

## HEALTHCARE QUESTIONNAIRE

**Recruitment:** The national panel of 2,430 registered voters were provided by Nielsen-Scarborough from its sample of respondents, which was recruited by mail and telephone using a random sample of households. The survey itself was conducted online.

**National Sample:** 2,430; Margin of Error: +/- 2%

**Field Dates:** Fielded by Nielsen-Scarborough, June 8-13, 2017

**Weighting:** The sample was subsequently weighted by age, income, gender, education, race, partisanship and by geographic region. Benchmarks for weights were obtained from the Census' 2014 Current Populations Survey of Registered Voters.

**District Ratings based on Cook PVI Ratings:** (Margin of Error: varies from +/- 4.6% to 5.4%)

- Very Red: Republican 14 to 33
- Red: Republican 8 to 13
- Leans Red: Republican 1 to 7
- Leans Blue: Democrat 1 to 8
- Blue: Democrat 9 to 17
- Very Blue: Democrat 18 to 44

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As you may know, there is currently a debate in Congress about health care. A new law is being voted on that would modify current law. We would like you to know your views on this proposed law.

The impact of the proposed law has been assessed by the Congressional Budget Office (hereafter referred to as the CBO). The CBO is a non-partisan Congressional agency that serves Congress by assessing the consequences of proposed laws. Its assessments of the impact of the proposed health care law will be mentioned throughout this survey.

The CBO estimates that over the next 10 years the biggest changes that would come of the proposed law would include:

- A reduction in government spending on healthcare of \$993 billion
- A reduction of various taxes of \$664 billion
- A reduction in the budget deficit of \$119 billion
- An increase in the number of people without health insurance of 23 million

More details from the CBO assessment will be provided as we go along.

We will now look more closely at the different parts of the proposed law.

One of the biggest differences between current law and the proposed law is how they deal with health care for low-income people.

When it comes to healthcare for low income people, current law has **four main parts**.

The **first part** is an option for states to **expand Medicaid coverage**.

As you may know, for some time now Medicaid has been the major federal program for providing health insurance to people in poverty or with very low incomes. This is actually a cooperative program between the federal government and the states, and there are variations in the coverage levels in different states depending on how much the state provides. There is also variation in how much the people on Medicaid are required to pay, though most pay some of the cost.

Under current law, states can now choose to be part of program that provides Medicaid coverage to more people--individuals who make up to \$16,642 or a family of three who makes up to \$28,179. This is substantially higher than in the states that do not choose to be part of this program.

Under this program, the federal government currently pays about 95% of the cost, but in future years this amount goes down to 90%.

31 states have chosen to participate in the program. These states include 62% of the American population.

Q1. Based on what you have heard so far, how acceptable or unacceptable is this part of current law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	5.9	26.0%	21.2%	52.5%	0.3%
GOP	5.9	23.8%	25.1%	50.9%	0.2%
Dem.	6.0	28.3%	15.4%	55.9%	0.4%
Indep.	5.6	25.1%	27.1%	47.7%	0.2%

**By District**

<b>Very Red</b>	5.5	30.0%	22.7%	46.8%	0.5%
<b>Red</b>	5.8	24.9%	21.5%	53.6%	0.0%
<b>Leans Red</b>	5.9	24.0%	21.2%	54.1%	0.6%
<b>Leans Blue</b>	6.0	21.8%	24.7%	53.0%	0.5%
<b>Blue</b>	6.2	25.1%	17.2%	57.7%	0.0%
<b>Very Blue</b>	5.6	31.5%	18.3%	50.1%	0.1%

The **second part** helps people pay for the monthly **premiums** that people have to pay for health insurance. For people under the federal poverty line (individual \$12,060, couple with a child \$20,420), the subsidies fully cover their premiums, but as their incomes get above the poverty line, people are required to pay an increasing share of the cost of the premium.

Q2. Based on what you have heard so far, how acceptable or unacceptable is this part of current law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	6.3	21.9%	17.0%	60.6%	0.5%
<b>  </b> GOP	6.4	20.6%	17.2%	61.6%	0.6%
<b>  </b> Dem.	6.4	22.7%	14.8%	61.8%	0.7%
<b>  </b> Indep.	6.0	22.8%	21.7%	55.5%	0.0%

**By District**

<b>Very Red</b>	6.3	21.0%	19.1%	59.2%	0.8%
<b>Red</b>	6.3	23.4%	14.1%	62.2%	0.2%
<b>Leans Red</b>	6.6	18.6%	15.8%	64.4%	1.1%
<b>Leans Blue</b>	6.3	20.5%	20.6%	58.9%	0.0%
<b>Blue</b>	6.3	23.0%	16.9%	59.4%	0.7%
<b>Very Blue</b>	6.2	26.1%	16.1%	57.6%	0.2%

The **third part** helps low-income people pay **out-of-pocket expenses**, such as covering their deductible and their co-payments for specific doctor visits. The amount the government pays decreases as the person's income increases, stopping completely at \$30,150. An individual with an income of less than \$30,000 does not have to pay more than a total of \$2,250 for out-of-pocket expenses.

Q3. Based on what you have heard so far, how acceptable or unacceptable is this part of current law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	6.1	22.7%	19.3%	57.0%	1.0%
<b>  </b> GOP	6.1	20.8%	21.8%	56.7%	0.7%
<b>  </b> Dem.	6.3	23.2%	16.1%	59.7%	1.0%
<b>  </b> Indep.	5.8	25.3%	22.1%	51.1%	1.5%

**By District**

<b>Very Red</b>	6.1	22.1%	21.2%	54.6%	2.1%
<b>Red</b>	6.0	23.7%	19.0%	57.3%	0.0%
<b>Leans Red</b>	6.4	19.3%	19.8%	59.7%	1.1%
<b>Leans Blue</b>	6.3	20.0%	19.7%	58.9%	1.3%
<b>Blue</b>	6.1	25.5%	17.4%	56.5%	0.7%
<b>Very Blue</b>	5.9	27.9%	18.2%	53.3%	0.6%

The **fourth part** is how this plan is paid for. This plan for low-income people generates most of the costs for current law as a whole. To offset the costs of current law several taxes were adopted. These are primarily:

- An extra tax of 0.9% on income over \$200,000 for individuals (\$250,000 for couples), generating \$126 billion over 10 years
- An extra tax on investment income that can be as much as 3.8% for individuals with incomes over \$200,000 (\$250,000 for couples), generating \$172 billion over 10 years

- A tax on the largest for-profit health insurance companies, generating \$145 billion over 10 years
- A reduction in the amount of medical expenses that can be deducted from income taxes, generating \$35 billion over 10 years
- An excise tax on medical devices, generating \$20 billion over 10 years

Q4. Based on what you have heard so far, how acceptable or unacceptable is this part of current law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	6.0	27.4%	14.9%	57.3%	0.4%
<b>GOP</b>	5.1	37.4%	17.3%	45.0%	0.3%
<b>Dem.</b>	6.8	18.9%	12.4%	68.3%	0.4%
<b>Indep.</b>	5.9	27.4%	16.1%	55.7%	0.8%

**By District**

<b>Very Red</b>	5.8	30.2%	14.6%	54.5%	0.7%
<b>Red</b>	6.0	26.3%	13.6%	59.9%	0.2%
<b>Leans Red</b>	6.0	28.7%	12.8%	58.0%	0.4%
<b>Leans Blue</b>	5.9	29.4%	16.0%	54.2%	0.4%
<b>Blue</b>	6.3	23.7%	16.5%	59.0%	0.7%
<b>Very Blue</b>	6.0	27.1%	15.0%	57.6%	0.3%

Again, the four parts of the plan for low income people in current law include:

- Expanding Medicaid to cover more people
- Providing subsidies to help pay for premiums for insurance
- Providing help to cover out-of-pocket expenses
- Adopting a set of offsetting taxes for the law as a whole

Q5. So, based on everything you have heard, please select how acceptable or unacceptable you find the plan for low-income people in current law.

