AMERICAN VOTERS ON MEDICARE REFORM
Conducted by the Program for Public Consultation, School of Public Policy, University of Maryland
December 2016

Questionnaire

Field Dates: August 24, 2016 – November 11, 2016
Fielding Companies: Nielsen Scarborough, Communications for Research, Inc. (CFR)

National Sample: 7959
MoE: 1.1%

Each of the following states were fielded: Aug 24, 2016 – Oct 10, 2016
California: 813  MoE: 3.4%
Florida: 519  MoE: 4.3%
Michigan: 245  MoE: 6.3%
North Carolina: 312  MoE: 5.5%
New York: 437  MoE: 4.7%
Ohio: 686  MoE: 3.7%
Pennsylvania: 294  MoE: 5.7%
Texas: 449  MoE: 4.6%

An additional 251 respondents were obtained among the 3 states by CFR.

Maryland: 427  MoE: 4.7%
Oklahoma: 416  MoE: 4.8%
Virginia: 408  MoE: 4.9%

Aggregate total of 8210 respondents (an MoE is not calculated for this aggregate number since CFR’s respondents were not incorporated into the national results)
Thank you for coming to our website to do a Citizen Cabinet survey on Medicare. The purpose of this survey is for you to give recommendations to Congress on important issues. Members of Congress have said they want to hear from citizens on these issues. In the course of doing this survey you will learn many interesting things about Medicare so your recommendations will be well informed. We realize some parts of it may be challenging, but we hope you stay with it as it is important for Congress to hear from the citizens like you on this issue.

This survey will take about 25 minutes to answer. Since you have taken a survey with us before, you know that we will make no effort to sell anything to you and your answers will remain confidential. If at any time you find that you do not want to answer a question feel free to skip it and move on to the next one.

As you may know, Medicare is a federal program that was established in 1965 to provide health care for Americans age 65 and older.

[Q1.] Overall, would you say your view of the Medicare program is:

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[Q2.] As you may know, the Medicare Trustees project that unless changes are made to Medicare’s costs or revenues, eventually Medicare will have to start cutting back the benefits it provides.

How much have you heard about this problem?

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When the Medicare Trustees have looked at Medicare’s expenses for the next 25 years, they find that there is a **shortfall**. This shortfall is the gap between Medicare’s commitments to retirees and the amount of projected revenue. Over the next 25 years, this shortfall averages $230 billion a year. Medicare can cover this long-term shortfall by either reducing its costs or increasing its revenues, or a combination of both.

[Q2a.] Just based on what you have heard, is this amount:

<table>
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<th>A little higher than you expected</th>
<th>About the same</th>
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Virginia

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Maryland

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There are several reasons why Medicare has this long-term shortfall. One reason is that Medicare’s costs are going up because the number of people age 65 or older is increasing as the Baby Boom generation retires and thus Medicare has more people to cover. You can see this below.

A related reason for the shortfall is that **Americans are living longer** and thus receiving medical benefits for more years, which Medicare needs to pay for. Please see the figure below for more detail.
Yet another reason for the shortfall is that healthcare costs in general have been going up faster than inflation. Fortunately, lately, this rate of increase has been slowing down, especially within Medicare, but it’s unclear whether this slowdown will be sustained. In any case costs are projected to grow faster than inflation.

Finally, another reason for the shortfall is that, as the population is growing older, the number of people working and making contributions to Medicare through the payroll tax relative to each Medicare recipient is going down. This decreases the amount of Medicare’s income relative to its costs.
Now, we are going to look at different ways that the government can cover Medicare’s long-term shortfall. As stated, this can be done by reducing Medicare’s costs and/or increasing its revenues.

First, here is a brief summary of the source of Medicare’s costs and revenues.

Medicare’s costs come from covering part, but not all, of the cost of three types of services to senior citizens. These are

- **Outpatient treatment**, such as in doctor’s offices
- **Prescription drugs**
- **Inpatient treatment** in hospitals and rehabilitation centers
Medicare receives its revenues from several different sources:

- **A Medicare payroll tax that funds what is called the Medicare Trust Fund:** All employed people have 1.45% of their work income deducted from each paycheck. The employer also matches this amount. People with incomes over $200,000 also pay an extra amount. The money is then used to pay for Medicare’s hospital insurance program.

- **General revenues:** The federal government finances a percentage of the program’s costs from its general revenues (for instance, the money it gets from income taxes), though this percentage is supposed to remain under half of the total costs.

- **Premiums:** People on Medicare pay a monthly premium for coverage of outpatient services and another for prescription drugs, which is supposed to cover about one quarter of the program costs.

[Q3.] Were you aware that people on Medicare pay monthly premiums or had you not heard this?

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You will now evaluate a number of proposals for dealing with Medicare’s shortfall. Some proposals save Medicare money by reducing its costs; other proposals increase its revenues. Each proposal that you evaluate has been assessed in terms of what percentage of the Medicare shortfall it covers.

In the last part of the simulation you will make your final recommendations and you will be able to see how much of the shortfall you have covered.

Saving Money by Reducing Costs

The first approach you will consider is saving money by reducing costs. One proposal for reducing costs is to increase the age at which people become eligible for Medicare.

Currently, the age at which people become eligible for Medicare is 65. One proposal is to gradually raise the age of eligibility from 65 to 67. Beginning in 2016, the eligibility age would be increased by two months each year until 2029. This change would not affect current recipients of Medicare.

This means that people born in 1951 would be eligible at age 65 and two months, people born in 1952 would be eligible at age 65 and four months, and so on. Those born in 1962 or later would be eligible at age 67.
This proposal would save Medicare enough money to cover 5% of the shortfall.

Here are arguments for and against this proposal. Please select whether you find each one convincing or unconvincing:

**Argument in Favor of Proposal**

[Q4.] The whole idea of Medicare was that people would be making contributions to their retirement needs over their working life. But because people are living longer now, the amount they contributed during their working years is not enough. Thus, it is necessary for them to take care of their medical insurance needs a little longer, and the change will phase in very gradually, leaving plenty of time to plan. Furthermore, people turning 65 today are much healthier and better off economically than they were in the 1960s when the program began.

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**Argument Against Proposal**

[Q5.] Many older people would be hit hard by this delay. They have planned for their old age assuming that Medicare would be there when they turn 65. Two more years of private insurance would be very expensive. Many of these people would have to keep working, some of them in physically demanding jobs, which could be hard on their health, increasing their healthcare needs. Furthermore, while some people are living longer, this is much less true for people at lower income levels, so it is not fair to delay Medicare coverage for them.

