



**Public Opinion on Health Reform: What Do the Polls Mean?  
Alliance for Health Reform  
October 23, 2009**

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**ED HOWARD:** If you find a seat, let's try to get started. Good day to you. My name is Ed Howard. I'm with the Alliance for Health Reform. On behalf of Senator Rockefeller, Senator Collins, our board of directors, I want to welcome you to this program looking at the relationship between public opinion and the making of health policies, specifically in the reform proposals that are now under consideration in Congress.

I don't know if there is a new health reform poll published every day but it certainly seems so to the uninitiated. I know there's one that has come out today because I have seen it, more on that in a moment.

Now are policy makers in Washington carefully scrutinizing each new survey that's published and trying to make sense of the seemingly contradictory results and tailoring their positions accordingly or are they really opinion leaders, as we sometimes call them, who debate an issue, raise its' profile, put it on page one, and therefore shape public opinion or is it some combination of those two?

Well we know that how a question is asked can make a big difference in the answers that people offer up. We know who gets asked matters. We know that political affiliation marks sharp divisions in health care. We know answers about a

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topic the public understands will be a lot more stable than answers about a complicated amorphous thing like health reform.

So what should we be looking for as new polls begin to pile up over the next few weeks? We have an incredibly well informed, experienced panel to address these and some related questions. Before you meet the panelists, I should note that our partner and co-sponsor in this briefing is the Kaiser Family Foundation. The Foundation sponsors and directly performs a ton of work on public opinion on health policy issues. They have a great storehouse of information about polls and polling at [kff.org](http://kff.org). I commend it to you.

A couple of quick logistical items. In your packets, there's a lot of background information including speaker bios, more extensive than I'll have time to give them. Monday sometime you can view a webcast of the briefing on [kff.org](http://kff.org), that website that I mentioned before for the Foundation. You can also get there, to the webcast, at the Alliance website at [allhealth.org](http://allhealth.org).

I encourage you to take a look at that webcast. It's the first one featuring some new technology, new to us anyway. All Kaiser and Alliance co-sponsored briefings -- that is when both of us are involved -- will now be done so that you can watch the video of the panelists and see his or her slides at the same time.

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Let us know what you think of this new feature. Already on both of those websites you can find the electronic versions of the materials that you have in front of you. In a few days, you'll be able to get a transcript of today's discussion at [allhealth.org](http://allhealth.org).

I would call your attention finally to the green question cards that you can use at the appropriate time to ask a question of our panelists and the blue evaluation form in your packets so that we can make these programs even better for you. We'd ask you to fill that out before you leave.

So let's get to the program. If you follow public opinion on health policy issues, I dare say none of the names on this panel are going to be unfamiliar to you. Let me introduce them all up front, if I may, that we don't interrupt the flow of the conversation. Then we'll hear the presentations and then you'll get a chance to weigh in with your questions and answers and comments.

We're going to first hear from Mollyann Brodie, the Vice President and Director of Public Opinion and Survey Research for the Kaiser Family Foundation. Every time you see a Kaiser poll that's done in cooperation with The Washington Post or NPR or USA Today, it's work that Molly has either done or is responsible for.

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Her research deals with understanding what the public knows about health policy issues, what their opinions are, what the role of opinion is in policy debates as I was mentioning, precisely what we're here to talk about today. She actually bears that most fragile of commodities, new survey data, from the October tracking poll by Kaiser.

Then we'll hear from Mark Blumenthal who is the Editor and Publisher of Pollster.com. It's the place where political junkies can go for results and for trends and solid analysis. You may also be familiar with Mark as a result of his role as a weekly columnist on nationaljournal.com on polling topics. If you haven't checked out his blog, mysterypollster.com or blog, which you can get at pollster.com, you really ought to. It's enjoyable, entertaining, and quite informative.

Then we're going to hear from Karlyn Bowman, Senior Fellow with the American Enterprise Institute, who also edits AEI's monthly political report -- has a lot of polling data in there. You can find much of her public opinion writing at the AEI website, aei.org. You take a look at a list of her publications on public opinion on a range of issues and it's longer than most writers' publications. We're happy to welcome her back to the Alliance programming.

Then lastly, we're going to hear from Humphrey Taylor, who's Chairman of the Harris Poll, a service of Harris

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Interactive. He has personally overseen 8,000 surveys in more than 80 countries and he's written and testified before Congress extensively and thoughtfully, I might add, on a range of social issues. He chairs The National Council on Public Polls and I'm proud to say he is a member of the Board of Directors of the Alliance for Health Reform. So let me then turn to Mollyann Brodie from Kaiser to give us the hot-off-the-press news.

**MOLLYANN BRODIE:** Hello. Good afternoon everyone. I want to set the stage for today's discussion by talking about the long-term tracking we've been doing focusing on the public's views of health care reform and then, as Ed said, I am going to talk especially about our recent survey, which is released today and until about what, three more hours, will be the newest data [laughter] on the topic.

Since February of this year, we've conducted a national random sample telephone survey, both by land line and by cell phone, with about 1,200 adults nationwide each month, and each time we do the survey in both English and Spanish. It's the results of those surveys that I'm going to summarize here.

So the first chart, I just want to start with looking at how people view the basic question of whether, given the current economic conditions in the country, it's more important than ever to take on health reform, which is that top orange

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line, or whether we can't afford to take it on right now, which is that bottom blue line.

You'll notice the basic consistency over time, since we first started asking the question, with more believing that we should tackle health reform than not at every point. Now as of October, 55-percent say we should while 41-percent say we should not.

Now this shows another of the key measures we've been tracking and this is whether the public believes the country would be better off, the orange line, or worse off, the blue line, if health care reform passes. The gray line is whether they think that there'd be no impact on the country.

Now again, notice that the share saying better off has always been greater than worse off. It stands at 53-percent saying the country would be better right now versus 28 who say worse and 12 who say no difference. The other thing to note here is that narrowing of opinion over the summer. You may have all remembered some of that contentious town hall meeting discussion but certainly there is a bouncing back of opinions so far this fall.

Now perhaps this is our most critical measure. We've been tracking this from the beginning as well. This is whether people believe they and their family personally will be better off or worse off if health care reform passes. Again, at every

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point, more say better, that's the orange than say worse, that's the blue. But here you'll notice a substantial share say that health reform won't make much of a difference to them personally, the gray line. So as of October, it was 41-percent saying better, 27 saying worse, 28 saying no difference.

Now there are three caveats here. First, I think it's important to note that over time, the share that's saying better off has remained relatively stable. The share who says there's been no difference early on has shrunk over time. The share who's saying it's been worse off has grown. In fact, it's doubled.

So basically, as people who thought there'd be no impact early on came to learn more and more about health reform, it looks like they've moved to the worse-off category.

The second caveat is that we are asking here about reactions to health care reform generally not about any specific plan or specific proposal. Certainly we know from our polling and everyone else's that views are tempered when instead you talk about a specific health care reform plan or Obama's plan or the Congress' plan. We also know from our polls and from others that when we ask about specific outcomes like wait times, quality, choice, cost of plans that people do worry more about how it'll impact them.

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Now the other thing we can't forget is that this debate has not only been contentious and partisan in nature up here on Capitol Hill but it has also been divided by partisan affiliation out there in the nation as well. So you'll notice here that views on whether we should or should not take on health care reform right now diverge dramatically by public's self-identified political party affiliation.

So you notice Democrats are overwhelmingly in favor, it's the blue part of the pie on your left, Republicans overwhelmingly opposed, that's the big orange part in the pie on your far right, and independents are split more in the middle but tilted towards doing health reform now.

As just another example, notice how views of how reform will impact you and your family personally, how different they are by political party identification. So a majority of Republicans think they personally will be worse off if it passes, 54, while three in 10 independents say the same and many, many fewer Democrats, just seven-percent, believe that health care reform will be bad for them and their families.

Now it's clear to us then that in general, the public values the idea of health reform but reactions are more tempered when asked instead about specific plans and clearly views differ substantially based on where people put themselves on the political party spectrum.

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What about some of the complex policy options that are being discussed? Probably in rooms next door. Over time, over the course of this year, we have asked about all the various ways to expand coverage, to pay for expansions, cost saving proposals. We've asked about insurance reforms. We've asked about proposals aimed at reform in the delivery system.

Basically, we have thrown everything and the kitchen sink at the public. It would take me at least the hour that we have here to go through all their opinions. So what I decided to do is just focus on a few of the policy proposals, those that are at kind of the center of today's debate.

So here are three results. I want you to notice two things about them. First, majorities favor requiring insurance companies to take all comers regardless of pre-existing conditions. That's the top bar. In addition, a majority favors requiring all Americans to have health insurance, that's the middle bar, and majorities favor having the government create a public health insurance plan to compete with private health insurance. That's the bottom bar.

Now certainly in this public option question, we've tested this proposal with a variety of different question wordings. We've used the word "government." We've taken "government" out. We've put similar to Medicare in. We've taken similar to Medicare out.