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	6.4	21.1%	16.6%	61.9%	0.4%
<b>GOP</b>	5.3	31.3%	19.3%	48.7%	0.7%
<b>Dem.</b>	7.3	12.4%	13.3%	74.0%	0.2%
<b>Indep.</b>	6.1	21.2%	19.2%	59.4%	0.2%

**By District**

<b>Very Red</b>	6.2	21.7%	20.3%	56.5%	1.5%
<b>Red</b>	6.1	24.1%	14.0%	61.9%	0.0%
<b>Leans Red</b>	6.3	18.6%	18.4%	62.7%	0.4%
<b>Leans Blue</b>	6.4	22.8%	16.9%	60.1%	0.2%
<b>Blue</b>	6.6	21.7%	11.8%	66.1%	0.4%
<b>Very Blue</b>	6.6	17.2%	17.6%	65.1%	0.2%

We will now turn to evaluating the **proposed law's** plan for low-income people.

**First**, current law's **plan to expand Medicaid would be phased out and ended in 2020**. After that, for all new Medicaid recipients, the Federal government would go back to paying about half of the cost. States would decide how high an income level they want to cover, but to keep it at the current income level, states would have to come up with substantially more money. The CBO estimates that most states would let these levels go back down and thus 14 million fewer people would be on Medicaid.

For the Federal government, the result would be a substantial reduction in costs because the government would be covering fewer people under Medicaid and paying a smaller portion for new Medicaid recipients after 2020.

Q6. Based on what you have heard so far, how acceptable or unacceptable is this part of the proposed law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	3.9	52.7%	14.8%	31.9%	0.6%
<b>GOP</b>	6.1	24.4%	16.0%	58.4%	1.2%
<b>Dem.</b>	2.1	78.0%	10.8%	10.9%	0.2%
<b>Indep.</b>	4.0	49.1%	22.0%	28.4%	0.5%

**By District**

<b>Very Red</b>	4.2	49.5%	13.6%	36.1%	0.8%
<b>Red</b>	4.3	46.9%	17.3%	34.4%	1.3%
<b>Leans Red</b>	4.3	47.7%	14.7%	37.6%	0.0%
<b>Leans Blue</b>	4.0	52.5%	16.2%	30.5%	0.8%
<b>Blue</b>	3.7	56.8%	14.3%	29.0%	0.0%
<b>Very Blue</b>	3.1	65.4%	12.1%	22.0%	0.5%

**Second**, the amount of **money that the Federal government pays for Medicaid would be gradually reduced** below current projections.

Right now, it is projected that the amount of money the Federal government would need to pay per Medicaid recipient will go up for a number of reasons, for example because the average Medicaid recipient is getting older.

However, in the proposed law, the Federal government would put a limit on what it would pay, thus saving the Federal government money. States, then, can cover the difference, or reduce the number of people covered under Medicaid.

The CBO estimates that some states would cover the difference, while others would reduce the benefits people receive or the number of people covered.

Q7. Based on what you have heard so far, how acceptable or unacceptable is this part of the proposed law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	3.8	54.8%	14.8%	30.0%	0.4%
<b>  GOP</b>	5.9	25.9%	16.5%	56.8%	0.8%
<b>  Dem.</b>	2.0	79.6%	11.1%	9.0%	0.3%
<b>  Indep.</b>	3.8	53.6%	20.3%	25.9%	0.1%

**By District**

<b>Very Red</b>	3.9	53.1%	15.8%	29.8%	1.3%
<b>Red</b>	4.1	48.3%	16.7%	34.6%	0.4%
<b>Leans Red</b>	4.2	49.1%	13.6%	36.9%	0.3%
<b>Leans Blue</b>	3.9	54.0%	17.3%	28.7%	0.0%
<b>Blue</b>	3.5	60.4%	12.2%	27.4%	0.0%
<b>Very Blue</b>	2.9	67.0%	12.4%	20.6%	0.0%

**Third**, the proposed law would **repeal current law's subsidies** that helps people with low to modest incomes pay for premiums.

It **replaces these subsidies with a 'tax credit'** which provides a fixed credit for health insurance for everybody who has an income below \$75,000 (\$150,000 for couples). The amount of the fixed credit is determined by age, not by income. Young people would get \$2,000 per year and this would gradually rise to \$4,000 per year for people age 50-64. People with incomes over \$75,000 would get a credit too, but it would gradually decline as the income goes up.

The net result is that:

- People with lower incomes would get less than they currently get, while people with moderate incomes would get more
- Though people in the 50-64 age group would get more than younger people, people in this age group with low income would get much less than they currently get

Q8. Based on what you have heard so far, how acceptable or unacceptable is this part of the proposed law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	3.7	56.4%	13.5%	29.8%	0.3%
<b>  GOP</b>	5.8	27.3%	17.8%	54.5%	0.3%
<b>  Dem.</b>	1.9	80.9%	8.4%	10.5%	0.2%
<b>  Indep.</b>	3.7	56.3%	17.3%	26.0%	0.3%

**By District**

<b>Very Red</b>	3.9	53.7%	17.4%	28.4%	0.5%
<b>Red</b>	4.0	52.2%	14.5%	33.3%	0.0%
<b>Leans Red</b>	4.1	50.4%	13.2%	35.9%	0.5%

<b>Leans Blue</b>	3.8	55.0%	14.9%	30.1%	0.0%
<b>Blue</b>	3.4	61.7%	11.3%	26.7%	0.3%
<b>Very Blue</b>	2.9	68.0%	8.8%	22.8%	0.3%

**Fourth**, the proposed law by the end of 2019 would repeal current law’s subsidies for out-of-pocket expenses, such as deductibles and co-pays.

Instead, the Federal government would provide \$108 billion for a fund that would give the states lump sums to set up programs to help people who have trouble dealing with out-of-pocket expenses, as well as other increased costs that would come from the proposed law, such as premium increases.

According to the CBO, the \$108 billion would be significantly less than the increased out-of-pocket costs that low-income people would need to pay, and much of this \$108 billion would not be devoted to out-of-pocket expenses. So, on average, low-income people would be paying significantly more for out-of-pocket expenses.

For the government, the result would be a substantial reduction in costs as the government would be paying less for subsidies.

Q9. Based on what you have heard so far, how acceptable or unacceptable is this part of the proposed law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	3.5	58.8%	12.8%	27.8%	0.5%
<b>GOP</b>	5.7	29.2%	16.4%	53.6%	0.9%
<b>Dem.</b>	1.7	83.6%	8.4%	7.8%	0.3%
<b>Indep.</b>	3.5	59.2%	16.4%	24.0%	0.5%

#### By District

<b>Very Red</b>	3.8	56.1%	14.9%	28.1%	0.9%
<b>Red</b>	3.8	53.6%	14.5%	31.6%	0.3%
<b>Leans Red</b>	3.9	52.7%	13.5%	33.1%	0.7%
<b>Leans Blue</b>	3.7	56.6%	13.7%	28.6%	1.1%
<b>Blue</b>	3.2	64.6%	11.0%	24.1%	0.2%
<b>Very Blue</b>	2.7	71.4%	8.3%	20.2%	0.1%

**Fifth**, the reductions in costs for the government that would come from repealing the expansion of Medicaid and reducing subsidies make it possible for the proposed law to **repeal the following taxes**:

- The extra tax of 0.9% on income over \$200,000 for individuals (\$250,000 for couples)
- The extra tax on investment income that can be as much 3.8% for individuals with incomes over \$200,000 for individuals (\$250,000 for couples)
- The special tax on for-profit health insurance companies
- The excise tax on medical devices

In addition, it substantially increases the amount of medical expenses that can be deducted, creating a tax cut—for those who itemize deductions—below the level that was in place before current law was established.

