridging the Gap between Expert and Public Views on Health Care Reform," *Journal of the American Medical Association* (19 May 1993): 2573-2578.
  27. R.J. Blendon et al., "The 1991 Pennsylvania Senate Race and National Health Insurance," *Journal of American Health Policy* (January/February 1992): 2 1-24.
  28. President Bill Clinton, *Putting People First: How We Can All Change America* (New York: Times Books, 1992).
  29. *Time/CNN/Yankelovich Partners Poll* (Storrs: Roper Center for Public Opinion Research, 10 February 1994).
  30. H. Taylor et al., "Health Care in Paradise: What Hawaiian Residents and Small Employers Really Think," in *Transforming the System: Building a New Structure for a New Century*, ed. R.J. Blendon and M. Brodie (New York: Faulkner and Gray, 1994); and M.S. Dukakis and C. Rosenman, "Learning from the Aloha State," *Journal of American Health Policy* (January/February 1992): 11-14.
  31. Princeton Survey Research Associates/Times Mirror Center for the People and the Press Poll (Storrs: Roper Center for Public Opinion Research, 2 December 1993).
  32. Harris Poll (Storrs: Roper Center for Public Opinion Research, 1 October 1993).
  33. Harvard School of Public Health/Marttila and Kiley/Robert Wood Johnson Foundation Poll (18 March 1993).
  34. Gallup/CNN/USA Today Poll (Storrs: Roper Center for Public Opinion Research, 28

- October 1993).
35. Harvard School of Public Health/Marttila and Kiley/Robert Wood Johnson Foundation Poll (18 March 1993).
  36. Ibid.
  37. Ibid.
  38. H. Taylor and R. Leitman, "Consumers' Satisfaction with Their Health Care," in *System in Crisis: The Case for Health Care Reform*, ed. R.J. Blendon and J.N. Edwards (New York: Faulkner and Gray, 1991); and Harvard School of Public Health/Boston Globe/KRC Communications Research Poll (Storrs: Roper Center for Public Opinion Research, 7 September 1993).
  39. Gallup/Employee Benefit Research Institute Poll (Storrs: Roper Center for Public Opinion Research, August 1993).
  40. Henry J. Kaiser Family Foundation/Harvard School of Public Health/Princeton Survey Research Associates Poll (17 February 1994).
  41. Gallup/CNN/USA Today Poll (24 September 1993).
  42. Fabrizio, McLaughlin Poll (Storrs: Roper Center for Public Opinion Research, 18 February 1994).
  43. Harvard School of Public Health/Princeton Survey Research Associates/Robert Wood Johnson Foundation Poll (Storrs: Roper Center for Public Opinion Research, 9 January 1994).
  44. Henry J. Kaiser Family Foundation/Harvard School of Public Health/Princeton Survey Research Associates Poll (17 February 1994).
  45. Blendon et al., "Bridging the Gap between Expert and Public Views on Health Care Reform."
  46. R.J. Blendon, J.N. Edwards, and A.L. Hyams, "Making the Critical Choices," *Journal of the American Medical Association* (13 May 1992): 2509-2520.
  47. Harvard School of Public Health/Marttila and Kiley/Robert Wood Johnson Foundation Poll (18 March 1993).
  48. The Henry J. Kaiser Family Foundation, Columbia Institute, and Harvard School of Public Health, *What Shapes Lawmakers' Views: A Survey of Members of Congress and Key Staff on Health Care Reform* (Washington: Columbia Institute, 1995).