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To be honest, no matter how we ask it, we get about a majority supporting it in some way or another but there's also something really important to take away from this chart. That's that only in the case of the pre-existing condition policy, the top bar, do you see a majority saying they strongly support these policies.

The views on individual mandate and public options are much less intense. This becomes very important when we start talking about the realities of a public debate where proponents and opponents can make their case directly to the public. So I want to give you some examples of this.

Now note that we just saw initially majorities favor the idea of an individual mandate. You see that in the top bar. But if we tell supporters that it could mean some people would be required to buy insurance that they find too expensive or didn't want, support falls from 66-percent to 21-percent. That's that bar on your left.

Now similarly, if we tell opponents that without the requirement, insurers would still be allowed to deny people coverage, then we see support increasing to 71-percent. That's the bar on the right.

Again, I can show you virtually the same story when we talk about the public option. Support dips from 57 to about a third if supporters are told that such plans might give the

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government an unfair advantage over private insurance companies and alternatively, support for the public plan rises when initial opponents are told that the plan might only be a fallback, a trigger that would only kick in if not enough people had affordable health insurance through the private marketplace.

What these data imply is that whichever side -- the proponents or the opponents -- gets their message to break through and become the reality, the real perception of Americans, that's who's likely going to win the public views on these controversial topics, given how soft and malleable these opinions are.

Now the very popular proposal of eliminating health insurers' option of excluding people with pre-existing conditions is the one policy that even maintains majority support when we push them.

Okay, so what about the key question of how reform should be financed?

Now willingness to pay for reform has always been one of the biggest public opinion challenges for policy makers. This is basically because the public isn't really willing to bear much of the costs. That's largely because they believe reform can take place without it costing more. They believe that they don't understand what's driving health care costs.

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They think it's fraud, waste, abuse, and profits. That's certainly if we just took care of those things, we could fund all of reform.

So when we ask about willingness to pay generally, we see much more lukewarm results than when we ask about the goal of providing health insurance coverage or fixing the nation's health care system.

What we have found though throughout all of our polling is that the public is willing to ask others to pay. So they certainly like the idea of a cigarette tax and as you see here, they like the idea of -- majority supports taxing wealthy households and majority supports taxing health insurance companies that offer the most expensive policies. But just like we saw above, that initial support for an insurer tax is quite malleable. It depends a lot on which specific arguments people hear.

So notice on your left, support plunges again to 21-percent if supporters are asked what their view would be if they heard that the cost might be passed on to consumers. On your right, support jumps if opponents are asked if their view would change if they heard that the tax would discourage expensive policies and could help to lower health care costs for everyone.

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Now furthermore, when it comes to paying for health reform, the public is really split on the notion of doing any changes to Medicare as a way to fund reform. On the top bar, you see 45-percent favor, 46-percent oppose any kind of changes in provider payments as a way to pay for reform. Note in particular that seniors are really opposed to this idea. That's the bottom bar.

In fact, in all our polling, seniors are generally less likely to see themselves benefitting from reform and they're very much worried about what reform might mean for Medicare. But like others, the views of seniors are malleable and it depends on what they hear. So again, whoever wins this communication game with seniors may profoundly influence how their ultimate views on any final proposal actually come down.

Now just as we think about what's ahead for policy makers, notice here that many overestimate how quickly help is going to arrive. Half of the public believes that if reform passes, help for the uninsured, that's that top bar, and changes to the insurance market roles, the bottom bar, would arrive this year or next. Now this is clearly years ahead of what the timetables are being contemplated in any of the legislation.

Also just thinking about the politics, I want to note that fewer in October said that they had seen ads about health

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care reform than said so in September, which really reflected the contentious August town hall period. What's interesting is that in another survey we did, we found that more than eight in 10 had heard, read, or seen news about the town hall meetings. That's a significantly bigger group than reports following this debate closely or seeing the ads as you see here.

I think the point here, and what we need to remember, is the power of media coverage. I think it reminds us that it is really too early to tell where the public will ultimately come out on health care reform. There needs to be one plan that the media can focus on and explain to the public, that the public can really begin to get their heads around and really begin to figure out what it's going to mean for them and their families before we'll know how all this malleability and soft opinions are really going to play out.

I just want to end by reminding us why we are having this public debate and these discussions. Real people are having real problems paying and affording their health care. Note here that more than half told us that they've postponed seeking health care because of the cost.

A third say they've had problems paying their medical bills and, in fact, almost six in 10 think that somebody in their household has a pre-existing condition that would make it hard for them to get health insurance. The real problems and

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real worries that people have exist and it's these challenges and these anxieties that go with these challenges that the American people are asking to get help with. So that sets the stage.

**ED HOWARD:** Very good. Thank you, Molly. Before we go to Mark, I just wanted to convey a message from your boss. He said he was certain you'd do an excellent job of presenting, which of course, you have done despite the fact that your mind really doesn't have anything to do with politics, health care reform, or the Alliance at the moment. You're really thinking about mile 16 in the Marine Corps Marathon and he wants to wish you well.

**MOLLYANN BRODIE:** Thank you and it's really 18 that's scaring me [laughter].

**ED HOWARD:** Yes, Mark?

**MARK BLUMENTHAL:** Okay. Good afternoon everyone. I'm frequently asked what I think, in one of the columns in your packet, called *The Flood of Deluge of Health Care Data*, of which Kaiser's probably most adept at giving us. The question that I get most often in conscience from someone fairly smart was whether I see these conflicts between this kind of question and that kind of question. So which one is really the best measure of where the public's at on health care reform? I don't really think there is one.

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I think there are many but I want to spend a couple minutes making a sweeping broad generalization about two kinds of questions that I think you ought to distinguish between to help make sense of it all.

In my title, I said *Opinions and Reactions*, and that's because I think you can broadly separate into two kinds of questions. And in some ways, Mollyann's presentation was neatly divided between those two when she was showing you line charts and talking about values and the kinds of things that real people think about in their lives.

Do they want reform? How do costs hit them? There's this rich assortment of real opinions that people have about how they interact with the health system and what it means to them. But then there are the other kinds of questions that get at policy proposals and there, like with most aspects of public policy, those things are distant from most Americans and they're not familiar with the details.

The questions that we ask tend to be getting at reactions. People are reacting to concepts that we present to them, very often that they're sort of getting exposed to for the first time.

So I want to give you some examples of both. Now I'm starting with, of course, a chart from pollster.com, which I would encourage you to go look at, and this is one where we

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take all of the questions. We do something polling 101 says you're not supposed to do. We take all sorts of questions, that don't have identical wording, by different pollsters using slightly different populations sometimes and we throw them up all on the same chart and we draw lines through them.

I'm not sure if you can see the points. What I want to do to try to explain this is take away the oppose line and -- it may not be clear from where you're sitting which is unfortunate but in the chart in your packet, you can probably see it -- there's a very wide, it is this, "oh, there's no way that's going to work," there's a very widespread of results. It's about 30 points between the high and the low in support.

Now that's for a bunch of reasons. Some of the questions ask about -- one variation is who's doing the proposing? So some ask about President Obama's health care reform. Some ask about the health care reform being debated. Some talk about Obama. The results that seem to do best referred to Obama's plan, the one that does worst refers to it as the plan proposed by Obama and the Congressional Democrats.

Some questions -- and I think this is probably the most important source of variation -- offer the option that you might not have an opinion. So we see a variation in those who have an opinion or who don't have one, who says they don't know, of anywhere between two and about 20.

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Third and probably most important of all, some of these are surveys of adults, some are of registered voters, some of are likely voters. As you move toward a more traditional off-year electorate, which tends to be older, older voters have been a little more or a lot more opposed to reform, you tend to see a difference.

Now in our chart real quick, there's nothing magical about how we draw that line. It's supposed to fit the points. When there are a lot of what we call "house effects." When there are things that make one pollster different for another, our line can sometimes get fooled.

My preference is to make that line a little less sensitive. You can decide which one you think fits the points. If you can't see the points, it won't help much but if I put the oppose line back, what you get is a picture that since August, things have been pretty stable. That's more or less what the Kaiser data's showing you as well.

There isn't a Kaiser question on here actually because they don't ask this question but I think if you want to try to boil this particular question down, which is the first step away from the real true opinions that people have to what do you think about what's going on in Washington.

I think most Americans now know there's a bait in following it and have some sense of what they think of it, that

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the most important finding, well there are two things. There's division and a little more opposition than support but I think more important than that, a lot of uncertainty, a lot of movement. Gallop has a question that was not on here.

If I had one more slide to make, I would've included what they released this week. I won't read the whole question but they said the Congressional Democrats and Obama are debating something. The details of the final bill are still being worked out. Based on what you heard or read, do you favor? Do you oppose? Or does it depend on some of the decisions that have yet to be made about the bill?