Q10. Based on what you have heard so far, how acceptable or unacceptable is this part of the proposed law?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	3.8	53.4%	13.7%	32.1%	0.8%
<b>  </b> GOP	6.0	25.6%	15.1%	58.4%	0.9%
<b>  </b> Dem.	2.0	77.9%	10.0%	11.6%	0.6%
<b>  </b> Indep.	3.9	50.6%	20.1%	28.0%	1.3%

**By District**

<b>Very Red</b>	4.1	49.3%	15.7%	33.8%	1.2%
<b>Red</b>	4.1	50.9%	11.0%	38.0%	0.1%
<b>Leans Red</b>	4.3	46.5%	15.2%	37.0%	1.3%
<b>Leans Blue</b>	3.9	52.5%	13.4%	33.6%	0.6%
<b>Blue</b>	3.4	59.8%	12.7%	26.6%	0.9%
<b>Very Blue</b>	3.0	64.0%	13.7%	21.4%	0.9%

Again, the five parts of the proposed law's program for low-income people include:

- Repealing the expansion of Medicaid
- Putting a limit on the increases the Federal government would pay for Medicaid which is below current projections
- Replacing the subsidies for premiums with a tax credit that reduces the net amount the government spends and low-income people receive
- Replacing the subsidies for out-of-pocket expenses with a fund for the states, which reduces the net amount the government spends and that low-income people receive
- Repealing a set of offsetting taxes and reducing the deficit, made possible by the reduction in government costs

Overall, the CBO says the effect of all five of these changes would result in:

- 14 million fewer people with Medicaid health care coverage
- Reductions in costs to the government that would enable it to reduce the budget deficit by \$119 billion over 10 years (on average \$11.9 billion a year)

Q11. So, based on everything you have heard, please select how acceptable or unacceptable you find the proposed law's program for low income people?

	Mean	Unacceptable (0-4)	Just Tolerable (5)	Acceptable (6-10)	Refused / Don't know
<b>National</b>	3.6	56.3%	12.2%	31.0%	0.4%
<b>  </b> GOP	6.0	24.8%	13.6%	60.8%	0.7%
<b>  </b> Dem.	1.6	83.7%	8.6%	7.7%	0.0%
<b>  </b> Indep.	3.7	54.3%	18.5%	26.4%	0.9%

**By District**

<b>Very Red</b>	4.0	52.6%	11.2%	35.6%	0.6%
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<b>Red</b>	3.9	52.2%	12.3%	35.0%	0.5%
<b>Leans Red</b>	4.0	52.4%	12.1%	35.2%	0.3%
<b>Leans Blue</b>	3.8	53.3%	15.1%	31.3%	0.3%
<b>Blue</b>	3.2	60.5%	12.7%	25.9%	0.8%
<b>Very Blue</b>	2.8	69.5%	9.0%	21.3%	0.2%

We are now going to address the question of which program for low-income people is better-- current law or the proposed law.

Q12. Here is an argument in favor of the program for low income people under the **proposed law**:

Current law has the government giving assistance to a lot of able-bodied people, many of whom are not all that poor, making them more dependent on the government. Much of the assistance goes so far that people hardly have to pay anything. The proposed law makes sure that people take more of the responsibility for their healthcare costs. Through tax credits, it also provides relief to moderate income people. Overall, it frees up funds that can be used to reduce taxes to higher income people so they can use that money for investments, stimulating the economy and creating jobs, including for many of these low-income people. Finally, reducing the federal government's role and letting the states take the lead is a good thing: states know the needs of their populations better, and when they are responsible, they will be more efficient in how they use funds.

Please select how convincing or unconvincing you find this argument:

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	17.8%	30.3%	<b>48.1%</b>	18.3%	33.4%	<b>51.7%</b>	0.3%
GOP	33.3%	38.4%	<b>71.7%</b>	16.7%	11.5%	<b>28.2%</b>	0.1%
Dem.	5.9%	21.3%	<b>27.2%</b>	18.2%	54.2%	<b>72.4%</b>	0.3%
Indep.	15.1%	35.4%	<b>50.5%</b>	21.7%	27.4%	<b>49.1%</b>	0.4%
<b>By District</b>							
<b>Very Red</b>	18.7%	30.8%	<b>49.5%</b>	19.3%	31.0%	<b>50.3%</b>	0.1%
<b>Red</b>	20.7%	31.7%	<b>52.4%</b>	15.5%	31.9%	<b>47.4%</b>	0.1%
<b>Leans Red</b>	19.9%	32.0%	<b>51.9%</b>	18.6%	29.1%	<b>47.7%</b>	0.4%
<b>Leans Blue</b>	18.0%	34.1%	<b>52.1%</b>	17.6%	30.0%	<b>47.6%</b>	0.3%
<b>Blue</b>	15.7%	28.0%	<b>43.7%</b>	21.9%	34.4%	<b>56.3%</b>	0.1%
<b>Very Blue</b>	12.6%	24.2%	<b>36.8%</b>	18.2%	44.5%	<b>62.7%</b>	0.5%

Q13. Here is an argument in favor of preserving the program for low-income people under **current law**:

Current law has resulted in millions of low-income people and their children getting health insurance coverage for the first time, while still requiring them to pay a reasonable amount according to their income. With this help, these people are healthier, more productive, and more likely to move beyond needing help. Fewer people are going to emergency rooms, which reduces the burden on hospitals and society as a whole. The proposed law would reverse many of these gains. According to the CBO, 14 million low-income people would lose insurance coverage and millions more would not get needed medical services because they could no longer afford them--all so the wealthy and the health insurance companies can get a big tax break. There may be ways to make improvements to current law, but this proposed law goes way too far.

Please select how convincing or unconvincing you find this argument:

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	33.1%	28.2%	<b>61.3%</b>	20.2%	18.0%	<b>38.2%</b>	0.4%
GOP	11.9%	29.0%	<b>40.9%</b>	33.3%	25.1%	<b>58.4%</b>	0.6%
Dem.	54.6%	25.2%	<b>79.8%</b>	7.7%	12.2%	<b>19.9%</b>	0.4%
Indep.	24.2%	33.7%	<b>57.9%</b>	24.0%	17.8%	<b>41.8%</b>	0.3%
<b>By District</b>							
<b>Very Red</b>	28.9%	26.2%	<b>55.1%</b>	22.9%	20.8%	<b>43.7%</b>	1.2%
<b>Red</b>	30.0%	30.8%	<b>60.8%</b>	19.5%	19.5%	<b>39.0%</b>	0.2%
<b>Leans Red</b>	32.3%	27.9%	<b>60.2%</b>	22.9%	16.5%	<b>39.4%</b>	0.4%
<b>Leans Blue</b>	32.2%	30.5%	<b>62.7%</b>	19.3%	17.6%	<b>36.9%</b>	0.4%
<b>Blue</b>	39.4%	24.2%	<b>63.6%</b>	18.0%	18.2%	<b>36.2%</b>	0.1%
<b>Very Blue</b>	38.3%	28.0%	<b>66.3%</b>	17.9%	15.4%	<b>33.3%</b>	0.4%

Q14. In conclusion, we would like to know if you favor or oppose the proposed law's program for low-income people which includes:

- Repealing the expansion of Medicaid
- Putting a limit on the increases the Federal government would pay for Medicaid which is below current projections
- Replacing the subsidies for premiums with a tax credit that reduces the net amount the government spends and low-income people receive
- Replacing the subsidies for out-of-pocket expenses with a fund for the states, which reduces the net amount the government spends and that low-income people receive
- Repealing a set of offsetting taxes and reducing the deficit, made possible by the reduction in government costs

Overall, the CBO predicts the effect of all five of these changes would result in:

- 14 million fewer people with Medicaid health care coverage
- Reductions in costs to the government that, over ten years, would enable it to reduce the budget deficit by \$119 billion (on average \$11.9 billion a year)

	Favor	Oppose	Ref./Don't know
<b>National</b>	37.6%	60.0%	2.3%
GOP	70.6%	27.3%	2.0%
Dem.	10.1%	87.5%	2.4%
Indep.	37.0%	60.0%	2.9%

**By District**

<b>Very Red</b>	45.4%	53.1%	1.5%
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<b>Red</b>	39.8%	57.2%	3.1%
<b>Leans Red</b>	42.3%	54.5%	3.2%
<b>Leans Blue</b>	39.6%	58.3%	2.1%
<b>Blue</b>	32.0%	66.2%	1.8%
<b>Very Blue</b>	24.2%	73.4%	2.4%

We are now going to explore some of the other areas of the proposed law.

Another area that the new proposed law changes is the requirement that employers provide health insurance to their employees. This is commonly known as “the employer mandate.”

**Current law** requires that all employers with more than 50 full-time employees provide health insurance to their full-time employees, and that this insurance meets certain minimum standards. Employers who fail to do so are required to pay a penalty.

The **proposed law** eliminates this requirement and the related penalties.

CBO estimates that if this requirement is removed, some employers would stop providing health insurance and, in combination with other parts of the new law, this would lead to three million fewer people having employer-provided coverage by 2026.

Another impact of the proposed law is that removing the penalties on employers would reduce federal revenues, estimated by the CBO to be \$171 billion, over the next 10 years.

Q15. Here is an argument in favor of the new proposal **repealing** the requirement that employers provide health insurance.

There are numerous negative effects when Washington tells employers that they have to provide health insurance and dictates what the standards of that insurance should be. Some businesses may not be able to afford it and have to reduce wages or lay off workers. To avoid the requirement that they cover full-time employees, some employers may only hire part-time employees; this would hurt employees who prefer to work full-time, especially low-wage workers.

	<b>Very convincing</b>	<b>Somewhat convincing</b>	<b>Total convincing</b>	<b>Somewhat unconvincing</b>	<b>Very unconvincing</b>	<b>Total unconvincing</b>	<b>Refused / Don't know</b>
<b>National</b>	21.2%	31.4%	<b>52.6%</b>	21.2%	25.8%	<b>47.0%</b>	0.4%
<b>  GOP</b>	35.7%	37.1%	<b>72.8%</b>	16.6%	10.0%	<b>26.6%</b>	0.5%
<b>  Dem.</b>	9.0%	25.1%	<b>34.1%</b>	24.6%	41.2%	<b>65.8%</b>	0.2%
<b>  Indep.</b>	21.0%	35.3%	<b>56.3%</b>	22.6%	20.5%	<b>43.1%</b>	0.6%
<b>By District</b>							
<b>  Very Red</b>	23.4%	31.4%	<b>54.8%</b>	20.5%	23.9%	<b>44.4%</b>	0.8%
<b>  Red</b>	25.0%	33.7%	<b>58.7%</b>	18.3%	22.6%	<b>40.9%</b>	0.3%
<b>  Leans Red</b>	24.7%	34.7%	<b>59.4%</b>	21.6%	19.0%	<b>40.6%</b>	0.0%
<b>  Leans Blue</b>	24.6%	30.6%	<b>55.2%</b>	19.6%	25.0%	<b>44.6%</b>	0.2%
<b>  Blue</b>	16.1%	31.4%	<b>47.5%</b>	23.1%	29.0%	<b>52.1%</b>	0.4%
<b>  Very Blue</b>	11.0%	25.8%	<b>36.8%</b>	23.8%	38.6%	<b>62.4%</b>	0.8%

Q16. Here is an argument in favor of **preserving** current law's requirement that employers provide health insurance.

Removing the requirements on employers would lead many employers to stop providing health insurance, throwing many people off health insurance. The fact is that the large majority of Americans get their insurance through their employers and it is not right for some employers to refuse to do their part. It is also unfair that companies that do not provide insurance have an economic advantage over those who do.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	32.7%	32.8%	<b>65.5%</b>	17.5%	16.6%	<b>34.1%</b>	0.4%
GOP	16.5%	32.3%	<b>48.8%</b>	24.9%	25.7%	<b>50.6%</b>	0.6%
Dem.	48.0%	32.0%	<b>80.0%</b>	10.5%	9.2%	<b>19.7%</b>	0.4%
Indep.	28.5%	35.7%	<b>64.2%</b>	19.4%	16.1%	<b>35.5%</b>	0.3%
<b>By District</b>							
<b>Very Red</b>	29.7%	29.0%	<b>58.7%</b>	20.6%	20.1%	<b>40.7%</b>	0.6%
<b>Red</b>	28.5%	36.4%	<b>64.9%</b>	15.8%	18.3%	<b>34.1%</b>	1.0%
<b>Leans Red</b>	29.2%	35.8%	<b>65.0%</b>	18.2%	16.5%	<b>34.7%</b>	0.3%
<b>Leans Blue</b>	33.4%	29.5%	<b>62.9%</b>	18.8%	18.3%	<b>37.1%</b>	0.0%
<b>Blue</b>	36.5%	33.4%	<b>69.9%</b>	16.0%	14.0%	<b>30.0%</b>	0.2%
<b>Very Blue</b>	41.5%	29.4%	<b>70.9%</b>	16.3%	12.3%	<b>28.6%</b>	0.5%

Q17. So now, do you favor or oppose the provision in the proposed law that:

- **Eliminates** the requirement that all employers with more than 50 full time employees provide health insurance to their full-time employees
- **Eliminates** the requirement that employers' insurance meets certain minimum standards

	Favor	Oppose	Ref./Don't know
<b>National</b>	34.3%	64.9%	0.7%
GOP	58.5%	41.2%	0.3%
Dem.	12.8%	86.2%	1.0%
Indep.	37.1%	61.8%	1.1%
<b>By District</b>			
<b>Very Red</b>	41.1%	57.8%	1.1%
<b>Red</b>	37.6%	62.1%	0.3%
<b>Leans Red</b>	36.6%	62.6%	0.8%
<b>Leans Blue</b>	36.0%	63.4%	0.6%
<b>Blue</b>	26.8%	72.0%	1.2%
<b>Very Blue</b>	24.9%	74.5%	0.6%

A major issue in health insurance is how to deal with people who do not have it. When some people do not have insurance, this creates several problems:

- People who do not have insurance tend to not get regular checkups and end up less healthy. When they do get sick, they go to emergency rooms which are required to provide treatment, but this is a very expensive form of treatment because people often cannot or do not pay the bill, putting the cost on the hospital, which then has to charge higher fees to everyone else.
- Because current law requires that insurance companies provide insurance even if people are already sick, people can wait until they have a medical need and only then buy insurance. If many people were to do this--acting as "free riders"-- it would drive up costs for the insurance companies, who would then raise premiums for everyone.

Thus, current law requires that all individuals have insurance. This is sometimes called the 'individual mandate.' If individuals do not have insurance they are charged a penalty on their taxes.