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<td>48.9%</td>
<td>35.6%</td>
<td>15.5%</td>
<td>51.1%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Dem. | 27.0% | 44.6% | **71.6%** | 24.0% | 4.3% | **28.3%** | 0.0%
---|---|---|---|---|---|---|---
California | 28.3% | 38.2% | **66.5%** | 25.3% | 7.7% | **33.0%** | 0.5%
GOP | 25.0% | 32.1% | **57.1%** | 30.0% | 12.6% | **42.6%** | 0.4%
Dem. | 31.4% | 38.7% | **70.1%** | 23.5% | 5.5% | **29.0%** | 0.9%
---|---|---|---|---|---|---|---
Maryland | 25.4% | 42.8% | **68.2%** | 25.0% | 6.6% | **31.6%** | 0.2%
GOP | 15.4% | 39.7% | **55.1%** | 37.2% | 7.7% | **44.9%** | 0.0%
Dem. | 28.0% | 45.3% | **73.3%** | 21.1% | 5.3% | **26.4%** | 0.3%
---|---|---|---|---|---|---|---
New York | 25.4% | 44.9% | **70.3%** | 19.1% | 8.9% | **28.0%** | 1.7%
GOP | 23.5% | 43.6% | **67.1%** | 21.0% | 11.9% | **32.9%** | 0.0%
Dem. | 27.2% | 49.9% | **77.1%** | 16.9% | 5.5% | **22.4%** | 0.5%

Now that you have evaluated both arguments, here again is the proposal:

*Gradually raise the age of eligibility for Medicare from 65 to 67. Beginning in 2016, the eligibility age would be increased by two months each year until 2029, when it would reach age 67.*

*This proposal would cover 5% of the shortfall (an average of $11 billion annually).*

[Q6.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

<table>
<thead>
<tr>
<th>National</th>
<th>Mean</th>
<th>Completely Unacceptable (0-4)</th>
<th>Just Tolerable (5)</th>
<th>Very Acceptable (6-10)</th>
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<td>Dem.</td>
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<th>Just Tolerable (5)</th>
<th>Very Acceptable (6-10)</th>
<th>Refused / Don’t know</th>
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</tr>
<tr>
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<td>6.0</td>
<td>25.2%</td>
<td>19.8%</td>
<td>55.0%</td>
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<td>45.4%</td>
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<td>29.0%</td>
<td>16.2%</td>
<td>53.1%</td>
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<td>5.3</td>
<td>35.1%</td>
<td>24.4%</td>
<td>39.4%</td>
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</table>

**[Generic Drug Proposal]**

Another proposal for reducing costs is meant to encourage some Medicare recipients to switch from brand name to generic prescription drugs when an equivalent one is available. Medicare would cover the full cost of the generic equivalent (thus eliminating the copayment), while increasing the copayment the recipient would pay for brand name drugs.
Here is how a typical copayment for a prescription would change.

<table>
<thead>
<tr>
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<th>Current Policy</th>
<th>Proposed Policy</th>
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<tr>
<td>Generic drug</td>
<td>$1.20</td>
<td>$0.00</td>
</tr>
<tr>
<td>Brand-name drug</td>
<td>$3.60</td>
<td>$6.00</td>
</tr>
</tbody>
</table>

This proposal would cover 2% of the shortfall (on average $5 billion a year).

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

**Argument in Favor of Proposal**

[Q7.] This proposal is good for both Medicare recipients and the Medicare program. It would make it possible for recipients to receive the same prescription drugs they receive now, but at a lower cost because the copayment could be eliminated. What’s more, seniors are more likely to stick with a prescribed medication plan when they do not have to make a copayment—which would be good for their health, saving money for Medicare. This would be in addition to the money Medicare saves by reducing wasteful payments for expensive brand-name prescription drugs.

<table>
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<tr>
<th>National</th>
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<th>Somewhat convincing</th>
<th>Total convincing</th>
<th>Somewhat unconvincing</th>
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<th>Total unconvincing</th>
<th>Refused / Don't know</th>
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<td></td>
<td></td>
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</tr>
<tr>
<td>GOP</td>
<td>48.0%</td>
<td>37.9%</td>
<td><strong>85.9%</strong></td>
<td>9.0%</td>
<td>4.6%</td>
<td><strong>13.6%</strong></td>
<td>0.6%</td>
</tr>
<tr>
<td>Dem.</td>
<td>49.8%</td>
<td>36.9%</td>
<td><strong>86.7%</strong></td>
<td>8.2%</td>
<td>4.5%</td>
<td><strong>12.7%</strong></td>
<td>0.6%</td>
</tr>
<tr>
<td>Indep.</td>
<td>40.7%</td>
<td>43.2%</td>
<td><strong>83.9%</strong></td>
<td>10.6%</td>
<td>5.2%</td>
<td><strong>15.8%</strong></td>
<td>0.2%</td>
</tr>
</tbody>
</table>

| Oklahoma |                |                     |                  |                      |                  |                    |                      |
| GOP      | 54.1%           | 33.0%               | **87.1%**        | 9.5%                 | 3.4%             | **12.9%**          | 0.0%                |
| Dem.     | 51.6%           | 37.9%               | **89.5%**        | 7.9%                 | 1.9%             | **9.8%**           | 0.7%                |

| Texas |                |                     |                  |                      |                  |                    |                      |
| GOP | 45.8%           | 36.9%               | **82.7%**        | 14.7%                | 2.0%             | **16.7%**          | 0.6%                |
| Dem. | 43.5%           | 37.2%               | **80.7%**        | 13.3%                | 4.9%             | **18.2%**          | 1.0%                |

| Florida |                |                     |                  |                      |                  |                    |                      |
| GOP | 46.4%           | 38.5%               | **84.9%**        | 6.5%                 | 8.4%             | **14.9%**          | 0.2%                |
| Dem. | 42.3%           | 41.2%               | **83.5%**        | 7.7%                 | 8.9%             | **16.6%**          | 0.0%                |

| Ohio |                |                     |                  |                      |                  |                    |                      |
| GOP | 55.0%           | 36.3%               | **91.3%**        | 7.3%                 | 1.4%             | **8.7%**           | 0.0%                |
| Dem. | 54.7%           | 33.6%               | **88.3%**        | 6.4%                 | 5.3%             | **11.7%**          | 0.0%                |
|-----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|
| Virginia  | 49.5%  | 37.2%  | 86.7%    | 6.8%   | 5.2%   | 12.0%    | 1.3%   |        |          |        |        |          |
| GOP       | 49.0%  | 35.1%  | 84.1%    | 8.9%   | 6.3%   | 15.2%    | 0.7%   |        |          |        |        |          |
| Dem.      | 55.0%  | 31.7%  | 86.7%    | 7.2%   | 3.6%   | 10.8%    | 2.5%   |        |          |        |        |          |
| California| 45.8%  | 37.8%  | 83.6%    | 10.2%  | 5.4%   | 15.6%    | 0.8%   |        |          |        |        |          |
| GOP       | 46.3%  | 42.1%  | 88.4%    | 7.6%   | 3.6%   | 11.2%    | 0.4%   |        |          |        |        |          |
| Dem.      | 48.9%  | 35.0%  | 83.9%    | 9.3%   | 6.1%   | 15.4%    | 0.7%   |        |          |        |        |          |
| Maryland  | 52.6%  | 35.3%  | 87.9%    | 7.9%   | 3.7%   | 11.6%    | 0.4%   |        |          |        |        |          |
| GOP       | 47.4%  | 42.0%  | 89.4%    | 7.8%   | 2.7%   | 10.5%    | 0.2%   |        |          |        |        |          |
| Dem.      | 54.2%  | 35.5%  | 89.7%    | 7.1%   | 2.5%   | 9.6%     | 0.7%   |        |          |        |        |          |
| New York  | 50.4%  | 34.8%  | 85.2%    | 9.5%   | 5.0%   | 14.5%    | 0.2%   |        |          |        |        |          |
| GOP       | 52.9%  | 31.7%  | 84.6%    | 11.6%  | 3.3%   | 14.9%    | 0.5%   |        |          |        |        |          |
| Dem.      | 53.7%  | 31.4%  | 85.1%    | 6.7%   | 7.9%   | 14.6%    | 0.2%   |        |          |        |        |          |