So you had a third who oppose, a quarter who support, and more than that, 39-percent who said it depends, with Democrats and Independents being more uncertain than Republicans. So I think the big point here is that public opinion in this very general sense, is unsettled.

Now let's turn to one example of what happens when we start throwing policy proposals at people. The one I'm sure you all saw in Tuesday's Washington Post; I didn't grab the headline but the headline was like *Majority Now Supports Public Option*. The question didn't use the phrase "public option." It described the concept and no sooner had that headline hit the Internet than opponents of reform started screaming about

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everything about the survey but in particular about the wording.

I did a post on pollster.com that gets deep into the weeds on that, but what struck me as most interesting about this question, at least for the purpose of this discussion, was the fact that 97-percent of the respondents had an opinion. They could be either in favor or opposed. There are only three-percent who said I don't know. That's not unusual.

It's the general, it's typical on for this pollster and a number of others that push really hard for an answer. Because that's interesting to see where people go when they push but odd when about a week earlier, the Pew Research Center had asked a question of American adults in which they said "tell me if the public option discussed in Congress deals with either health care, unemployment, energy, or banking reform," and only 56-percent could even associate the phrase public option with health care. Forty-four-percent had no idea. They had another question in which only 18-percent could pick out Max Baucus as the chair of a health care committee from a list of four.

Now what does that tell us? There's some who, when I wrote this up, said "ah, well -- therefore we should ignore all of those questions that throw information at people and get reactions." I don't agree with that. It's important to distinguish between the two.

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You may not know the name of a bill but still want what it does. What we need to understand though is that when we throw concepts at people to evaluate, they react to the words. Describe it differently, as the Kaiser surveys do in rather vivid detail, and you find out that these opinions are often malleable.

It's also interesting -- I didn't want to talk exclusively about the public option but I think in that case, it does seem to be a little bit more robust, that it's harder to move opinion. I did a post on this yesterday but I think the big point here is that Americans aren't watching -- from this result to remember, as you look at polling data, Americans aren't sitting at home watching this debate like they're members of a jury. They're not processing every article and weighing every fact and taking it into account.

They are getting a little bit of the coverage, which is mostly focused on process and who's arguing with whom. They're getting a very broad sense. How these kinds of projective reaction questions actually do it predicting opinion can be interesting. Here's an example, which is discussed in a column that's also in your packet.

In 2003, in July just before the Congress passed and the President signed into law Medicare Part D, the prescription drug benefit, there were many, many questions asked. This

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particular one comes from Times, CNN, Harris Interactive.

Would you favor or oppose a proposal to guarantee prescription drug coverage to everyone in Medicare? Eighty-percent favored, that was actually a little bit low.

It closed a little bit toward the end of the debate, among seniors in that same poll, 82-percent -- so overwhelming support and I left out the strong favor. I believe it was a majority, logically being given that great big number.

Okay, fast forward. Congress passes it. The Kaiser Family Foundation begins tracking the question that asks among seniors, given what you know about it in general, do you have a favorable or unfavorable impression of the new Medicare drug benefit?

No, that's not a typo -- 55-percent were unfavorable among seniors to this drug benefit. That was February of '04. Six months earlier, they had been overwhelmingly in favor of.

Why? Well, leaning on the Kaiser analysis, one reason was that the benefit required that they purchase an insurance policy from a private company, not from Medicare. Seniors had preferred the latter. As everybody here knows, the political coalition that passed, it was a little unusual. Democrats were attacking it. Republicans were for it.

Then, over the course of that year, that attitude held, got a little narrower in the summer, which happened to be right

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after HHS and the government started promoting it. But it would spike back up again after seniors actually started applying. The application process was very cumbersome and confusing.

Then finally once they started actually experiencing the benefit, it started to go net positive and there've been a handful of surveys I have access to since. In July of 2008, AARP found that among seniors enrolled that the satisfaction rate was over 60.

So what's the point here? If we push for answers -- which we do, pollsters do that -- if we throw concepts at people and push for answers, we'll get them but the answers we get may be highly, the phrase for the moment, malleable. They may be subject to different results if we ask different words and they may not be predictive of where attitudes will go after the bill passes. And probably more importantly, once Americans actually had experience with it. I think the key here is to keep that in mind as we follow the debate.

**ED HOWARD:** Great. Thank you, Mark. Let's turn now to Karlyn Bowman.

**KARLYN BOWMAN:** Thank you Ed. I'm going to begin with a disclaimer. I'm not a pollster like my fellow panelists. I'm someone who studies public opinion on a broad variety of issues. I'm as likely to be looking at public opinion on

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executive pay or Barack Obama as I am to be looking at public opinion on health care. I'm a kind of dilatant of data.

That said, I believe that polls are a very useful tool and an invaluable tool to understand complex and heterogeneous publics/ But I do not believe that they should be used to make policy, whether the issue is health care reform or sending troops to Afghanistan. They're too blunt, too crude an instrument for that purpose.

In a recent essay Andy Kohut, who heads The Pew Research Center, he wrote that polls provide a good sounding board for public reactions but they are not a font of specific suggestions for public policy.

The polling business has become extremely competitive in recent years. There are more pollsters in the field than ever before poking and prodding Americans on a huge number of issues.

I honestly believe that most of them are trying to understand what Americans are thinking. But some are pushing the survey instrument far beyond where it can go in search of a headline or a story above the fold. They are suggesting that our opinions are firm in areas where they are, to use the phrase of the words of the great sociologist, Dan Yankelovich, where opinion is probably mushy at best or perhaps nonexistent.

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When people aren't knowledgeable and even when they are, as Molly and Mark have said, questionable wording can pull people in very different directions. All this poking and prodding produces some discordant results, raising the question of whether polling is becoming a little like paper money in Argentina, a currency with less value than it had two weeks ago.

Let's take a look at some of the recent polls. Many pollsters are asking Americans for their views on the importance of bipartisan support for health care reform effort. In one poll, 47-percent said it was more important for Democrats and Congress to pass health care reform this year even if they can't get much Republican support but 42-percent answered that it was more important to get bipartisan Republican support even if that delays or stops the health care reform process this year.

Yet in another poll taken a few days later, 82-percent said that it was important that any health care plan have the support of both Democrats and Republicans while just 17-percent said that wasn't important. Different emphases, different results.

The polls from early October also produced different results on the effect that health care would have on people and their families. Molly talked about her results in this regard.

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One pollster asks: From what you have heard or read, do you think that the health care reforms under consideration in Congress will mostly help you personally, mostly hurt you, or not have much of an effect? Eighteen-percent said mostly help, 31-percent mostly hurt. But in another question, 41-percent said that they or their family would be better off if the President and Congress passed health care reform and 27-percent worst off. Which is it? Different wording, different emphasis, different results.

Then there are questions about the public option. I would argue that there is no public opinion on the public option. You can move the public opinion needle significantly with changing and wording or emphasis. In a recent Pew Research Center survey, the one that Mark put up on the screen, people were asked what issue the term "public option" was associated with. As you saw in his slide, 56-percent correctly answered health care. A third didn't know or didn't respond and the rest got it wrong.

One question from early October asked about offering -- and I'm quoting directly from the question here -- a health insurance plan something like the Medicare coverage that people 65 and older get, that would compete with private health insurance plans. Sixty-two-percent supported the public option.

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Another question asked October 15<sup>th</sup> to 18<sup>th</sup> found that 57-percent in support of having -- again I'm quoting from the poll -- having the government create a new public insurance plan to compete with private health insurance plans.

Another poll, conducted in almost the same timeframe, showed that 50-percent were saying that if Congress passes a health care bill, it should include a public government-run insurance plan to compete with plans offered by private insurance companies. But another pollster used the word "government-administered plan" and those words probably produced a lower level of support.

One pollster, this week, described its findings in a headline above the fold, that Mark referred to, in a major newspaper as the public option gained support but another found it ever so slight downward movement in support overall.

What are these responses telling us? First, Medicare is a very popular program. So it's not surprising that people favor a public option when it is described as working like Medicare. We also know from polling in this area and many other areas that Americans like having choices especially in the abstract.

If you ask Americans about the decision to smoke, have an abortion, and even to kill yourself, Americans want choices and they want the choices to be theirs. When questions

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emphasize giving people choices or options, people like the idea.

Americans also like competition and many polls describe a public option as one that would compete with a government plan. But if the pollsters tell people that a public plan would be administered by the federal government, support usually drops below 50-percent.

What, then, can we feel confident about from the vast collection of polls on health care today?

First, I feel very confident about poll responses when people are asked about their own personal experiences, things that they know best. Molly and Humphrey have asked many of these kinds of questions over the years and most show that people who have coverage are highly satisfied with their care, their access to it, and its quality. They are less satisfied with cost.

Polls also tell us -- and Molly put a slide up at the end of her presentation -- that around a third have put off or postponed care that they felt they needed. Nearly that many have skipped a recommended medical test and about a quarter have not filled a prescription. These kinds of questions are also extremely valuable and the numbers are disturbingly high.