There is a new proposal that offers an alternative approach to this mandate. The requirement for individuals to have insurance would be repealed and would be replaced by another means of ensuring that people have insurance. Here is how it would work:

- First, there would be a grace period of a year during which people could sign up for insurance, just like they can now
- After that year, if someone does not have insurance or stops having insurance for more than 63 days within the past year and then later decides to get insurance, the health insurance company would add a surcharge on their premiums by 30% for the first year. This is meant to encourage people to sign up during the grace period and to discourage people from ever going off insurance once they have it

The CBO has done studies to determine the effect of this proposal. Their conclusions are:

- In the grace period of the first year about a million more people would get insurance, to avoid having to pay the surcharge in the future
- After the first year, the number of people without insurance would go up, in part because the 30% surcharge would discourage people who do not have insurance from getting it
- The long-term effect would be that, as compared to current law, many more people would not purchase insurance, especially among young people, and premiums would go up because fewer younger and healthier people would be part of the insurance pool

Q18. Here is an argument in favor of the new proposal:

People should have the right to decide for themselves whether or not they want to spend their money on health insurance. Current law forces people to buy insurance. That is an unjustified government intrusion into people's lives. It is also not fair for people who are young and healthy who are being forced to effectively subsidize older and sicker people. Furthermore, it has not really worked--many young and healthy people would rather pay the penalty and stay out of the insurance pool. As a result, premiums have gone up. The proposed plan recognizes that people have to first decide they want health insurance. Once they are on a plan, they are likely to stay on it to avoid paying the surcharge. This rewards people for doing the right thing, rather than punishing them.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	22.7%	33.7%	<b>56.4%</b>	18.5%	24.5%	<b>43.0%</b>	0.6%
GOP	37.0%	41.3%	<b>78.3%</b>	13.8%	7.5%	<b>21.3%</b>	0.5%
Dem.	10.6%	25.5%	<b>36.1%</b>	22.3%	41.0%	<b>63.3%</b>	0.6%
Indep.	23.2%	38.3%	<b>61.5%</b>	18.6%	19.0%	<b>37.6%</b>	0.8%
<b>By District</b>							
<b>Very Red</b>	23.8%	36.0%	<b>59.8%</b>	17.7%	20.9%	<b>38.6%</b>	1.6%
<b>Red</b>	27.5%	32.7%	<b>60.2%</b>	18.9%	20.9%	<b>39.8%</b>	0.0%
<b>Leans Red</b>	23.2%	34.3%	<b>57.5%</b>	19.5%	22.6%	<b>42.1%</b>	0.4%
<b>Leans Blue</b>	24.1%	39.6%	<b>63.7%</b>	15.7%	20.2%	<b>35.9%</b>	0.3%
<b>Blue</b>	19.5%	32.2%	<b>51.7%</b>	19.6%	28.6%	<b>48.2%</b>	0.1%
<b>Very Blue</b>	15.5%	29.5%	<b>45.0%</b>	18.8%	35.5%	<b>54.3%</b>	0.7%

Q19. Here is an argument for preserving current law.

It's easy to say it should be up to the individual if they get insurance, but when someone doesn't have insurance, it can have a major negative impact on society. We require people to have insurance to drive a car, because others can get hurt. When people get addicted to drugs and don't get treatment, the damage to society can be huge. When people without insurance get sick, they go to emergency rooms, which is very inefficient and imposes major costs on hospitals. The CBO study shows that just having a 30% surcharge won't solve this problem and would result in millions more people without insurance. Furthermore, the surcharge would go to the insurance company, while the penalty of current law helps pay for the negative effects of the person not having health coverage.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	30.3%	33.6%	<b>63.9%</b>	20.6%	14.7%	<b>35.3%</b>	0.7%
GOP	11.8%	32.1%	<b>43.9%</b>	30.9%	25.0%	<b>55.9%</b>	0.3%
Dem.	49.9%	32.3%	<b>82.2%</b>	10.8%	6.0%	<b>16.8%</b>	1.0%
Indep.	20.6%	40.2%	<b>60.8%</b>	23.6%	14.9%	<b>38.5%</b>	0.7%
<b>By District</b>							
<b>Very Red</b>	24.5%	32.0%	<b>56.5%</b>	23.4%	19.1%	<b>42.5%</b>	1.1%
<b>Red</b>	29.4%	34.3%	<b>63.7%</b>	19.4%	16.1%	<b>35.5%</b>	0.9%
<b>Leans Red</b>	26.2%	33.6%	<b>59.8%</b>	25.1%	14.7%	<b>39.8%</b>	0.3%
<b>Leans Blue</b>	30.3%	36.2%	<b>66.5%</b>	20.5%	12.4%	<b>32.9%</b>	0.6%
<b>Blue</b>	36.4%	33.2%	<b>69.6%</b>	16.6%	13.7%	<b>30.3%</b>	0.1%
<b>Very Blue</b>	37.5%	31.4%	<b>68.9%</b>	18.2%	11.7%	<b>29.9%</b>	1.1%

Q20. So, now, do you favor or oppose the provision in the proposed law that:

- Eliminates the penalty for not having insurance

- Instead, after a year-long grace period, if someone does not have insurance or stops having insurance for two months or more and then later decides to get insurance, the health insurance company would add a surcharge on their premiums by 30% for the first year.

	Favor	Oppose	Ref./Don't know
<b>National</b>	43.7%	55.3%	0.9%
GOP	71.1%	28.1%	0.8%
Dem.	19.7%	79.3%	1.0%
Indep.	46.4%	52.7%	0.9%
<b>By District</b>			
<b>Very Red</b>	49.3%	48.8%	1.9%
<b>Red</b>	49.0%	50.6%	0.5%
<b>Leans Red</b>	47.2%	52.4%	0.4%
<b>Leans Blue</b>	46.0%	53.8%	0.2%
<b>Blue</b>	34.2%	65.0%	0.9%
<b>Very Blue</b>	34.1%	64.3%	1.6%

As you may know, older people tend to use more health services than young people. Therefore, insurance companies charge older people higher insurance rates--specifically people aged 50-64 who are not yet on Medicare. Before current law went into effect, insurance companies generally charged about five times more for older people than for younger people.

By **current law**, insurance companies are not allowed to charge older people more than **three times** more than younger people.

The **new legislation** raises this limit so that insurance companies can charge older people as much as **five times** more than younger people.

According to the CBO, this would have the effect of increasing premiums for older people, while lowering them for younger people.

This would likely have the effect of reducing the number of older people with insurance (because some would not be able to afford the higher premiums), while increasing the number of younger people who have insurance (because for them the premiums would be lower). Because there would be fewer older people and more younger people with insurance, in about 10 years, the CBO expects the overall average premium would be around 10% lower than it would otherwise be.