**Argument Against Proposal**

[Q8.] Changing from brand name drugs to generic drugs is not the big solution some people think it is. In some cases, doctors are unsure that the generic drug will be as effective as a brand name version. Also when Medicare recipients are taking multiple prescriptions, changing to the generic drug might produce some new unexpected interaction. Doctors need flexibility in prescribing either brand or generic drugs, without having to worry what their patient can afford.
<table>
<thead>
<tr>
<th>State</th>
<th>Dem.</th>
<th>11.3%</th>
<th>38.8%</th>
<th>50.1%</th>
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<tbody>
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<tr>
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</table>

Now that you have evaluated both arguments, here again is the proposal:

Medicare would cover a smaller portion of the price of brand name drugs, thus increasing the copayments the patient would pay. At the same time, Medicare would cover the full cost of the generic equivalent (thus eliminating the copayment).

This proposal would cover 2% of the shortfall (an average of $5 billion annually).

[Q9.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

<table>
<thead>
<tr>
<th>National</th>
<th>Mean</th>
<th>Completely Unacceptable (0-4)</th>
<th>Just Tolerable (5)</th>
<th>Very Acceptable (6-10)</th>
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[Increase and consolidate deductible and cap out-of-pocket costs]

Here is a proposal that would save Medicare money by increasing the amount of the patient’s deductible for outpatient services and lowering it for hospitalization costs.

Right now for **outpatient services**, such as doctor visits and tests, Medicare patients pay a deductible of the first $147 of costs per year. For each **hospital** stay the patient has to pay a deductible of the first $1,260 of costs. In addition the patient covers a share of the costs of services over and above the deductible; this share increases over the period of the stay until after 150 days the patient is charged the full cost.

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<tr>
<th></th>
<th>Deductible</th>
<th>Additional Costs</th>
<th>Cap</th>
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<tr>
<td><strong>Current Outpatient</strong></td>
<td>$147 per year</td>
<td>20% of additional costs</td>
<td>No cap</td>
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<tr>
<td><strong>Current Inpatient</strong></td>
<td>$1260 per hospital stay</td>
<td>Additional copayments after 60 days, gradually increasing</td>
<td>No cap</td>
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<tr>
<td><strong>Proposed Inpatient and Outpatient</strong></td>
<td>$550 per year total</td>
<td>20% of additional costs</td>
<td>$5500</td>
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</table>

The proposal would eliminate the separate deductibles for inpatient and outpatient services and just have one $550 annual deductible. Furthermore, there would be an annual cap on total out-of-pocket payments—for services as well as for deductibles--of $5,500 per year (right now there is no cap). The table below shows the current and proposed costs:

This proposal would cover 4.5% of the shortfall (saving an average of $10.4 billion annually).

Here are arguments in **favor** of and **against** this proposal. Please select whether you find each one convincing or unconvincing:

**Argument in Favor of Proposal**

[Q10.] This proposal not only saves Medicare money, it makes things better for many Medicare recipients as well. While recipients will have to pay more for their outpatient deductible, it dramatically lowers their deductible for hospitalization and puts a cap on their annual out-of-pocket spending. This simplifies things for recipients and they would no longer have to worry that with a long stay in the hospital they might end up going bankrupt.
<table>
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</table>

**Argument Against Proposal**

[Q11.] While this proposal may save Medicare some money, most Medicare recipients will be required to pay more for outpatient services, because they will have to pay 100% of the first $550 of medical costs. As a result, many people--especially those on modest incomes--may not go to the doctor when they have some symptoms. They may end up waiting until the problem is much more serious. The consequences could be grave, even fatal.
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</table>

Now that you have evaluated the arguments, here again is the proposal:
Right now Medicare patients pay a $147 deductible for outpatient services and a $1,260 deductible for hospital costs, as well as a portion of costs above the deductible, with no cap. The proposal is to have just one deductible for $550 and a cap of $5,500 for out-of-pocket costs.

This proposal would cover 4.5% of the shortfall (saving an average of $10.4 billion annually).

[Q12.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

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<th>Just Tolerable (5)</th>
<th>Very Acceptable (6-10)</th>
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Saving Money by Reducing Payments to Providers

[Require price rebates from manufacturers of brand-name drugs]

Here is another idea for reducing Medicare’s costs: drug companies would be required to accept getting less money for the drugs that go to people with modest incomes or they would be excluded from Medicare.

One proposal is for drug companies to get 17% less money. This would save Medicare an average of $7.5 billion, or 3% of the shortfall, annually.

Another proposal is for drug companies to get 20% less money. This would save Medicare an average of $16.1 billion, or 7% of the shortfall, annually.

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

Argument in Favor of Proposal

[Q13.] Private insurance companies already negotiate with drug companies to get the cost of drugs down, as well as the Veterans Administration and Medicaid. Medicare does not do this, which is one more reason that the pharmaceutical industry has much higher profit margins than most other industries. There is really no reason why drug companies, often aided by government-funded basic research, have to keep making so much money while Medicare can’t make ends meet.
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**Argument Against Proposal**

[Q14.] Medicare is such a huge customer in the health insurance market that it is really unfair for Medicare to threaten to cut off a drug company, if the company doesn’t lower the price of its product. This is heavy-handed government, and it violates the principles of the free market. Furthermore, to make up for the losses they would suffer, drug companies would have to charge everyone else more and/or cut back on spending for research and development of new drugs. If research and development were cut, this would hurt people with illnesses for which there are currently no drugs available.
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Now that you have evaluated the arguments, here again is the proposal:

*Drug companies would be required to accept getting less money for the drugs that go to people with modest incomes or they would be excluded from Medicare.*

*One version of the proposal is that drug companies would end up with 17% less money. This would cover 3% of the shortfall (an average of $7.5 billion annually).*

[Q15a.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

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Another version of the proposal is that drug companies would end up with 20% less money. This would cover 7% of the shortfall (an average of $16.1 billion annually).