Second, Americans believe the federal government has as very strong role to play in this area. That's been true since

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the 1930s when Gallop asked Americans whether the federal government in Washington has a responsibility to provide care for those who couldn't provide for themselves. In 1938, 84-percent said yes. When that question was asked in the 1993 debate, 83-percent once again said yes. So profound continuity on the importance of the government's role.

Third, Americans are a very generous people and they want to help. One pollster asks a good question. Would you be willing to pay more, either in higher health care premiums or higher taxes, in order to increase the number of Americans who have health insurance? The responses to that question have moved in a pretty narrow range.

In September, 49-percent said that they would be willing to pay more, 46-percent said that they would not. But the question is a hypothetical one and hypothetical questions and public opinion are notoriously unreliable, whether the question is how many casualties you're willing to accept in Afghanistan or how much you're willing to pay for health care.

While I might be willing to pay more for health care for the uninsured, I don't know how much more I would be willing to pay if I was paying more for gasoline and if my utility bills were going up.

When one pollster asked this week about opposing a tax on health insurance plans that have most expensive benefit

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packages as a way to pay for the health care bill, 34-percent were in favor but 61-percent were opposed.

When another pollster asked about having health insurance companies pay for a tax offering very expensive policies to help pay for health care reform and provide coverage for more of the uninsured, 55-percent, the diametrically opposed result, were in favor and 39-percent were opposed.

As I believe that Russell Long once said: "Don't tax me. Don't tax thee. Tax the man behind the tree." Public opinion questions that ask about taxation are always more popular when you aren't being taxed.

Virtually every poll -- and there were dozens of them conducted between 1984 and 2005 -- showed strong support in the abstract for the idea of personal retirement accounts and social security. But when George W. Bush made the idea real in his State of the Union speech, the idea crashed. There were many reasons but the poll responses were a poor guide to policy.

Fourth, several pollsters ask a very good question about whether or not the health care system works well and needs only minor changes, whether there are some good things in our health care system but it needs fundamental reforms, and

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whether the system has so much wrong with it that it needs to be completely rebuilt.

Most people say the system needs some fundamental changes but only one other pollster that I'm aware of in the past two years has asked about other issues so that we might get a sense of where health care reigns compared to other pressing issues facing the nation. When the question was asked, far more people said that the immigration system was broken than gave that response about the health care system.

The challenge that opinion research faces when a general value has substantial support-- in this case expanding care for those who do not have it-- is to ensure that specific conclusions are not mistakenly attributed to it, publics assert general values. They do not, for the most part, engage in specific policy choices that are intended to reaching those broad goals. To claim that they do is wholly misleading.

It is extremely difficult to get information on how far the public wants to go in terms of taxing, spending, regulation by asking abstract questions or presenting information as many of the current health care polls do. Publics point to the ends policy makers should work to achieve. They do not give specific policy advice.

A polling profession that suggests that people are giving a specific guidance on enormous and complex provisions

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risks losing support for itself in devaluing a tool that can serve us all well. Thank you.

**ED HOWARD:** Great. Thank you, Karlyn. Let's turn to Humphrey Taylor.

**HUMPHREY TAYLOR:** Ed, thanks for inviting me here today. It is a great pleasure to be on the same platform with Mollyann and Karlyn and Mark, all of whom I greatly respect and admire and trust. As a result of that, I don't disagree with much that they've already said, unfortunately. Controversy's good of course. Karlyn and I had to cut out the quote about Russ Long behind the tree because I love it.

The background to what I'm going to present is the following. Harris Interactive runs the surveys and has done so for 23 years I think, where we try to help companies in the health care industry understand what's happening and what's likely to happen in terms of all kinds of changes to the health care system for many different reasons. We bury them in a blizzard of polling data, amongst other things.

At the end of one long and probably very tedious presentation, one of my clients said: "But Humphrey, tell me what is it the public really wants?" That's actually a pretty good question. So that's really what I'm going to talk about.

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You've heard a lot about the problems and when political views are very complicated, then polls get into a lot of trouble for all the reasons you've heard.

Sometimes, I think they actually confuse rather than enlighten policy makers. Health care reform is fiendishly complicated, fiendishly complicated. The numbers of balls in the air are absolutely amazing. The number of little policies, which nobody outside a few thousand policy wonks and people on Capitol Hill could understand, is enormous.

So I think this is really one of those cases where, as Winston Churchill once said, the problem with politicians who keep their ear too close to the ground is that it is difficult to look up to them in that ungainly posture. When policy makers have to address details of complicated policies, they have to do that, of course, but the public does not.

The public usually knows what it wants but they only have a very, very limited understanding of all of the different policies involved and what the impacts of those policies would be on them or indeed on the health care system in this case.

They are strongly influenced by political rhetoric, which can vary from the accurate to the simplistic to the misleading or completely false. Many different words and different phrases, as you've heard, can dramatically change the way that people respond both to speakers and to questions.

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So it sounds as though I'm almost saying polling data doesn't tell you anything about public opinion, but that's not true. There are some deep fundamental tides of public opinion, which are pretty consistent and which should not be confused with a thousand ripples on the surface, which is what a lot of the polls are measuring.

Some of you know I'm the most technologically challenged employee at the Harris firm. And that's actually pretty hard to read I think. Sorry about that. I thought I had done it big and bold but anyway I'm not going to read you all of these but clearly the polling data shows you, and I can read from my own, that most people are unhappy with the current health care system and favor change.

They want to have access to a system which will guarantee them access to affordable, reasonable quality care and the peace of mind from knowing that it will be there for the rest of their lives.

Secondly most people, as you've heard, think that this has to be done by government. It can't be done without government. Having said that, the language used can produce dramatically different results and the idea of a government-run system is not something that most people want.

While most people believe that fundamental changes are needed, only a minority thinks that we need to completely

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rebuild the system. Most people want to build on the system that we have.

I think this is an ophthalmologic test, a vision test, okay [laughter]. There is substantial support for health care reform not only among the public but among substantial majorities of doctors, employers, insurers, and almost all the other key stakeholders involved. The only problem is they all have very different ideas as to what health reform should be. One of the areas where there is no consensus is what are the appropriate roles of government, of employers, and individuals.

There are a large number of people who think -- a majority of people who think that health care should be an entitlement or a right. But there is a very substantial minority that thinks that it should be a good or service, which you get what you can afford and can pay for. Republicans and Democrats are highly polarized on many aspects of reform.

As you've heard from Karlyn, most people are at least reasonably satisfied with their own health insurance and with the quality of their own care. I wouldn't say they're ecstatically happy but they're somewhat happy. But that does not mean that they think the system is okay. They really do think that we need to reform the system to provide access to everyone and to control the cost both of which they think are serious problems that are out of control.

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Very important, economists tell us that we have a huge problem with unfunded liability particularly for Medicare, much greater than for social security. But this is not anything the public ever talks about at all and probably doesn't even have much of an opinion about.

Proposals that people believe will take away their health insurance they have now, that will force them to change doctors, that will ration care or prevent them from getting the treatments they think they need are deeply unpopular. I mentioned the absence of consensus on the roles of government and as you also heard, Democrats and Republicans are highly polarized and answer many of these questions very, very differently.

Something you've also picked up from the earlier speakers is that when you talk about health care reform, those who support it or oppose it vary dramatically depending on how you describe it even if they don't understand what any of the proposals are. Health care reform sounds pretty good to most people. Yes, we need it but Obama's proposals currently, people are sort of split on more or less equally.

The Democratic proposals, we don't like those very much and the Republican proposals, we've really hated those. So do people really know the difference between Obama's proposals and

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the Democratic proposals? I very much doubt it but the context produces a different response.

Most people are not talking about and don't think about and don't really have opinions, in my opinion, on many of the things that we have here, which are critically important in the health reform debate -- health information technology, comparative effectiveness reviews, health insurance exchange, reimbursement reform, pay-for-performance, quality measures, outcomes research, unfunded liabilities. When pollsters do ask questions about these things, as you've heard, the answers they get vary dramatically depending on the actual words that they've used.

Most people, unlike again the economists and the policy wonks, don't seem to see a conflict between giving patients every test and treatment that they and their doctors want however expensive and containing costs, but they really want to contain costs.

Uwe Reinhardt has published a wonderful wish list for health reform. I've given you the whole set with the paper proposals. I won't take you through all of them, but as with so many of Uwe's things, they're not only very funny, they're actually very, very much to the point.

Number one, only patients and their doctors should decide what clinical response is appropriate for a given

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medical condition even if that response involves unproven clinical procedures or technology.

Two, neither government bureaucrats nor private insurance bureaucrats should ever refuse to pay for whatever patients and their doctors have decided to do in response to a given medical condition. An insurance refusal to pay is tantamount to rationing. Rationing is un-American. I'll miss out the next few but will go to number six here.