Q21. Here is an argument in favor of the new proposal:

One of the biggest problems with our health insurance system today is that young people are not buying insurance. This drives up premiums, because it means that there are not enough younger, healthy people to offset the cost of providing medical services to older, less healthy people. It is also not fair to younger people, many of whom are just getting started in their careers, because currently they are paying more than it really costs to cover them. Letting insurance premiums more closely reflect the real costs of providing healthcare would both ensure that more young people get coverage, and that overall average premiums go down.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	14.7%	38.6%	<b>53.3%</b>	21.0%	25.3%	<b>46.3%</b>	0.4%
GOP	24.6%	48.3%	<b>72.9%</b>	17.0%	9.9%	<b>26.9%</b>	0.3%
Dem.	7.3%	29.5%	<b>36.8%</b>	23.0%	39.6%	<b>62.6%</b>	0.6%
Indep.	12.6%	40.8%	<b>53.4%</b>	24.6%	22.1%	<b>46.7%</b>	0.0%
<b>By District</b>							
<b>Very Red</b>	16.2%	36.3%	<b>52.5%</b>	23.0%	24.6%	<b>47.6%</b>	0.0%
<b>Red</b>	16.7%	38.8%	<b>55.5%</b>	18.6%	25.5%	<b>44.1%</b>	0.4%
<b>Leans Red</b>	14.1%	43.5%	<b>57.6%</b>	22.7%	19.8%	<b>42.5%</b>	0.0%
<b>Leans Blue</b>	16.5%	42.4%	<b>58.9%</b>	17.7%	22.0%	<b>39.7%</b>	1.4%
<b>Blue</b>	14.4%	36.4%	<b>50.8%</b>	22.1%	26.9%	<b>49.0%</b>	0.2%
<b>Very Blue</b>	10.1%	32.9%	<b>43.0%</b>	22.5%	33.9%	<b>56.4%</b>	0.5%

Q22. Here is an argument for preserving current law:

This plan would increase health care premiums for 50-64 year-olds while lowering them for young people. This is a bad deal for society as a whole. More importantly, it is very unfair to older Americans. In the years between 50 and 64, health risks grow steeply. We know that many of these people would not be able to afford the higher premiums and be left without care when they need it the most, putting them at serious risk of illness and even dying from a preventable cause. We need to remember that we will all grow old someday, and it is not right to try to help one age group at the expense of another.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	38.3%	29.9%	<b>68.2%</b>	17.2%	13.8%	<b>31.0%</b>	0.8%
GOP	22.5%	34.2%	<b>56.7%</b>	23.6%	18.8%	<b>42.4%</b>	0.9%
Dem.	52.1%	26.5%	<b>78.6%</b>	10.3%	10.2%	<b>20.5%</b>	1.0%
Indep.	36.8%	29.4%	<b>66.2%</b>	21.1%	12.4%	<b>33.5%</b>	0.3%
<b>By District</b>							
<b>Very Red</b>	37.3%	28.5%	<b>65.8%</b>	17.8%	15.6%	<b>33.4%</b>	0.7%
<b>Red</b>	36.3%	31.5%	<b>67.8%</b>	16.0%	15.6%	<b>31.6%</b>	0.6%
<b>Leans Red</b>	35.2%	34.0%	<b>69.2%</b>	18.7%	11.5%	<b>30.2%</b>	0.7%
<b>Leans Blue</b>	36.9%	27.7%	<b>64.6%</b>	19.3%	15.2%	<b>34.5%</b>	0.9%
<b>Blue</b>	43.3%	27.3%	<b>70.6%</b>	16.3%	13.1%	<b>29.4%</b>	0.0%
<b>Very Blue</b>	41.2%	29.4%	<b>70.6%</b>	15.2%	12.5%	<b>27.7%</b>	1.7%

Q23. So now, do you favor or oppose the proposed law's provision that:

- **Raises** the amount that insurance companies can charge older people from no more than three times more than younger people to as much as five times more



	Favor	Oppose	Ref./Don't know
<b>National</b>	18.3%	81.0%	0.7%
<b>  GOP</b>	33.5%	65.5%	1.0%
<b>  Dem.</b>	5.5%	94.0%	0.5%
<b>  Indep.</b>	18.5%	81.0%	0.5%

**By District**

<b>Very Red</b>	19.2%	80.3%	0.5%
<b>Red</b>	24.8%	74.6%	0.6%
<b>Leans Red</b>	18.2%	80.1%	1.7%
<b>Leans Blue</b>	20.3%	79.5%	0.2%
<b>Blue</b>	13.4%	86.5%	0.2%
<b>Very Blue</b>	12.9%	86.3%	0.7%

As you may know, **current law** prohibits health insurance companies from declining to provide insurance coverage or charging higher premiums because of someone’s preexisting health conditions.

The **proposed law** gives states the option to get a waiver that would let insurance companies refuse to provide insurance benefits for specific pre-existing conditions, or for conditions a person is more likely to get based on family history--or to charge a higher premium for benefits covering those conditions.

As a result, according to the CBO, in the states that get the waivers, because of their poor health condition:

- Some people would not be able to get insurance coverage for certain specific conditions
- Other people would be charged higher premiums, and some of these people—who would not be able to afford those higher premiums—would lose their insurance coverage.

The proposed law would dedicate a certain amount of money to help provide coverage for people who would have these higher health costs, called a high-risk pool. But, according to CBO, this amount would fall far short of what is needed to help all of the people who would be affected.

Thus, this provision contributes to the total number of people who would not have coverage under the proposed law.

On the other hand, in these states, because people with poor health conditions would be paying more for premiums, this would make it possible for insurance companies to charge less, on average, for the rest of the people. Because premiums would be lower, some people may get insurance who would not otherwise do so.

Q24. Here is an argument in favor of the new proposal.

The proposed law lessens the power of the federal government to dictate how insurance should be and lets states develop their own guidelines based on what is best for that state. Unlike the federal guidelines, it allows states to give people the freedom to buy insurance policies that reflect their health conditions. It’s not really fair to require that everybody pay the same price for insurance as people in poor health or with high- risk family backgrounds. Many health conditions are a function of how healthy one’s lifestyle is, including how one eats or whether one exercises. The actual cost to the insurance company of providing insurance to people

with healthy lifestyles is much lower. People should have the freedom to only pay the premiums that reflect the risk their insurance company takes on by insuring them personally.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	14.2%	32.2%	<b>46.4%</b>	20.3%	32.7%	<b>53.0%</b>	0.6%
GOP	25.6%	43.3%	<b>68.9%</b>	17.7%	13.0%	<b>30.7%</b>	0.4%
Dem.	4.7%	22.3%	<b>27.0%</b>	20.2%	52.1%	<b>72.3%</b>	0.7%
Indep.	13.8%	33.6%	<b>47.4%</b>	26.1%	25.7%	<b>51.8%</b>	0.8%
<b>By District</b>							
<b>Very Red</b>	13.3%	36.2%	<b>49.5%</b>	16.0%	34.2%	<b>50.2%</b>	0.4%
<b>Red</b>	17.9%	35.2%	<b>53.1%</b>	18.9%	27.4%	<b>46.3%</b>	0.5%
<b>Leans Red</b>	15.2%	36.6%	<b>51.8%</b>	19.4%	28.5%	<b>47.9%</b>	0.4%
<b>Leans Blue</b>	14.7%	32.6%	<b>47.3%</b>	20.9%	31.2%	<b>52.1%</b>	0.5%
<b>Blue</b>	12.3%	28.7%	<b>41.0%</b>	21.8%	37.0%	<b>58.8%</b>	0.2%
<b>Very Blue</b>	10.8%	22.5%	<b>33.3%</b>	24.4%	40.7%	<b>65.1%</b>	1.5%