[Q15b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.
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[Equalize the amounts Medicare pays for a service, whether in a hospital or a doctor’s office]
Another proposal would reduce the amount of money it currently pays to hospitals for some services. Currently, Medicare sometimes reimburses hospitals at higher rates for the exact same services that it reimburses doctors’ offices. This proposal would lower the payment to hospitals for services to Medicare patients to make it equal to the amount paid to doctors’ offices for the same services.

This proposal would cover 2% of the shortfall (saving an average of $5 billion annually).

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

**Argument in Favor of Proposal**

[Q16.] It makes no sense for Medicare to pay more, often double, for medical services just because they are performed in a hospital. Many of these services are as simple as tests, x-rays and ordinary visits. Doctors’ offices have shown that it is possible to deliver high quality service at a lower cost. Perhaps hospitals do need support from government, but using Medicare to do this is not the right way to go about it.

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Argument Against Proposal

[Q17.] There are good reasons why hospitals should be reimbursed more than doctors’ offices. By law, hospitals have to keep standby capacity for handling emergencies at all times. Medicare patients who come to a hospital for services tend to be poorer, sicker and more prone to emergencies than Medicare patients who go to a doctors’ office, so the treatment can take longer and be more demanding. Medicare reimbursements should reflect these facts.

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Now that you have evaluated the arguments, here again is the proposal:

*Lower the payment to hospitals for services to Medicare patients to make it equal to the amount paid to doctors’ offices for the same services.*

*This proposal would cover 2% of the shortfall (an average of $5 billion annually).*

[Q18.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

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</table>

[Lower the subsidy that goes to teaching hospitals]
Another proposal for reducing costs would be to limit the subsidy Medicare currently provides to hospitals with teaching programs. Right now Medicare subsidizes teaching hospitals by paying 5.5% of the costs of training doctors.

This proposal would lower Medicare’s subsidy to 2.2%.

This proposal would cover 5% of the shortfall (saving Medicare an average of $11 billion per year).

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

**Argument in Favor of Proposal**

[Q19.] A Congressionally-chartered commission determined that the subsidy given to teaching hospitals does not need to be as high as it is. Medicare already has a lot of economic pressures on it. It’s time to cut the fat. This is an extra burden that should be lightened.

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| Oklahoma |                 |                     | 73.5%            | 17.8%                | 7.4%              | 25.2%              | 1.3%                 |
| GOP      | 32.7%           | 40.8%               | 73.5%            | 17.8%                | 7.4%              | 25.2%              | 1.3%                 |
| Dem.     | 34.3%           | 42.2%               | 76.5%            | 16.6%                | 6.7%              | 23.3%              | 0.2%                 |

| Texas    |                 |                     | 70.8%            | 19.3%                | 7.8%              | 27.1%              | 2.1%                 |
| GOP      | 27.5%           | 43.3%               | 70.8%            | 19.3%                | 7.8%              | 27.1%              | 2.1%                 |
| Dem.     | 30.2%           | 44.3%               | 74.5%            | 17.2%                | 5.7%              | 22.9%              | 2.6%                 |

| Florida  |                 |                     | 74.6%            | 18.8%                | 6.2%              | 25.0%              | 0.5%                 |
| GOP      | 33.8%           | 40.8%               | 74.6%            | 18.8%                | 6.2%              | 25.0%              | 0.5%                 |
| Dem.     | 42.4%           | 34.9%               | 77.3%            | 15.5%                | 7.2%              | 22.7%              | 0.0%                 |

| Ohio     |                 |                     | 76.0%            | 16.6%                | 6.5%              | 23.1%              | 0.9%                 |
| GOP      | 31.7%           | 44.3%               | 76.0%            | 16.6%                | 6.5%              | 23.1%              | 0.9%                 |
| Dem.     | 35.5%           | 41.3%               | 76.8%            | 18.1%                | 3.5%              | 21.6%              | 1.6%                 |

| Virginia |                 |                     | 83.6%            | 13.5%                | 2.9%              | 16.4%              | 0.1%                 |
| GOP      | 35.5%           | 48.1%               | 83.6%            | 13.5%                | 2.9%              | 16.4%              | 0.1%                 |
| Dem.     | 40.8%           | 51.4%               | 82.5%            | 14.4%                | 3.0%              | 17.4%              | 0.0%                 |
Argument Against Proposal

[Q20.] This proposal is bad for hospitals, for Medicare and for health care in the United States--we already have a shortage of doctors. The quality of healthcare in the next twenty years, and our ability to control healthcare costs in general and for Medicare, depend on developing a next generation of doctors.
Now that you have evaluated the arguments, here again is the proposal:

*Lower the subsidy Medicare currently provides to teaching hospitals from about 5.5% to 2.2% of the cost of training doctors.*

*This proposal would cover 5% of the shortfall (an average of $11 billion annually).*

[Q21.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

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### Limits on Medical Malpractice Suits

**[Put limits on medical malpractice suits]**

Another proposal for reducing costs would be to limit medical malpractice lawsuits, an idea that is also called “tort reform.” In recent years there has been an increase in the amount of medical malpractice awards that have led to higher malpractice insurance premiums for doctors. These costs have been passed on to patients in the form of higher medical fees. The non-partisan Congressional Budget Office has concluded that putting limits on malpractice awards would lead to reduced medical fees, which would also help Medicare.

One proposal is to:

- *Cap awards for damages for pain and suffering at $250,000.*
- *Cap awards for punitive damages at either $500,000, or twice the amount of the award for economic damages—whichever is greater.*

This option is estimated to bring about changes that cover 4% of the shortfall (saving Medicare an average of $9 billion a year).

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

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**Argument in Favor of Proposal**

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</table>
This proposal is good for both patients and the Medicare system. A cap on lawsuits will mean lower medical malpractice insurance premiums for providers, which will help to keep Medicare’s healthcare costs under control. Furthermore, doctors will no longer feel pressured to prescribe unnecessary medical tests and services for fear of being sued, and will focus on their own best medical judgment instead.
Argument Against Proposal

[Q23.] This proposal is bad for patients who have been the victims of medical negligence, because limiting their ability to sue can prevent victims from receiving adequate compensation for their injuries. This proposal will also make doctors less cautious than they are today because they will have less of an incentive to check for a wider range of risks to the patient, resulting in greater harm in the long run.
Now that you have evaluated the arguments, here again is the proposal:

- **Cap awards for damages for pain and suffering at $250,000.**
- **Cap awards for punitive damages at either $500,000, or twice the amount of the award for economic damages—whichever is greater.**

This proposal is estimated to bring about changes that would cover 4% of the shortfall (an average of $9 billion a year).

[Q24.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

<table>
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Limit Medigap

This proposal concerns Medigap health insurance policies. Medigap is extra health insurance that Medicare recipients can buy from a private company to pay health care costs not covered by Medicare. Medicare recipients ordinarily do pay deductibles and copayments. However, with a Medigap policy typically they do not.