Americans have a moral right to life-saving and potentially highly expensive medical care should they fall critically ill even if they are uninsured and could not possibly pay for that care with their own financial resources. Why else, Uwe says, would God have created hospitals and emergency rooms?

Moving to the next one and going just to number eight here, even small reductions in the future growth of Medicare spending, which is called cuts in Washington, unfairly burden the elderly along with the doctors and hospitals that serve them and the manufacturers of health products less the pace of technical innovation be impaired.

Well, I originally did not intend to show you any poll data but we published a new poll yesterday or the day before and one of the questions looked at the kind of criticisms that are now being made of the health care proposals working their

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way through the Congress. They're pretty scary for advocates of reform and people in the White House. Sixty-eight-percent said they agreed with the criticism that we should reduce the cost of health care before trying to provide insurance for people who don't have it.

I'll skip the next one but the third one there, the proposed reforms would result in a government-run health care system. Sixty-five-percent say that most people don't like the idea of a government-run health care system. Fifty-five-percent say the proposed reforms would reduce the choices many people now have, 52-percent health insurance would be too expensive, and 51-percent, the proposed reforms would not be good for people like me.

Going on to a few more and just picking a couple off this page, the third one, the proposed reform would hurt Medicare, 45-percent believe, and 37-percent, over a third, agree that the proposed reforms would create panels that would decide who should live and who should die.

With that, I have to show you this cartoon, which some of you may have seen, and the man is reading a paper, which says health reform scare tactics. He's saying to his fellow, old seniors that on the bright side, we can expect really long delays before they euthanize us.

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Anyway, so in addition to those remarks and I think I'm more or less on time Ed, there are a lot of other, a few other tables, which I thought you'd find interesting but which I'm not going to bore you with now. Thank you very much.

**ED HOWARD:** That's terrific. Thank you. Thank you very much, Humphrey. Now we get to the point where you get to enter into the conversation. We have microphones where, I tripped over one coming up here, and we also have green cards that you can use to write a question, hold it up, and someone will bring it forward.

Let me take advantage of the fact that I have a microphone and it's on to ask this question. There's some evidence at least that public opinion's helping to shape the reform strategy of Democrats. There's a story in today's *New York Times* that says that Senate Majority Leader Harry Reid told President Obama yesterday, he was inclined to add a public option to the merged bill he and his colleagues are trying to come up with.

Here let me just quote from the story. Mr. Reid's outlook was shaped, in part, by opinion polls showing public support for a government insurance plan, which would compete with private insurers. If that's true, is Senator Reid on solid ground or is there no opinion on the public option?

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**MARK BLUMENTHAL:** I'll jump. It sort of gets at the point that Karlyn was making where we agree on most everything but maybe we disagree about the implication of the messiness in measuring public opinion. Is public opinion playing a role in shaping health care policy? Of course it is. We directly elect the members of Congress, the members of the Senate, the President, and they're intensely curious and worried about how the public will react to everything they do because they will be held accountable for what they do.

What was Reid looking at or relying upon and was that reliable? I don't know but my sense is that where public opinion polling is misused is in this sort of debate. Washington Post says everyone wants a public option. No, Rasmussen says no one wants a public option. Your poll is rigged. No, your poll is rigged. Welcome to my world. That is, the use of public opinion is sort of a club to win the argument, which I think is unfortunately how it's used most of the time. There, I think, Karlyn and I agree.

That is not a very useful place to go because it's very malleable but if I'm designing... if I'm a proponent of health care reform and I want to design something that will not only pass but that will survive and meet the test of public approval such that members of Congress aren't voted out of office for having voted for it, I want to get a sense of how they react

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and what will make them... I would want to market it as something called Medicare if I could. I would want to make sure that there is benefit before paying. So just in a vague sense, yes, I think it is useful to test reactions to things as long as you understand that they're messy.

**HUMPHREY TAYLOR:** I have one thought.

**ED HOWARD:** Please.

**HUMPHREY TAYLOR:** I used to advise a couple of British Prime Ministers based on polls and I believe then as I believe now that it is worthwhile if you are a politician to test things that you might say or policies that you might propose or ways that you might propose them. If the response to the question is very positive, even if people did not have opinion before you talked about it, then it's a good thing for you to go out there and talk about it.

I think this is one such case because most of the polls suggest that a public option is popular with a majority as long as you don't call it a government-run health care system.

**ED HOWARD:** Okay. Mark, you've got a post on your mystery pollster blog that we've included in our materials that asks in its' title, "If Reform Passes, What Then?", which notes that the timing of when various pieces of reform package would take effect will shape public opinion.

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Now somebody, we were talking beforehand about the enactment and repeal of the Medicare Catastrophic Coverage Act in the late 1980s when there was a long delay between the time the bill was signed into law and the time when the benefits were supposed to start. Is there a danger to proponents in putting off the effective dates of say the coverage expansions in the current proposals until after the 2010-2012, 2014 elections?

**MARK BLUMENTHAL:** Well the column in your packets, A, went into more depth on that last slide I showed over the reaction of Medicare Part B. B, it was the cliff's notes version of a much longer paper done, co-authored by Bob London and Mollyann Brodie and others whose names I will no doubt forget. So I'm going to hand it off to you after I say one thing.

The gist of it is that if the paying precedes the benefits, the public gets very unhappy. I mean remember health care is something that is very personal and very important. On the other hand, if the benefits hit you first, being the worst case was the catastrophic coverage where I don't even remember all the details but the cost hit seniors first way before the benefit.

The best case was Medicare Part A in the 1960s when I don't know the history very well but talking to Bob London

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about it, LBJ considered it an important thing to get that membership card into seniors' hands as soon as possible so that those benefits started rolling quickly.

I used to be a Democratic pollster so no surprise I'm for health care reform. I worry about the delay in the rollout of the benefits and knowing that the opposition to this will continue unrelenting through two election cycles before the real benefits of this plan start to hit. That is something if you are a proponent of reform, you ought to be very concerned about.

**ED HOWARD:** Mollyann?

**MOLLYANN BRODIE:** So I do think that you have sort of two models, Medicare Catastrophic and Medicare Part D. They certainly learned their lesson from Medicare Catastrophic when they implemented Part D. This idea you don't want to get people paying. So in Catastrophic, people had to start paying before they got any benefit. You don't want to do that. you want to give people benefits before they actually have to start paying. So that's what they did in Part D.

I think that, in this case, the long delay could cut both ways but in many ways, it helps if they do pass something and there's a long delay for implementation, it gives them a great political victory where lots of the public will say yes, you did this thing that we wanted and they don't bare any risk

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of people changing their health care arrangements or anybody having risk because that is, as Karlyn and Humphrey pointed out, the bulk of Americans have health insurance that they're making work for them right now, may not be perfect but a lot of people are satisfied with what they have.

What makes people very anxious about these bills is that they fear how things will change for them and their family when, for the most part, they're making it work. So the extent that the legislation and the implementation take a while so that there's no immediate fundamental changes to people's lives, that'll make people actually feel very confident and very comfortable. A lot of this anxiety and angst about health reform will dissipate.

The challenge or the other side of it is that there are the people out there having real problems paying and real problems getting access to care. Those people are expecting help sooner as you saw from our slide and to the extent that they get anxious and vocal when implementation takes longer. That would be the downside but I think that there's more people in the first category than the second.

**ED HOWARD:** Karlyn?

**KARLYN BOWMAN:** Could I just add a comment about Medicare Part D? I think the polls toward the end of that debate were misleading in a number of ways. I think if you

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looked at the polls, most of them showed that seniors were going to have extraordinary difficulty filling out the forms, that there was going to be a strong reaction against the poll.

One of the major pollsters who has a bi-weekly newsletter that go with the polls that they take actually sent out a release saying that this was going to be a great benefit to the Democrats because this wasn't going to work because people weren't going to be able to fill out the forms and there was going to be an extraordinary reaction that Democrats should wait for that. That, to me, is just another example of whether where these hypothetical questions can be very misleading overall.

So I think, in some ways, it wasn't anywhere near as misleading as it had been about Catastrophic. Mark, I should say I don't disagree with you. If I were a politician on Capitol Hill, I'd want as much polling data as I could get on different aspects of this legislation, testing words, testing questions, testing phrases but I want to make sure that I didn't overinterpret those results. That's where I think I come down.

**ED HOWARD:** Humphrey?

**HUMPHREY TAYLOR:** A couple of additions to those comments. On Medicare Part D, which we tracked after it was implemented and when seniors began to get into the benefit of

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what was a substantial benefit that they had not had before then it was extremely popular with most seniors, which is very different from some of the survey data we were getting beforehand. That isn't to say that the survey data beforehand was wrong but it was measuring something completely different from their experience as beneficiaries.

On the Catastrophic, whatever you like to call it, blow-up I guess, what was interesting there was that the pharmaceutical industry funded a very expensive campaign to repeat it and that they succeeded in persuading large numbers of seniors that they would be adversely affected even many of those who would not have been adversely affected.