Q25. Here is an argument in favor preserving current law

Most health conditions are not a function of lifestyle, or are something you can control. Genetics play a very big role, as well as environmental pollution. It is not your fault if you have a chronic condition as a result of someone running you down. It is simply not fair to require someone to pay higher insurance rates because they have a greater history of a certain disease, or because their ancestors or race have a greater tendency to get a certain disease. By allowing companies to charge these high prices, some people would not be able to afford coverage and end up living miserable lives or even dying. It is better for society if everybody is treated equally. People should not be discriminated against based on their health and genetic background. The whole idea of insurance is to share risk, not to disadvantage some people more than others.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	41.7%	28.4%	<b>70.1%</b>	18.3%	10.9%	<b>29.2%</b>	0.6%
GOP	22.0%	30.8%	<b>52.8%</b>	30.3%	16.7%	<b>47.0%</b>	0.3%
Dem.	61.4%	23.0%	<b>84.4%</b>	8.0%	6.7%	<b>14.7%</b>	0.8%
Indep.	34.5%	36.7%	<b>71.2%</b>	18.6%	9.2%	<b>27.8%</b>	1.0%
<b>By District</b>							
<b>Very Red</b>	39.9%	27.4%	<b>67.3%</b>	20.5%	11.5%	<b>32.0%</b>	0.8%
<b>Red</b>	37.6%	32.5%	<b>70.1%</b>	15.9%	13.4%	<b>29.3%</b>	0.5%
<b>Leans Red</b>	39.1%	28.2%	<b>67.3%</b>	20.6%	11.9%	<b>32.5%</b>	0.2%
<b>Leans Blue</b>	42.2%	26.6%	<b>68.8%</b>	19.8%	10.5%	<b>30.3%</b>	1.0%
<b>Blue</b>	45.1%	29.2%	<b>74.3%</b>	18.2%	7.5%	<b>25.7%</b>	0.0%
<b>Very Blue</b>	47.2%	25.8%	<b>73.0%</b>	15.1%	10.4%	<b>25.5%</b>	1.5%

Q26. So now, do you favor or oppose the provision in the proposed law that:

- **Allows** states to get waivers, letting insurance companies in their state to refuse to provide insurance benefits for specific pre-existing conditions, or for conditions a person is more likely to get based on family history--or to charge a higher premium for benefits covering those conditions.

	Favor	Oppose	Ref./Don't know
<b>National</b>	21.3%	77.6%	1.1%
GOP	38.6%	60.1%	1.3%
Dem.	6.1%	92.9%	0.9%
Indep.	22.7%	76.2%	1.0%

#### By District

<b>Very Red</b>	23.1%	74.7%	2.3%
<b>Red</b>	25.0%	73.9%	1.0%
<b>Leans Red</b>	23.0%	76.6%	0.5%
<b>Leans Blue</b>	23.8%	75.6%	0.6%
<b>Blue</b>	16.6%	82.7%	0.6%
<b>Very Blue</b>	15.3%	83.3%	1.4%

Another central issue is whether certain benefits should be required in all health insurance plans, or if people should be able to get insurance with fewer benefits.

Current law has a list of 10 types of coverage that must be included in all plans.

- Outpatient services
- Emergency services
- Hospitalization (surgery and overnight stays)
- Pregnancy, maternity and newborn care
- Mental health and substance abuse treatment, including psychotherapy
- Prescription drugs
- Rehabilitative services to help people with injuries, disabilities or chronic conditions
- Laboratory services
- Preventive services, including immunizations and screening, as well as chronic disease management
- Pediatric services, including dental and vision care

The proposed law:

- Gives states the option of **waiving** some or all of the required benefits so that insurance companies can offer policies that do not include them
- Gives all companies the right to offer their employees' health insurance plans that do not include some required benefits, provided that the requirement for that benefit has been waived in some state, even if it has not been waived in their own state

Q27. Here is the argument in favor of the new proposal.

Demanding that all insurance plans include certain benefits might sound reasonable and even helpful. But in fact, it is interfering with the people’s freedom to have the insurance that fits what they feel they need. Remember, more coverage means higher prices. So requiring these benefits means people are being forced to spend money against their will. People should have the right to decide if they want coverage for psychotherapy. For example, people should not be required to have benefits they are clearly not going to need. For example, men should not be required to have plans that cover pregnancy. Some people may prefer to only have catastrophic coverage for emergencies. People should have the freedom to get the kind of policy that they choose.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	25.1%	29.5%	<b>54.6%</b>	15.2%	29.6%	<b>44.8%</b>	0.5%
GOP	43.5%	34.6%	<b>78.1%</b>	11.6%	9.9%	<b>21.5%</b>	0.4%
Dem.	9.8%	23.0%	<b>32.8%</b>	16.9%	49.8%	<b>66.7%</b>	0.5%
Indep.	24.8%	34.9%	<b>59.7%</b>	18.8%	20.7%	<b>39.5%</b>	0.7%
<b>By District</b>							
<b>Very Red</b>	27.5%	30.4%	<b>57.9%</b>	12.8%	27.8%	<b>40.6%</b>	1.5%
<b>Red</b>	30.3%	33.0%	<b>63.3%</b>	12.8%	24.0%	<b>36.8%</b>	0.0%
<b>Leans Red</b>	29.4%	28.4%	<b>57.8%</b>	16.5%	25.5%	<b>42.0%</b>	0.2%
<b>Leans Blue</b>	26.4%	29.7%	<b>56.1%</b>	15.4%	28.0%	<b>43.4%</b>	0.5%
<b>Blue</b>	18.2%	32.2%	<b>50.4%</b>	16.0%	33.3%	<b>49.3%</b>	0.4%
<b>Very Blue</b>	17.4%	22.4%	<b>39.8%</b>	18.9%	40.7%	<b>59.6%</b>	0.5%

Q28. Here is an argument in favor of preserving current law:

If the proposed law goes forward, insurance companies would use their lobbyists in state capitals to get waivers so that they do not have to cover important services. People may not even be aware those services are being cut, and employees would not be in a position to do anything about it when their company’s plan starts cutting corners to save money. People would not anticipate getting addicted to opioids; so if it happens, they may not be able to get the treatment they need, creating a real problem for society as well as for that person. The idea that people should be able to have individualized plans that exclude any service they might not need undermines the idea that insurance is about sharing risks. It is like saying that older people should not have to pay taxes for schools because they do not expect to have any more children.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	32.3%	28.5%	<b>60.8%</b>	20.6%	17.6%	<b>38.2%</b>	1.0%
GOP	15.1%	28.2%	<b>43.3%</b>	30.1%	25.5%	<b>55.6%</b>	1.0%
Dem.	51.1%	26.3%	<b>77.4%</b>	10.6%	11.3%	<b>21.9%</b>	0.8%
Indep.	22.0%	34.7%	<b>56.7%</b>	25.4%	16.6%	<b>42.0%</b>	1.3%
<b>By District</b>							
<b>Very Red</b>	29.9%	28.6%	<b>58.5%</b>	24.2%	16.6%	<b>40.8%</b>	0.6%
<b>Red</b>	29.3%	28.4%	<b>57.7%</b>	20.8%	20.1%	<b>40.9%</b>	1.3%
<b>Leans Red</b>	28.7%	26.9%	<b>55.6%</b>	24.2%	19.0%	<b>43.2%</b>	1.3%
<b>Leans Blue</b>	32.0%	30.4%	<b>62.4%</b>	18.7%	18.1%	<b>36.8%</b>	0.7%

<b>Blue</b>	35.9%	27.6%	<b>63.5%</b>	20.2%	15.5%	<b>35.7%</b>	0.9%
<b>Very Blue</b>	39.9%	28.5%	<b>68.4%</b>	14.9%	15.7%	<b>30.6%</b>	1.1%

Q29. So, now do you favor or oppose the provision in the proposed law that:

- **Allows** States to **waive** the requirements to cover any or all of these benefits, so that health insurance companies can **decline** to cover these benefits and individuals can buy plans **without** these benefits
  - a) Outpatient services
  - b) Emergency services
  - c) Hospitalization (surgery and overnight stays)
  - d) Pregnancy, maternity and newborn care
  - e) Mental health and substance abuse treatment, including psychotherapy
  - f) Prescription drugs
  - g) Rehabilitative services to help people with injuries, disabilities or chronic conditions
  - h) Laboratory services
  - i) Preventive services, including immunizations and screening, as well as chronic disease management
  - j) Pediatric services, including dental and vision care

	<b>Favor</b>	<b>Oppose</b>	<b>Ref./Don't know</b>
<b>National</b>	32.6%	64.7%	2.7%
<b>GOP</b>	55.5%	41.6%	2.9%
<b>Dem.</b>	11.5%	85.9%	2.6%
<b>Indep.</b>	37.1%	60.2%	2.7%
<b>By District</b>			
<b>Very Red</b>	35.8%	59.9%	4.4%
<b>Red</b>	37.9%	60.1%	2.0%
<b>Leans Red</b>	37.6%	59.9%	2.5%
<b>Leans Blue</b>	32.1%	65.2%	2.7%
<b>Blue</b>	26.8%	71.1%	2.0%
<b>Very Blue</b>	23.7%	73.6%	2.8%

Finally, we'll review one more change to current law that would be made by the proposed law.