Research has shown that when seniors have Medigap insurance, and do not have to pay deductibles and copayments, they do go to the doctor more often, which costs Medicare more money.

A proposal that could save Medicare money would be to limit how much Medigap plans can eliminate the payments for deductibles and copayments. The aim is to encourage Medicare recipients to be more restrained in using medical services.

More specifically, the proposal is to limit Medigap insurance so that it cannot cover the first $550 of payments Medicare patients would normally make. For the next $4,950 of possible payments that Medicare patients would normally make, Medigap coverage would be limited to covering 50% of that amount.

It is estimated that this proposal would create savings that would cover 10% of the shortfall (saving on average $23 billion a year).

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

Argument in Favor of Proposal

[Q25.] Research has shown that seniors with Medigap insurance wind up using more medical services--33% more, according to one study. And because the federal government pays for the majority of those extra services, it drives up the costs of Medicare for everyone, as well as depriving the health care system of limited resources. By requiring seniors with Medigap coverage to pay a minimum amount for services, they will be more restrained when deciding whether to go to the doctor.
<table>
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<tr>
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</tbody>
</table>

Argument Against Proposal
[Q26.] Seniors should have the right to have as much Medigap insurance as they feel they need. It gives seniors peace of mind to know how much their health costs will be for the year, so they can budget. Remember that many of these seniors are on low fixed incomes. Also, requiring seniors to make copayments for the services they get may discourage them from getting their conditions diagnosed and treated early. This will damage their health and create other medical costs.

<table>
<thead>
<tr>
<th>State</th>
<th>National</th>
<th>Oklahoma</th>
<th>Texas</th>
<th>Florida</th>
<th>Ohio</th>
<th>Virginia</th>
<th>California</th>
<th>Maryland</th>
<th>New York</th>
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<td>Total convincing</td>
<td>Somewhat unconvincing</td>
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<td>26.4%</td>
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</tbody>
</table>
Now that you have evaluated the arguments, here again is the proposal:

Limit Medigap insurance so that it cannot cover the first $550 of payments Medicare patients would normally make. For the next $4,950 of possible payments that Medicare patients would normally make, Medigap coverage would be limited to covering 50% of that amount.

Enacting this proposal is estimated to create savings that would cover 10% of the shortfall (saving on average $23 billion annually).

[Q27.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

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<tr>
<th>National</th>
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<td>43.9%</td>
<td>23.1%</td>
<td>32.8%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
Proposals to Increase Revenues
Increasing Premiums

Another proposal is to increase the premiums paid by Medicare recipients to cover outpatient services. While the Medicare payroll tax that all workers pay covers Medicare’s hospital insurance program, it does not cover any outpatient services. Right now it costs Medicare about $544 a month to cover outpatient services (including drugs).

About one quarter of the costs are paid for by premiums paid by Medicare recipients and the rest is paid by the Federal government from year-to-year general revenues (such as income taxes).

Thus most Medicare recipients pay a standard premium of about $136 a month. Recipients with higher incomes-- over $85,000 for single people, $170,000 for married couples--already pay more than the standard premium, depending on their level of income. These upper-income recipients include about the top 6% of all recipients.

*One version of the proposal for increasing premiums would increase premiums for these higher-income seniors by 15% over the present level. Another version of the proposal would raise these premiums by 30%.*

The table below shows how premium costs would change for different income levels if such increases were to be adopted.

<table>
<thead>
<tr>
<th>Single beneficiaries earning</th>
<th>Married couples earning</th>
<th>Current premium</th>
<th>15% increase</th>
<th>30% increase</th>
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<tr>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
<td>$136</td>
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<td>n/a</td>
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<tr>
<td>$85,000-$107,000</td>
<td>$170,000-$214,000</td>
<td>$191</td>
<td>$218</td>
<td>$248</td>
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<tr>
<td>$107,000-$160,000</td>
<td>$214,000-$320,000</td>
<td>$272</td>
<td>$316</td>
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<tr>
<td>$160,000-$214,000</td>
<td>$320,000-$428,000</td>
<td>$354</td>
<td>$408</td>
<td>$460</td>
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<td>More than $214,000</td>
<td>More than $428,000</td>
<td>$435</td>
<td>$490</td>
<td>$544</td>
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</tbody>
</table>

A 15% increase would cover 3.5% of the shortfall, while a 30% increase would cover 7% of the shortfall.

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:
Argument in Favor of Proposal

[Q28.] It would be nice to be able to give every senior outpatient services, with them only paying low premiums. This is simply not realistic. People with high incomes can afford to pay a bit more, and even with these slightly higher premiums they are getting a great deal--they would only be paying a small percentage of their income.

<table>
<thead>
<tr>
<th></th>
<th>Very convincing</th>
<th>Somewhat convincing</th>
<th>Total convincing</th>
<th>Somewhat unconvincing</th>
<th>Very unconvincing</th>
<th>Total unconvincing</th>
<th>Refused / Don't know</th>
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<td>National</td>
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<tr>
<td>Dem.</td>
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<td><strong>22.7%</strong></td>
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</tr>
<tr>
<td>GOP</td>
<td>33.8%</td>
<td>41.3%</td>
<td><strong>75.1%</strong></td>
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<td>8.5%</td>
<td><strong>25.0%</strong></td>
<td>0.0%</td>
</tr>
<tr>
<td>Dem.</td>
<td>35.3%</td>
<td>44.2%</td>
<td><strong>79.5%</strong></td>
<td>10.9%</td>
<td>7.6%</td>
<td><strong>18.5%</strong></td>
<td>1.9%</td>
</tr>
<tr>
<td>Texas</td>
<td>33.3%</td>
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<td><strong>76.8%</strong></td>
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<td>8.7%</td>
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<td>37.9%</td>
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<td><strong>18.3%</strong></td>
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</tr>
</tbody>
</table>
Argument Against Proposal

[Q29.] Throughout their lives, people with higher incomes already pay higher income taxes and Medicare payroll taxes, both of which help support Medicare. They also already pay higher premiums for outpatient care than others do, and furthermore these premiums already went up in 2010. Raising their premiums even higher would be going too far.

<table>
<thead>
<tr>
<th>State</th>
<th>Very convincing</th>
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<th>Total convincing</th>
<th>Somewhat unconvincing</th>
<th>Very unconvincing</th>
<th>Total unconvincing</th>
<th>Refused / Don't know</th>
</tr>
</thead>
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<td>50.4%</td>
<td>29.3%</td>
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<td>29.9%</td>
<td>33.0%</td>
<td>62.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Virginia</td>
<td>15.3%</td>
<td>30.9%</td>
<td>46.2%</td>
<td>28.4%</td>
<td>25.4%</td>
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<td>47.2%</td>
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<tr>
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<td>20.6%</td>
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<td>1.4%</td>
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<tr>
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<td>10.4%</td>
<td>27.7%</td>
<td>38.1%</td>
<td>31.5%</td>
<td>29.6%</td>
<td>61.1%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
Now that you have considered all the arguments, please evaluate some versions of the proposals for increasing premiums for high-income seniors.