So people don't always make good decisions based on accurate understanding and indeed in 1994, we found that the longer the health care debate went on on the Clinton bill, the more people were giving us actually inaccurate answers about what was in the Clinton bill.

**ED HOWARD:** Let me just add, by the way, a historical note. I believe I remember the conversation with Bob Ball correctly, who was then the Social Security Commissioner and therefore the person responsible for administering putting into place Medicare back in 1965. It took him from the late July of 1965 when the bill was signed into law to July 1, 1966 when the program actually started. So they actually implemented

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Medicare for everybody much more quickly than the Part D benefit was implemented tacking itself onto Medicare. So there's, I guess, a lesson to be learned there. Yes? Would you identify yourself please?

**TIA BIENES:** Sure. Tia Bienes [misspelled?] from the Orange County Register. Just following up on Ed's question, many of us wrote in late August-early September, we either killed the public option or we said it was on life support, no way there's not going to be a public option. That seemed to be the consensus.

Now all of a sudden in the past week, everybody is scrambling, Pelosi's reinforcing it. She's always wanted a public option and, as you say, Reid is now trying to figure out some way to shoehorn it in without losing Olympia Snow's one Republican vote.

What really has happened? I mean do you think it's really been a move of public opinion or do you think it's just been the Democrats kind of woke up after the town hall meetings and said oh we didn't expect all of this and now they're trying to be louder than the folks at the town hall meetings were?

**MOLLYANN BRODIE:** I guess what I would say is that back to Karlyn's point, at some point you take public opinion for what it is but you don't say that's what's right. It takes leadership to move legislation. I think the change we're

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seeing on the public option is more about leadership than on what is happening around these hallways as people figure out what they themselves really believe and want to do.

I think what we've seen, the way I would interpret all the public opinion data on the public option is that public opinion on it is soft enough that if it's in, that'd be great for people and if it's not in, that's fine for most people. There are hard core Democrats who will go to full court press to make sure it's in, it will be very disappointed with the representatives if it's not but that's a small group.

Alternatively, there's a small group on the other side that will go nuts if it's in but for the bulk of Americans, I think if it's there, fine. If it's not there, fine. Just help me with my costs. Make sure everybody gets coverage and let's fix this health care system. The specifics about how we go about it are much less embedded in the average American as Mark was saying. We're asking too much for people to figure out exactly how it should go.

So I think that really what you're talking about is now what's happening among legislators, which should happen among legislators and among leaders is figuring out how to actually put these things into place. They may be responding to some of their most vocal constituents because there will be a key group that absolutely wants public option and a key group who

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absolutely would hate it but for the bulk of Americans, if it's there or not there at the end of the day, I don't think it's a make or break it.

**MARK BLUMENTHAL:** I want to see if I can answer your question. I don't disagree with anything Molly said but A, I don't think that reactions to the concepts behind the public option, as tested by various pollsters, have changed all that much since July. I mean you might see something. Karlyn pointed out you look at different polls and they've moved slightly differently over the last month or two. It's probably noise.

B, in the first four or five charts in Mollyann's deck, you can see pretty clear evidence that in August, there was sort of an overall dip in support across the board, which I think we all have a fairly good idea of what was driving that that came back a little bit after President Obama's speech but beyond that, it's been pretty flat since July. So I agree with your point that what's changing is what's happening in these buildings less what's happening out there with public opinion.

**ED HOWARD:** Humphrey?

**HUMPHREY TAYLOR:** Yes. One thing, which all of you on Capitol Hill I hope know is that if you're waging a political battle, it's great to have really, really, really unpopular enemies on the other side. If you look at all the people in

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the health care debate, the most unpopular are the health insurance companies. Therefore, to have a policy, which is bitterly disliked by the health insurance industry, ain't all bad.

**ED HOWARD:** Can I just follow up a little bit? Some cynics might say that there were actually, it's not a cynical observation at all come to think of it, as Molly was saying there may be some key constituents that some legislators were responding to. Is there stated public opinion data that would point some of the folks in these halls in one direction or other that would differ substantially from the national data?

**MARK BLUMENTHAL:** Well I mean take a lead from Kaiser charts showing the differences by party. They drive everything. So if you're in Texas and you repeat that kind of question, you're going to get a very different result than if you're in Maryland. So sure, there are differences that follow that pattern, blue states versus red.

**MOLLYANN BRODIE:** And in fact, I didn't show you the party differential on our public option question but 74-percent of Democrats favor it including 43-percent strongly, 41-percent of Republicans favor it or less, I can't do my math, 31-percent, 12-percent strongly. So right there, you know you know that this is something where, again, there's partisan divides.

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**KARLYN BOWMAN:** We have a good network of state pollsters in the United States but perhaps surprisingly they just haven't been very active on this issue at all. I think they were extraordinarily active in the last campaign and they just haven't been doing much polling on issues like this at all but I agree, you'd see partisan divisions depending on the make-up of the state.

**ED HOWARD:** Yes, go ahead?

**STEVEN SPITZ:** Yes, hi. My name is Steven Spitz. There was an interesting article, lead article, in *The Hill* rag yesterday with the banner headline, *Medicare For Everyone*, and it quoted Congressman Mike Ross from Arkansas who's the leader of the blue dogs in the House as saying it would be more cost efficient to expand Medicare rather than to create a new bureaucracy called the public option.

I'm wondering in light of what you've all been saying if the Congress did that, expanded Medicare rather than to create a new public plan, would that be more better received by the public?

**MOLLYANN BRODIE:** So as I say, we have badgered the public about pretty much everything over the past year. One of the things we've asked many times is whether people would just like to see Medicare expanded and seniors, by far, are the

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group who's least into that. So you would immediately have a tough constituency.

The other thing that I'd like to say is that, and this is where I think public opinion can be helpful, I think it sets the constraints on legislators. I think there's a reason why we're not talking about a single payer system. There's just something that no matter how you ask it, no matter when you ask it, there's a very small constituency for that.

So the reason I bring that up now is this Medicare for All and using that approach, it would depend on how it was talked about and sold and if there was any way, shape, or form that it started sounding like a single payer system or it being the first steps towards a single payer system, I think it would not be received as positively as the sense of having a plan that just competes with private plans.

There's something just much less threatening about that description than there is the way the average American reacts, as Mark points out, to the idea of the single payer plan, of a single government plan.

**MARK BLUMENTHAL:** Let me just underline that because I made a flippant comment about Medicare without thinking it through. There's this interesting perverse, well interesting ironic twist to how Medicare is interpreted among the public. Among seniors, love Medicare, love it so much they forget it's

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a government-run program but when Kaiser's tested this notion of expanding Medicare, they hear that as something that might threaten what they have.

Under 60, Medicare's a nice word but that doesn't sort of have the same power and may actually be sort of a benefit. It seems to work for grandma. If I could buy into it, maybe that would be okay. So you throw that word into the question often asked, would you favor a public-run option like Medicare that usually although you did some tests that making it clear helps a little bit but you have to be careful with how the specifics end up getting enacted.

**ED HOWARD:** Yes Humphrey?

**HUMPHREY TAYLOER:** There are two reasons why Medicare for All is a nonstarter. The first is that the enemies of those who are hostile to Medicare for All would all be on one fence and they'd all be extremely formidable. You don't want to introduce a policy where you have bitter resistance from the doctors, the pharmaceutical industry, the health insurers, and almost all of the commercial stakeholders in the health care industry.

I think that if the Clintons or maybe Obama had been benign dictators who could do whatever they want, they might well have gone for a single payer system, a Medicare for All system, but politically it's just not doable. One of the

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reasons is actually in surveys we've done that when you give people a choice between tweaking the present system and improving it, in other words, building on the employer-provided health insurance that we've got and Medicare and Medicaid, many more people like that than a single payer Medicare for All system.

**ED HOWARD:** Okay. Let me do a couple of questions from the green cards that folks have sent forward. This person asks how public opinion today compares with public opinion during the 1993-94 health care reform debate. These folks were much too young to have been involved in that.

**KARLYN BOWMAN:** I think they're powerful continuities between 1993 and 94 and public opinion today on the broad general outlines. I would say we have not learned a great deal that's new.

**HUMPHREY TAYLOR:** Yes. I would say that the biggest single difference isn't perhaps in public opinion. It is in the fact that the White House and the Democrats have looked at all of the mistakes that were made politically in 1993-94 and tried to avoid them. Sometimes critics would say they've gone too far the other way but they have deliberately set out to not do about six or seven or eight things that the Clintons did.

**ED HOWARD:** Molly?

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**MOLLYANN BRODIE:** I'll just say we've been repeating a lot of the questions that we asked in 93-94. We're getting identical answers today. So I mean have you talked to your doctor about health reform? Twelve-percent then, 12-percent now, so I mean in lots and lots and lots of ways. I pull out data and I can't tell which data set it's from.