Currently, a Medicaid patient can use a wide range of private medical service providers and have those services covered by Medicaid. One of these providers is Planned Parenthood, which provides a variety of medical services, including family planning services, cancer screenings and others.

Planned Parenthood is controversial because one of their services is providing abortions--which makes up about 3% of all Planned Parenthood's services. These abortion services are not covered by Medicaid, since using federal funds for abortions is prohibited by law. However, it has been pointed out that some of the funds that Planned Parenthood receives for providing Medicaid services also help Planned Parenthood operate and stay open.

The proposed law effectively prevents Medicaid patients from getting coverage for permitted services from Planned Parenthood.

The CBO has estimated that, if permitted services by Planned Parenthood are not covered, then because it is the only provider of its services in some areas (especially low-income areas), 15 percent of Medicaid recipients would lose access to those services. CBO estimates that because women would lose access to family planning services, more women on Medicaid would have unwanted pregnancies and that these pregnancies would create an increased cost for Medicaid, plus the subsequent costs of their children who would also be covered by Medicaid.

Q30. Here is an argument in favor of a proposal **not allowing** Medicaid patients to get coverage if they receive permitted services from Planned Parenthood.

For moral reasons, the Federal government should not be involved with organizations that provide abortions like Planned Parenthood. Even if the federal money does not go directly to paying for providing abortions, some of that money goes to overhead and still helps Planned Parenthood continue to operate. Other health centers can provide the various non-abortion services that Planned Parenthood currently provides.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	22.6%	20.6%	<b>43.2%</b>	14.8%	41.2%	<b>56.0%</b>	0.8%
GOP	41.4%	28.6%	<b>70.0%</b>	13.6%	15.8%	<b>29.4%</b>	0.5%
Dem.	7.6%	12.0%	<b>19.6%</b>	14.0%	65.7%	<b>79.7%</b>	0.7%
Indep.	20.4%	25.3%	<b>45.7%</b>	19.2%	33.3%	<b>52.5%</b>	1.8%
<b>By District</b>							
<b>Very Red</b>	23.5%	23.5%	<b>47.0%</b>	14.1%	37.4%	<b>51.5%</b>	1.5%
<b>Red</b>	28.0%	21.0%	<b>49.0%</b>	11.9%	37.4%	<b>49.3%</b>	1.8%
<b>Leans Red</b>	23.4%	24.0%	<b>47.4%</b>	14.5%	37.9%	<b>52.4%</b>	0.2%
<b>Leans Blue</b>	24.8%	20.0%	<b>44.8%</b>	16.4%	38.3%	<b>54.7%</b>	0.5%
<b>Blue</b>	20.6%	17.3%	<b>37.9%</b>	15.5%	46.7%	<b>62.2%</b>	0.0%
<b>Very Blue</b>	13.9%	16.7%	<b>30.6%</b>	17.0%	51.3%	<b>68.3%</b>	1.0%

Q31. Here is an argument in favor of **allowing** Medicaid patients to continue to get coverage for permitted services from Planned Parenthood.

Women should be free to get permitted medical services where they choose, without the government discriminating against Planned Parenthood. In some low-income and rural areas, it is the only provider available and excluding it would hurt the health of women there. The CBO has also determined that if they cannot use Planned Parenthood, many women would not get family planning services and there would be many unplanned or unwanted pregnancies. This would create many costs for society and for Medicaid and can lead to more abortions that could have been prevented.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
<b>National</b>	42.4%	23.5%	<b>65.9%</b>	14.8%	18.7%	<b>33.5%</b>	0.6%
GOP	17.5%	23.2%	<b>40.7%</b>	23.0%	35.7%	<b>58.7%</b>	0.5%
Dem.	67.5%	19.1%	<b>86.6%</b>	7.1%	5.7%	<b>12.8%</b>	0.7%
Indep.	32.4%	34.7%	<b>67.1%</b>	16.6%	15.7%	<b>32.3%</b>	0.6%

Cook's PVI (D-R)							
<b>Very Red</b>	39.2%	21.4%	<b>60.6%</b>	17.3%	21.4%	<b>38.7%</b>	0.6%
<b>Red</b>	37.7%	23.9%	<b>61.6%</b>	15.0%	22.7%	<b>37.7%</b>	0.8%
<b>Leans Red</b>	40.1%	22.6%	<b>62.7%</b>	17.4%	19.8%	<b>37.2%</b>	0.2%
<b>Leans Blue</b>	40.1%	26.3%	<b>66.4%</b>	14.8%	18.3%	<b>33.1%</b>	0.5%
<b>Blue</b>	48.5%	22.6%	<b>71.1%</b>	10.5%	17.7%	<b>28.2%</b>	0.7%
<b>Very Blue</b>	51.0%	24.4%	<b>75.4%</b>	12.8%	10.9%	<b>23.7%</b>	0.9%

Q32. So, having considered these different perspectives, do you favor or oppose the provision in the proposed law:

- **Not allowing** Medicaid patients to get Medicaid coverage for permitted services from Planned Parenthood

	<b>Favor</b>	<b>Oppose</b>	<b>Ref./Don't know</b>
<b>National</b>	32.4%	66.8%	0.8%
<b>GOP</b>	63.4%	36.2%	0.4%
<b>Dem.</b>	7.5%	91.7%	0.8%
<b>Indep.</b>	29.7%	69.0%	1.4%

**By District**

<b>Very Red</b>	39.0%	60.5%	0.5%
<b>Red</b>	38.1%	61.4%	0.5%
<b>Leans Red</b>	35.5%	63.4%	1.1%
<b>Leans Blue</b>	34.1%	64.3%	1.6%
<b>Blue</b>	25.9%	74.1%	0.0%
<b>Very Blue</b>	18.9%	80.2%	0.9%

Now, we would like to know your final recommendation

To review, the CBO estimates that over the next 10 years the biggest changes that would come of the proposed law would include:

- A reduction in government spending on healthcare of \$993 billion
- A reduction of various taxes of \$664 billion
- A reduction in the budget deficit of \$119 billion
- An increase in the number of people without health insurance of 23 million

Q34. Taking all of the different aspects into account, do you favor or oppose the proposed law?

	<b>Favor the proposed law</b>	<b>Oppose the proposed law</b>	<b>Ref./Don't know</b>
<b>National</b>	31.4%	67.4%	1.1%
<b>GOP</b>	63.5%	35.3%	1.2%
<b>Dem.</b>	5.8%	93.5%	0.7%
<b>Indep.</b>	28.0%	69.8%	2.2%

**By District**

<b>Very Red</b>	35.4%	62.8%	1.8%
<b>Red</b>	36.0%	62.7%	1.3%
<b>Leans Red</b>	38.9%	59.9%	1.2%
<b>Leans Blue</b>	29.0%	70.1%	0.9%
<b>Blue</b>	26.7%	72.6%	0.7%
<b>Very Blue</b>	19.7%	79.4%	0.9%