Once again, here is the table below showing how premium costs would change for different income levels if such increases were to be adopted.

<table>
<thead>
<tr>
<th>Single beneficiaries earning</th>
<th>Married couples earning</th>
<th>Current premium</th>
<th>15% increase</th>
<th>30% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
<td>$136</td>
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<td>n/a</td>
</tr>
<tr>
<td>$85,000-$107,000</td>
<td>$170,000-$214,000</td>
<td>$191</td>
<td>$218</td>
<td>$248</td>
</tr>
<tr>
<td>$107,000-$160,000</td>
<td>$214,000-$320,000</td>
<td>$272</td>
<td>$316</td>
<td>$354</td>
</tr>
<tr>
<td>$160,000-$214,000</td>
<td>$320,000-$428,000</td>
<td>$354</td>
<td>$408</td>
<td>$460</td>
</tr>
<tr>
<td>More than $214,000</td>
<td>More than $428,000</td>
<td>$435</td>
<td>$490</td>
<td>$544</td>
</tr>
</tbody>
</table>

The first version of the proposal increases premiums for higher-income seniors by about 15% over the present level, covering about 3.5% of the shortfall (an average of $8 billion a year).

[Q30a.] Please select how acceptable or unacceptable this proposal is to you on the scale below.
<table>
<thead>
<tr>
<th>State</th>
<th>Dem.</th>
<th>19.5%</th>
<th>21.4%</th>
<th>58.9%</th>
<th>0.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>6.5</td>
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<td>0.2%</td>
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<tr>
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<td>6.2</td>
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<tr>
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<td>6.4</td>
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<td>1.6%</td>
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<td>6.0</td>
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<td>53.0%</td>
<td>0.6%</td>
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<tr>
<td>Ohio</td>
<td>6.5</td>
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<td>17.5%</td>
<td>62.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>6.2</td>
<td>25.5%</td>
<td>13.7%</td>
<td>60.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>6.9</td>
<td>14.8%</td>
<td>16.7%</td>
<td>67.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Virginia</td>
<td>6.5</td>
<td>23.2%</td>
<td>14.7%</td>
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<td>0.8%</td>
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<tr>
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<td>6.0</td>
<td>23.0%</td>
<td>17.5%</td>
<td>58.3%</td>
<td>1.2%</td>
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<tr>
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<td>6.6</td>
<td>18.5%</td>
<td>17.6%</td>
<td>63.2%</td>
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</tr>
<tr>
<td>Maryland</td>
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<tr>
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<tr>
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<td>63.1%</td>
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</tr>
</tbody>
</table>

The second version of the proposal increases premiums for higher-income seniors by about 30% over the present level, covering about 7% of the shortfall (an average of $16 billion a year).

[Q30b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

<table>
<thead>
<tr>
<th>National</th>
<th>Mean</th>
<th>Completely Unacceptable (0-4)</th>
<th>Just Tolerable (5)</th>
<th>Very Acceptable (6-10)</th>
<th>Refused / Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.0</td>
<td>29.3%</td>
<td>18.1%</td>
<td>51.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>GOP</td>
<td>0.0</td>
<td>33.1%</td>
<td>18.8%</td>
<td>47.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Dem.</td>
<td>0.0</td>
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<td>16.7%</td>
<td>58.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Indep.</td>
<td>0.0</td>
<td>34.7%</td>
<td>19.8%</td>
<td>43.1%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

<p>| Oklahoma | 5.9  | 28.6%                         | 19.9%             | 50.0%                  | 1.5%                 |
| GOP      | 5.7  | 34.6%                         | 15.5%             | 49.3%                  | 0.5%                 |
| Dem.     | 6.2  | 24.0%                         | 21.6%             | 53.1%                  | 1.3%                 |</p>
<table>
<thead>
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<th>State</th>
<th>Rating</th>
<th>GOP Premium</th>
<th>Dem. Premium</th>
<th>Total Premium</th>
<th>Premium Increase</th>
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<td>51.1%</td>
<td>1.3%</td>
</tr>
<tr>
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<td>16.4%</td>
<td>45.3%</td>
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<tr>
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<td>60.9%</td>
<td>1.9%</td>
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<tr>
<td>Ohio</td>
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<tr>
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**Increasing Standard Premiums**

Another proposal for increasing income from Medicare recipients would be to increase standard Medicare premiums—the amount most seniors pay each month.

As mentioned, standard premiums cover 25% of the average cost of providing healthcare for a person on Medicare.

A version of the proposal would gradually increase standard premiums to cover 30%, rather than 25%, of the average cost of providing healthcare for seniors. The increase would take place over a five-year period beginning in 2017. This would mean that the standard premium would go up by one-fifth, rising from $136 a month to $163 a month (in current dollars).

This would cover 16% of the shortfall ($36 billion annually).
Another version of the proposal would gradually increase, over five years, standard premiums to cover 35% rather than 25% of the average cost of providing healthcare for seniors. The standard premium would go up by two-fifths, rising from $136 a month to $190 a month (in current dollars).

This would cover 32% of the shortfall ($72 billion annually).

For both versions, the increase would not affect high-income Medicare recipients, who are already paying higher premiums, or low-income recipients who have total resources of less than $13,000 for an individual and income at 150% or less of the poverty line.

Here are arguments in favor of and against increasing standard Medicare premiums for all recipients. Please select whether you find each one convincing or unconvincing:

**Argument in Favor of Proposal**

[Q31.] When Medicare began in 1965, the standard premium covered 50% of the average costs of providing healthcare to seniors. Over time, Congress reduced the percentage that seniors covered until it was 25% in 1997. Since then healthcare costs have grown, and the percentage of the population on Medicare has grown, but there has been no increase in the percentage seniors pay. Clearly, the people who are benefitting from Medicare need to take on a larger share of the costs of the program.

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**Argument Against Proposal**

Q32. Most Americans have been planning their retirements on the assumption that Medicare would be there for them when they reach age 65. In recent years the economy has been growing so slowly that the value of the savings of many seniors is less than what was predicted. The cost of standard Medicare premiums has already been going up faster than inflation as healthcare costs have risen. It is really unfair to expect seniors—whose median income is just $24,150—to take on a bigger share of the cost of Medicare by raising those premiums even further.
Now that you have evaluated both arguments, here again is the first version of the proposal:

*Over a five-year period gradually increase standard premiums to cover 30%, rather than 25%, of the average cost of providing healthcare for seniors. This would mean that the standard premium would go up by one fifth, rising from $136 a month to $163 a month (in current dollars).*

*This would cover 16% of the shortfall ($36 billion annually).*

[Q33a.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

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| Oklahoma | 4.7  | 39.6%                         | 21.1%              | 39.1%                  | 0.2%                |
| GOP      | 5.0  | 37.7%                         | 15.1%              | 46.7%                  | 0.5%                |
| Dem.     | 4.4  | 42.8%                         | 23.6%              | 33.7%                  | 0.0%                |

<p>| Texas    | 4.7  | 42.0%                         | 22.5%              | 34.8%                  | 0.7%                |</p>
<table>
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<th>State</th>
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Here is the second version of the proposal:

*Over a five-year period, gradually increase standard premiums to cover 35% rather than 25% of the average cost of providing healthcare for seniors. This would mean that the standard premium would go up by two-fifths, rising from $136 a month to $190 a month (in current dollars).*

*This proposal would cover 32% of the shortfall ($72 billion annually).*

[Q33b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.
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**Increasing the Medicare Payroll Tax**

Another approach to raising revenues is raising more money from all current wage earners.