**ED HOWARD:** Here's another question for folks to chew on. Given the public's dislike for government interference in competition with private insurance companies, would you recommend a system like the Dutch have where there are solely private companies and the government provides subsidies to those companies if they take high-risk patients such as the elderly or diabetics and the public pays six-and-a-half-percent of their income to the system if they can period, if they can.

So I'm not sure that's a complete and comprehensive picture of the Dutch system but you get the general idea of regulatory rather than competitive governmental involvement. Yes Humphrey?

**HUMPHREY TAYLOR:** Well we've actually have done a number of surveys in the Netherlands and it is one of the European countries along with Switzerland and some say in Germany and France where you have universal coverage entirely through the private sector with private sector health insurance

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companies competing with each other. Having said that, A, these are non-profit companies.

Secondly, the regulation ensures that essentially it's a standard benefit that you can add a few bells and whistles if you want to and the amount that are paid to doctors and hospitals is tightly regulated. So it's a model, which is a little bit more repeated into the insurance industry than a single payer system, which would put them out of business but it's very, very different from what we're going to get here if we get reform.

And one other thing is that in all of these countries, the administrative costs of running these systems are very modest, about five, six-percent of the total spending on health care whereas measuring administrative costs the same way in this country is 20-percent or more because of the standardization and regulation in those countries.

**MARK BLUMENTHAL:** I don't know a thing about the Dutch system and wouldn't begin to know how to answer the substantive question but it made me think of something to do with public opinion. There was this wonderful article by Atul Gawande not the one about bending the cost curve that caught everyone's eye but the one that came before that in which he wrote about how all of the major health systems in the world evolved out of

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something during World War II and that we really don't have the option of sort of scrapping what we have and starting over.

No one ever, I don't think anywhere, did that. They all evolved. What's interesting for me, as an outsider watching this process, I don't know that anybody would have planned the health care reform debate of the last six months on the proponent side but yet watching it work its' way through the system, as ugly as it is, and watching it getting batted around.

It seems to me like the proponents are bumping up right on the edge of what public opinion will support in terms of change. They may be a little bit over the edge but just sort of watching it get pushed back and forth is fascinating. I think it may work out well that we end up with something that will be sustainable rather than going down to flaming defeat.

**ED HOWARD:** Yes go ahead?

**DOUG TRAP:** Hi. I'm Doug Trap with American Medical News. After listening to you guys for a while, I just have a question. I'm wondering, you mentioned public option and lack of understanding about it, possibly it's sort of squishy, what does the public really understand well about the health care system that they can be counted on for a good opinion?

**ED HOWARD:** Good question.

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**MOLLYANN BRODIE:** They can understand well their own experiences with the health care system. They can understand well whether they've had challenges, whether they're having problems paying, what their experiences have been with their insurers, their experiences with their doctors. They can be counted on, as Karlyn said, to tell us about their values and about their beliefs and about what they think is the right thing to do.

They are very generous. I mean Americans are very generous. We want to provide coverage to everyone. We want to protect the poor. We want to make sure kids have good educations. We want to do all that stuff. I think that they can be counted on to react to the questions that we ask them and so that we can get sort of a sense of where the constraints are, where are you talking about things that are getting far beyond what people can grasp or fits with their sort of world view. So those are the things that they know well.

One of the things that I have a chart, it's another trend chart that looks just like all the ones I showed you, which is perfectly flat and it's the share of the public who knows that most of the uninsured are from employed families. That's, what is it, 80-percent of the uninsured are in employed families or families where at least somebody is working. That's been a fact forever.

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During the 1993-94 health reform debate, there was tons of effort to try to educate people about that that it could be you. The Robert Wood Johnson Foundation has a fabulous program called Covering Uninsured Week, that's been going on for years where they desperately tried to get that information out, 20 years of polling now absolutely flat the share of people who know what that fact. So facts aren't something that necessarily break through but they know their experience and they know what they believe.

**ED HOWARD:** Mark and then Humphrey.

**MARK BLUMENTHAL:** Back in, I can't remember when it was, when we talked at the beginning of this debate when I was writing a column, Molly made a point that I've become more of a fan of over time and that is if you think about health care, it is really unique the way our experiences and our knowledge of it are so intensely personal and emotional if you think about it.

Our experiences with the health care system are most vivid when our children are born, when our parents or loved ones pass away or if we're unfortunate enough to be confronted with or a loved one's with an accident or an illness that's life threatening. It's our greatest fears and our most fond hopes.

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So ask Americans about cap and trade, breakfast cereal, ask about health reform and while the policy process is remote, the end result is something we know very, very well and care about very deeply. I think that explains the anger and the emotion of the debate.

**KARLYN BOWMAN:** I'd like to add to what Mark has said. I agree with that completely. One of my favorite polls and unfortunately I've never been able to find it is the one where most people were asked what the federal reserve was and they thought it was a fine Kentucky bourbon [laughter], so we have a very poorly informed public but we have a very highly functioning democracy and Dan Yankolovich wrote a wonderful essay many years ago in which he talked about this.

He argued that people like us in this room, we make our opinions based on facts, the accumulation of factual material and that helps us understand how programs are working or how programs aren't working but as Mark said, most people, they don't have time to read these debates. They're not very attentive. I don't worry about any of that particularly.

They base their opinions on their values. They consult their values. They talk to their friends in the office about gee, the system's really broken. It's not working very well. Then in the end, Dan described it as kind of a preliterate way of knowing that served the society so well. The broad general

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values are very consistent over time and those serve us well in policy debates but don't expect the public to be involved in specifics.

**ED HOWARD:** Humphrey?

**HUMPHREY TAYLOR:** I said earlier that I was hoping for a bit of controversy and I have now found two points of disagreement with other speakers on the platform. First of all, with Mollyann and I'm going to say something really rude and unpopular. I've done many, many presentations comparing the U.S. health care system with other countries' systems and I always have to apologize in the beginning by saying I'm really sorry: here's this British guy standing out and telling people how badly the American health care system works but I would really challenge her statement that Americans are very generous. How's that for saying something unpopular? Every other country that has a universal access all across Europe, Canada, Australia, New Zealand, Taiwan, Korea, Japan.

There, there is, it really is a consensus that health care is an entitlement that should be paid for by everybody and the healthy should subsidize the sick and the young should subsidize the old. That is a national consensus, pretty much in all of those countries. It's not in this country. There are people who don't believe that that is the right way to go. I'm not sure I would describe that as great generosity.

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Secondly, with Karlyn, I would contest her point of view that people in this room or on Capitol Hill, all policy makers generally in any country, look at the facts and make an informed judgment [laughter]. I mean I believe that, in most cases, people have a point of view. They have an ideology. They have a set of beliefs and they then pick and choose the facts to actually rationalize their positions that they started with.

**ED HOWARD:** Oh right. By the way, as we go through the final minutes of our time, let me just ask you once again to find time to pull out that blue evaluation form and fill it out. Let's go to the microphone.

**LAURA TRUMAN:** Laura Truman, health policy analyst and I was looking at Mr. Taylor's paper and number six, few people seem to worry about the unfunded liability for Medicare. So this is a question about public opinion about the deficit, about debt, about entitlements running out of money. You say that people draw from their own experience. We all try to equate what we're hearing to our own life experiences.

Well the World War II generation never kept a credit card balance. So that group lives within their means. Maybe the Boomers and others might carry a lot of credit card debt but eventually, you run out of money.

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So people instinctively understand you can't just keep printing money or that it's endless but yet in Washington, it seemed like, for instance, when Ronald Reagan was elected he talked a lot about the deficit and the debt. That seemed to resonate with people but then I'm wondering what you're finding about polling and I really think it's quite interesting that here President Obama has said has to be deficit neutral.

He's made this such a big issue whereas Republican George Bush, when he passed the prescription drug bill, nary a word was spoken of that. And I'm a Republican.

So I'm just trying to understand when people hold their finger up to public opinion on debt, deficit, all of that, what do you find? Is this something that can resonate with people?

**HUMPHREY TAYLOR:** I'm sure others also have an opinion on this but I would just reply by saying that this isn't a case when people and many, many people, most people can hold completely contradictory points of view at the same time. Deficits are bad. Increased taxes are bad.

Cutting my Medicare benefits or my social security benefits or cutting back defense when we are fighting a war, which was popular, maybe this one's not so popular, is bad and somehow there is a naïve belief amongst many people in the public that somehow you can do all kinds of contradictory things at the same time. Again this is an example where

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leaders should lead and not try to follow public opinion in my humble opinion.

**ED HOWARD:** Go ahead Mark.

**MARK BLUMENTHAL:** In 1992 when the economy was in the grips of a depression, when tax revenues were down, when the stress on government, everything from unemployment and support and everything else were up and deficits were ballooning, we had attitudes a lot like they are now, a lot of concern about the deficit, Ross Perot. You saw an electoral outcome of candidates and voters very concerned about the deficit.

Six years later, the economy's better. The deficit appears to go away. That opinion shifts. Now we're back and I think the operating bit of public opinion that has the attention of the folks who work in this building and across the Mall is that we spend an awful lot of money on tarp and an awful lot of money on a stimulus plan and an awful lot of money bailing out General Motors.

Now we're talking about spending a lot of money on health care and ordinary voters are saying okay, wow. That's a lot of money and why is unemployment still 10-percent? Here's my guess. Once unemployment starts heading back to where it was in the late 90s, concern about the deficit may go down, whether that affects, I think it has more to do with the end

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result, the economy than concern about what happens here but that's my opinion and others may disagree.

**ED HOWARD:** We have three people standing at the microphones. I think they're going to be the only ones we're going to be able to deal with before our time expires. So I would ask you to be as succinct as you can in asking your question.

**JIM BYRNE:** Okay. I'm Jim Byrne with Community Publications. Really intrigued with Mr. Taylor's remark a few minutes ago about that political leaders have their beliefs and public opinion may or may not have any impact on how they behave but you guys have spent a lifetime involved in polls. I'd be interested in your kind of practical judgments about when you're giving advice, when does a polling result have an impact on the behavior of the people who make the decisions?

**ED HOWARD:** Humphrey?

**HUMPHREY TAYLOR:** Fools rush in I guess [laughter]. I can speak probably most reliably about the time when I was advising British politicians but I suspect that what I have to say would be equally true of American politicians, which is they often have a very clear and a very strong agenda. Margaret Thatcher was one of the two Prime Ministers I worked with and she knew exactly what she wanted to do and she was not going to change her policies based on public opinion polls. In

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fact, she finally lost office because she pursued an extremely unpopular policy.

Having said that, she was very influenced by polls on how to present her policies, on what she should talk about, on what language she should use, who of her allies were most effective in promoting her policies. So it was more about how to implement her agenda than what her agenda should be.

Having said that, there are certainly politicians throughout history going back to, I think, Cleon in 400 B.C. in Athens who were populists and basically said what does the public want and I'll try to give it to them and politicians fall all the way along that spectrum.

**ED HOWARD:** Yes?

**RITA JEROME ATKINS:** Yes. Thank you so much. I have a very brief question. My name is Rita Jerome Atkins [misspelled?]. I write for minority immigrant, particularly Asian Pacific populations. I have a very quick question, curiosity as to whether you're seeing, what do the polls mean.

I am curious as to whether your polling system, those that have been covered here, had sort of attempted to capture minorities, immigrant communities by sort of breaking it down, by not only ethnicity or senior or but precisely by their ethnic and racial categories because they say that about less

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than 50 years, I mean this country is going to be the majority would be the non-White population.

So I'm very curious as to whether your polling system also sort of kind of given more succinct, precise portrait coming from these populations. Thank you very much.

**ED HOWARD:** Good question.

**MOLLYANN BRODIE:** Well I would just say from a methodological point of view, our surveys are designed to be nationally represented. So anybody who has a land line telephone or a cell phone number is basically eligible to be called in our survey sample.

What that means though in reality is that when we randomly select 1,200 people to interview, the Asian population, in general, is about two-percent of the population. So they're represented in our overall results but the number of Asians or particularly of any immigrant group within that would be too small to break out separately on any given poll.

Now certainly when we have stable results over many polls, we can aggregate those polls and then look at those results on any given poll, we can generally have enough of a sample size to talk about the views of African Americans, the views of Hispanics because they're 10-12-percent of the population.

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Hence, we get a big enough sample size there but that's probably the main reason why, in most polling results, you don't see sort of specific subgroups broken out like that because even though their views are representative as part of the total, there's not enough in that, what we would call the cell, to talk about with accuracy.

**ED HOWARD:** Go ahead Mark.

**MARK BLUMENTHAL:** The premise of your question, I mean, I agree, is that are the polls representative of minorities? The whole point of survey research done well is to draw a representative sample. So if we look at a thousand people, it represents a population. You would think this would be a pretty simple idea that most people grasp.

I would think that wouldn't be something necessary to say in a room like this and I hope in this room, it's not but this week, in reaction to *The Washington Post/ABC News Poll* that drew the controversy, the morning anchor on a major cable news network that sees itself as fair and balanced [laughter], said and this is very close to verbatim, would it have been so hard for them to have simply interviewed an equal number of Republicans, Democrats, and Independents? Was that so hard? Wouldn't that be more fair? No and if you don't get that, we probably should start this whole conversation—

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**MOLLYANN BRODIE:** That'd be a whole different conversation.

**MARK BLUMENTHAL:** -Right. I mean the point of a survey is to be representative and to get what is the truth. So if we have a growing minority population, we need to make sure that we have a truly representative sample. A lot of the science of real surveys is to make sure that the technology of telephones and all the rest doesn't get in the way of doing that.

**ED HOWARD:** Humphrey, do you have a quick comment?

**HUMPHREY TAYLOR:** All pollsters or reputable pollsters try to get this right but it is actually very difficult and no poll is perfect. I'm sure there are certain groups in the population who will always be underrepresented in polls, not the obvious ones because, in terms of Hispanics or African Americans, something we can control for that but all kinds of smaller subgroups that we may not be aware of that we're missing including those people who don't want to be interviewed by the way.

**ED HOWARD:** If I may, I know there were a lot of polls done actually at the state level, by one small business organization, of small businesses. Are you aware of any similarly specific kinds of polls on health issues for ethnic groups that might not rise more than a tenth of one of the two-

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percent samples that you get in a 1,200-person representative national sample? Anybody hear of anything like that?

**KARLYN BOWMAN:** Well Humphrey's done some wonderful polls in the past but I don't think on this issue of health care, on the disabled. I mean that's a very difficult population to reach. There are many populations like that. So you've done some really extraordinary surveys in that regard.

**HUMPHREY TAYLOR:** Yes, we actually do track the attitudes of people with disabilities to health care reform.

**KARLYN BOWMAN:** Yes.

**HUMPHREY TAYLOR:** So we are measuring that but, on the other hand, we don't have enough Asian Americans in our sample to have good data about what they think.

**ED HOWARD:** Much less a subgroup of Asians since Japanese Americans might have very different opinions from Filipino Americans. Yes? Yes?

**RITA JEROME ATKINS:** Just a quick comment to your question. I believe that Sergei Bendickson [misspelled?] is precisely focusing on immigrant communities, which include significantly Asian Pacific Islander population. I am not aware as to whether he has done lately into health reform but I would not be surprised if he is doing that.

**ED HOWARD:** Thank you. Yes?

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**CHAO CHIN:** Yes. Chao Chin [misspelled?] freelance correspondent [inaudible]. First, I have an observation of what you answered to the last question. I think the poll is, there's a common problem among the minority group. So you do the common problem survey, okay. My question is this. The polls indicate that Congress has a low health care grade and does Congress think it's serious and also that really the public did not have much understanding of the public option of health care. Does Congress need to educate their constituency on this public option? Thank you.

**ED HOWARD:** So is Congress on the hook for educating people about what the public option is and the other aspects of whatever it is?

**CAO CHIN:** No. First is this. Measuring how... how to improve the rating in the public, particularly their constituency.

**ED HOWARD:** How do you get those lousy numbers to improve?

**KARLYN BOWMAN:** Gallop reported in a poll this week that, historically, public opinion on Congress has been low. The latest rating at 21-percent is down from what they said was a 36-percent average over the last several decades but it's a big institution with confronting myriad issues. So I think it's not surprising that public opinion on the body, as a

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whole, is low whereas individual members tend to have much higher ratings overall.

Of course individual members are the ones talking to their constituents about public options trying to understand what their constituents are thinking but Congressional opinion is quite low generally.

**MARK BLUMENTHAL:** The level of knowledge and awareness of the American public is something that I don't think Congress is going to be able to do much about but assuming that a health care reform act of some sort passes, it is very important particularly of those who want to see it sustained that the government do all it can to explain the benefit, to dispel disinformation so that people understand what they're going to get and what it's going to cost.

**ED HOWARD:** Humphrey, did you want to add something?

**HUMPHREY TAYLOR:** No but I'll jump in anyway. I think we should actually thank both the, I don't mean to make this a closing remark but both the Kaiser Family Foundation and the Alliance for Health Reform, have as part of their mission, explicit or implicit, actually educating people about health care policy issues including health reform issues. So some people out there are trying to do it even if the Congress may be more interested in passing legislation it wants to pass.

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**ED HOWARD:** And 27-percent of the people think we're doing a good job [laughter], so we're ahead of Congress. I like that as a closing remark. We've just about run out of time. Let me just ask you one final time to fill out that evaluation form if you haven't done it already.

I don't know about you but my opinion is that I know a lot more about this than I did at the beginning and I'd ask you to thank not only the Kaiser Family Foundation but our panelists for this very interesting and wide ranging discussion [applause].

[END RECORDING]

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