One proposal would be to increase the Medicare payroll tax. Currently, Medicare’s hospital insurance program (Part A) is financed by payroll taxes. All wage earners pay 1.45% of their wages and the employer pays 1.45% of those wages as well. People with high incomes (over $200,000) pay an extra 0.9%, including on investment income.
The proposal is to increase the amount that wage earners and employers pay by 0.1%, 0.2%, or 0.3%. For the average wage earner, who earns about $50,000 a year, this would mean an increase in payroll taxes of $50 to $150 a year.

### Increasing the Medicare Payroll Tax of the Average Wage Earner (about $50,000/year)

<table>
<thead>
<tr>
<th>Increase in tax</th>
<th>$/year increase for each beneficiary</th>
<th>$ amount raised to cover the shortfall</th>
<th>Percentage of shortfall covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1%</td>
<td>$50</td>
<td>$26 billion</td>
<td>11.3%</td>
</tr>
<tr>
<td>0.2%</td>
<td>$100</td>
<td>$52 billion</td>
<td>22.6%</td>
</tr>
<tr>
<td>0.3%</td>
<td>$150</td>
<td>$78 billion</td>
<td>33.9%</td>
</tr>
</tbody>
</table>

Here are arguments in favor of and against this proposal. Please select whether you find each one convincing or unconvincing:

### Argument in Favor of Proposal

[Q34.] Medicare is a very valuable service for all Americans. It benefits people who have elderly parents and provides all Americans with the security of knowing that they will be cared for when they get older. The amount that Americans currently pay—1.45% of their wages—is really quite modest, and it is affordable for this amount to go up slightly. This is a better approach than putting the burden on the people who are already elderly, many living on fixed incomes.
<table>
<thead>
<tr>
<th></th>
<th>Virginia</th>
<th>California</th>
<th>Maryland</th>
<th>New York</th>
<th>Oklahoma</th>
<th>Texas</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.5%</td>
<td>37.1%</td>
<td>35.3%</td>
<td>40.0%</td>
<td>12.5%</td>
<td>16.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>GOP</td>
<td>41.0%</td>
<td>35.0%</td>
<td>24.7%</td>
<td>40.8%</td>
<td>15.6%</td>
<td>12.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Dem.</td>
<td>50.9%</td>
<td>43.1%</td>
<td>42.1%</td>
<td>47.4%</td>
<td>42.1%</td>
<td>41.7%</td>
<td>34.1%</td>
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<tr>
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<td>12.7%</td>
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<td>31.1%</td>
<td>32.9%</td>
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<tr>
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<td>6.3%</td>
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<tr>
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<td>2.1%</td>
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</tr>
<tr>
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<td>1.6%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

**Argument Against Proposal**

[Q35.] This is not a fair way to solve the problem of Medicare’s shortfall. Medicare already puts a greater burden on low-income workers. This is because Medicare taxes wages more heavily than other forms of income, which better-off people are more likely to have. Raising the rate would make this even worse. It’s just not right to have young low-income workers, who are just starting out, take on a greater burden to take care of retiring baby boomers, who are in most cases better off.

<table>
<thead>
<tr>
<th></th>
<th>Very convincing</th>
<th>Somewhat convincing</th>
<th>Total convincing</th>
<th>Somewhat unconvincing</th>
<th>Very unconvincing</th>
<th>Total unconvincing</th>
<th>Refused / Don't know</th>
</tr>
</thead>
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<td>48.8%</td>
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<td>17.4%</td>
<td>49.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>GOP</td>
<td>13.2%</td>
<td>31.5%</td>
<td>44.7%</td>
<td>34.6%</td>
<td>19.4%</td>
<td>54.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Dem.</td>
<td>15.7%</td>
<td>35.1%</td>
<td>50.8%</td>
<td>31.6%</td>
<td>16.3%</td>
<td>47.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Indep.</td>
<td>16.8%</td>
<td>36.1%</td>
<td>52.9%</td>
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<td>15.6%</td>
<td>44.3%</td>
<td>2.8%</td>
</tr>
<tr>
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<tr>
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<tr>
<td>Dem.</td>
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<tr>
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<td>48.7%</td>
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<tr>
<td>GOP</td>
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<td>46.5%</td>
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<td>19.9%</td>
<td>52.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Dem.</td>
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<td>28.2%</td>
<td>46.3%</td>
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<td>50.8%</td>
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</tr>
<tr>
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<tr>
<td>GOP</td>
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<td>28.4%</td>
<td>42.2%</td>
<td>34.1%</td>
<td>20.1%</td>
<td>54.2%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>
Now that you have evaluated the arguments, here are the three versions of the proposals. Please select how acceptable or unacceptable you find each one.

The first version increases the amount that wage earners and employers pay by 0.1%. For the average wage earner who earns about $50,000 this would mean an increase in payroll taxes of $50 a year. This would cover 11.3% of the annualized shortfall ($26 billion).

[Q36a.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

<table>
<thead>
<tr>
<th>National</th>
<th>Mean</th>
<th>Completely Unacceptable (0-4)</th>
<th>Just Tolerable (5)</th>
<th>Very Acceptable (6-10)</th>
<th>Refused / Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dem.</td>
<td>14.9%</td>
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<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Ohio</td>
<td>15.0%</td>
<td>16.2%</td>
<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Virginia</td>
<td>14.7%</td>
<td>16.2%</td>
<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>California</td>
<td>14.5%</td>
<td>16.2%</td>
<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Maryland</td>
<td>19.0%</td>
<td>16.2%</td>
<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>New York</td>
<td>16.4%</td>
<td>16.2%</td>
<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dem.</td>
<td>17.0%</td>
<td>16.2%</td>
<td>14.9%</td>
<td>67.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dem.</td>
<td>13.4%</td>
<td>39.6%</td>
<td>53.0%</td>
<td>44.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Dem.</td>
<td>17.4%</td>
<td>38.3%</td>
<td>55.7%</td>
<td>42.5%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>
The second version increases the amount that wage earners and employers pay by 0.2%. For the average wage earner who earns about $50,000 this would mean an increase in payroll taxes of $100 a year. This would cover 22.6% of the annualized shortfall ($52 billion).

[Q36b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.
<table>
<thead>
<tr>
<th>State</th>
<th>GOP</th>
<th>Dem.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>Texas</td>
<td>5.8</td>
<td>26.3%</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>26.1%</td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td>20.7%</td>
</tr>
<tr>
<td>Florida</td>
<td>5.8</td>
<td>25.9%</td>
</tr>
<tr>
<td></td>
<td>5.6</td>
<td>29.3%</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>22.4%</td>
</tr>
<tr>
<td>Ohio</td>
<td>5.8</td>
<td>28.5%</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>30.4%</td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td>25.5%</td>
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<tr>
<td>Virginia</td>
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<td>32.4%</td>
</tr>
<tr>
<td></td>
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<td>37.3%</td>
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<tr>
<td>California</td>
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<td>24.9%</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>5.8</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

The third version increases the amount that wage earners and employers pay by 0.3%. For the average wage earner who earns about $50,000 this would mean an increase in payroll taxes of $150 a year. This would cover 33.9% of the annualized shortfall ($78 billion).

[Q36c.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

<table>
<thead>
<tr>
<th>National</th>
<th>Mean</th>
<th>Completely Unacceptable</th>
<th>Just Tolerable</th>
<th>Very Acceptable</th>
<th>Refused / Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.0</td>
<td>39.5%</td>
<td>19.1%</td>
<td>39.4%</td>
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</tr>
<tr>
<td>GOP</td>
<td>0.0</td>
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<td>1.8%</td>
</tr>
<tr>
<td>Dem.</td>
<td>0.0</td>
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</tr>
<tr>
<td>State</td>
<td>Indep.</td>
<td>GOP</td>
<td>Dem.</td>
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<td>4.8</td>
<td>4.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You’ve now evaluated all the proposals. Congratulations, and thanks!

Now comes the most important part. We would like you to make your **final recommendations**—which will be forwarded to your Members of Congress--about what should be done about Medicare.

You will see again each of the proposals you’ve already reviewed, with the percentage of the shortfall it would cover. **These are not all the proposals that have been put forward.** However, the proposals you’ve reviewed represent a major starting point for dealing with the problem.
So, please remember: There’s no requirement to try to cover 100% of the shortfall or to choose an option for every category. What’s most important is that you choose the proposals that you would recommend to your Congressional representative, all things considered.

<table>
<thead>
<tr>
<th>Reduce Medicare’s Net Payments for Benefits</th>
<th>Covers shortfall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>[Q37.] Raise the age of eligibility</strong></td>
<td></td>
</tr>
<tr>
<td>Gradually raise the age of eligibility for Medicare from 65 until it reaches age 67 by 2029.</td>
<td>5%</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td>Chosen</td>
</tr>
<tr>
<td>GOP</td>
<td>51.6%</td>
</tr>
<tr>
<td>Dem.</td>
<td>42.9%</td>
</tr>
<tr>
<td>Indep.</td>
<td>41.7%</td>
</tr>
<tr>
<td><strong>Oklahoma</strong></td>
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<tr>
<td>GOP</td>
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<tr>
<td>Dem.</td>
<td>37.8%</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
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<tr>
<td>GOP</td>
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<tr>
<td>Dem.</td>
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<tr>
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<td>51.5%</td>
</tr>
<tr>
<td>Dem.</td>
<td>46.4%</td>
</tr>
</tbody>
</table>
**[Q38.] Encourage Medicare recipients to use generic drugs**

Medicare would cover the full cost of the generic equivalent (thus eliminating the copayment), while increasing the copayment the recipient would pay for brand name drugs.

<table>
<thead>
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<th>Not chosen</th>
</tr>
</thead>
<tbody>
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**[Q39.] Modify deductibles and hospital costs paid by recipients**

Eliminate the separate deductibles for inpatient and outpatient services and just have one $550 annual deductible. Furthermore, there would be an annual cap on total out-of-pocket payments of $5,500 per year (right now there is no cap).

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**Reduce Payments to Providers**

**[Q40.] Require drug companies to accept less money**

Require drug companies to accept less money for drugs that go to people with modest incomes, or be excluded from Medicare. For those drugs, have drug companies:

- end up getting 17% less money: 3%
- end up getting 20% less money: 7%

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**[Q41.] Reduce amounts Medicare pays for some services in hospitals**

Lower the payments to hospitals for services to Medicare recipients to make them equal to the amount paid to doctors’ offices for the same services.

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**[Q42.] Lower the subsidy Medicare provides to teaching hospitals**

Lower the subsidy Medicare currently provides to teaching hospitals from about 5.5% to 2.2% of the cost of training doctors.
### Control Costs in Other Ways

**[Q43.] Put limits on medical malpractice suits (tort reform)**

Cap awards for damages for pain and suffering at $250,000. Cap awards for punitive damages at either $500,000, or twice the amount of the award for economic damages—whichever is greater.  

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GOP  63.3%  36.7%
Dem.  52.5%  47.5%

New York
Dem.  48.1%  51.9%
GOP  62.0%  38.0%
Dem.  43.0%  57.0%

[Q44.] Restrict private insurance policies that supplement insurance (“Medigap”)
Limit Medigap insurance so that it cannot cover the first $550 of payments Medicare recipients would normally make. For the next $4,950 of possible payments that recipients would normally make, Medigap coverage would be limited to covering 50% of that amount.

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GOP  26.5%  73.5%
Indep. 24.1%  75.9%

Oklahoma
Dem. 28.5%  71.5%
GOP  21.6%  78.4%

Texas
Dem. 26.9%  73.1%
GOP  21.9%  78.1%

Florida
Dem. 36.1%  63.9%
GOP  30.3%  69.7%

Ohio
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GOP  27.6%  72.4%

Virginia
Dem. 23.2%  76.8%
GOP  35.1%  64.9%
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### Increasing Revenues

**[Q45.] Increase premiums for higher-income seniors**

Increase premiums for higher-income seniors (individuals with incomes over $85,000, couples with incomes over $170,000):

- by about 15% over the present level: 3.5%
- by about 30% over the present levels: 7%

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**[Q46.] Increase standard Medicare premiums**

Increase standard premiums to cover 30%, rather than 25%, of the average cost of providing healthcare for seniors, over five years starting in 2017. The standard premium would go up by one-fifth, rising from $136 a month to $170 a month (in current dollars).

Increase standard premiums to cover 35%, rather than 25%, of the average cost of providing healthcare for seniors, over five years starting in 2017.

16% 32%
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<th>[Q47.] Increase the Medicare payroll tax</th>
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<td>Increase the amount that wage earners and employers pay by 0.1 to 0.3%. For the average wage earner who earns about $50,000 this would mean an increase in payroll taxes of $50 to $150 a year. Increasing the payroll tax for wage earner and employees:</td>
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