

**TABLE 1
PUBLIC HEALTH INSURANCE PLAN ELEMENTS**

“A key issue is whether to include a new public health insurance plan choice for the under-65 population within the national insurance exchange. People buying coverage through the exchange would have the option to select either a private or a public plan. Members of Congress have proposed different approaches and regulatory strategies in designing this option.

Do you think that the plans offered should include:”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

	Total (n=208)	Academic/ Research Institutions (n=104)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
Only private plans	20	11	17	40	22
Only public plans	7	9	6	7	11
Both private plans and public plans	69	79	77	45	61
Not sure	4	2	0	7	6

**TABLE 2
PUBLIC HEALTH INSURANCE PLAN ELEMENTS**

“If a public plan is offered, what do you think provider payment methods in the public plan should be based on?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 207 respondents

	Total (n=207)	Academic/ Research Institutions (n=103)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
Medicare’s current methods and any modifications that build on this basic structure	13	17	13	9	11
New innovative payment methods that incorporate global fees for care over time or acute episodes of care rather than payment based solely on fees for individual services	65	64	60	64	83
Whatever methods private plans elect to use and negotiate with providers	13	8	21	16	6
Other	7	8	4	9	0
Not sure	3	3	2	2	0

**TABLE 3
PUBLIC HEALTH INSURANCE PLAN ELEMENTS**

“If a public plan is offered, at what level do you think provider payment in the public plan should initially be set?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

	Total (n=208)	Academic/ Research Institutions (n=104)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
Medicare’s levels	20	27	4	18	17
Between Medicare and commercial plan levels	31	32	38	31	39
Commercial plan levels	13	5	23	20	6
Negotiated with providers	27	26	28	25	33
Other	6	7	2	5	0
Not sure	2	4	4	0	6

**TABLE 4
PUBLIC HEALTH INSURANCE PLAN ELEMENTS**

“If a public plan is offered, do you think provider participation in the public plan network should be:”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 205 respondents

	Total (n=205)	Academic/ Research Institutions (n=102)	Health Care Delivery (n=46)	Business/ Insurance/ Other Health Care Industry (n=54)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
A condition of participating in Medicare	45	56	35	46	44
Not linked to Medicare	43	36	54	48	28
Not sure	11	8	11	6	28

**TABLE 5
PUBLIC HEALTH INSURANCE PLAN ELEMENTS**

“Coverage expansions and insurance market reforms can be designed to slow the growth in health care costs. Please indicate the extent to which you support or oppose each of the following strategies to reduce health care costs.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

		Total	Academic/ Research Institutions	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
“Trigger” the creation of a public health insurance plan if certain expenditure targets are not met.	n=	208	104	47	55	18
	Strongly support/ Support	38	40	45	35	22
	Strongly support	15	16	21	15	0
	Support	23	24	23	20	22
	Somewhat support	18	15	15	16	17
	Strongly oppose/ Oppose	35	34	36	38	50
	Oppose	19	16	17	22	28
	Strongly oppose	16	17	19	16	22
Not sure	10	11	4	11	11	

**TABLE 6
NATIONAL INSURANCE EXCHANGE MODEL**

“A national insurance exchange might include strong oversight—including standards for participation—or operate largely as a Web-based clearing house for insurance plans that meet minimum benefit standards. Which model do you favor?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

	Total (n=208)	Academic/ Research Institutions (n=104)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
Limit the exchange to the operation of a clearing house Web site for people to choose plans. State insurance commissioners or other regulators would have the authority to review or set standards for participating insurance plans.	25	19	26	35	17
Give the governing body of the exchange the authority to enforce standards of participation by carriers, standardize benefits, set rating rules, and review or negotiate premiums.	70	78	70	56	83
Not sure	5	3	4	9	0

**TABLE 7
APPROACH TO BENEFIT STANDARDS**

“There are different suggestions for a standard benefit package that would be required of individuals. Please indicate your favored approach to benefit standards.”

Note: Percentages may not add up to 100 percent due to rounding or no respons..

Base: 204 respondents

	Total (n=204)	Academic/ Research Institutions (n=101)	Health Care Delivery (n=46)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=17)
	%	%	%	%	%
The standard required benefit package should be more generous than FEHBP.	3	3	4	0	6
The standard required benefit package should be similar to that of the Federal Employees Health Benefits Plan Standard Blue Cross Blue Shield option.	56	60	61	42	59
The standard required benefit package should be less generous than FEHBP Standard BCBS.	35	29	28	53	29
There shouldn't be a standard benefit package.	6	8	7	5	6

**TABLE 8
NEW REVENUE SOURCES AND COST-SAVING STRATEGIES**

“Financing coverage will require new revenue sources or significant cost savings within the system. Please indicate your level of support for each of the following approaches to financing expanded coverage.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

		Total (n=208)	Academic/ Research Institutions (n=104)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
		%	%	%	%	%
Increase federal excise taxes on alcohol, cigarettes, sugar-sweetened drinks and allocate revenues to health insurance trust fund.	n=	208	104	47	55	18
	Strongly support/ Support	79	81	79	76	94
	Strongly support	54	60	62	51	50
	Support	25	21	17	25	44
	Somewhat support	14	13	13	18	0
	Strongly oppose/ Oppose	6	5	9	5	6
	Oppose	3	2	6	2	6
	Strongly oppose	2	3	2	4	0
Not sure	*	1	0	0	0	
Require employers to either offer coverage or pay a percent of payroll to help finance expanded coverage.	n=	208	104	47	55	18
	Strongly support/ Support	77	80	81	71	78
	Strongly support	40	44	47	33	39
	Support	37	36	34	38	39
	Somewhat support	11	8	6	16	11
	Strongly oppose/ Oppose	12	12	13	13	11
	Oppose	6	8	4	7	6
	Strongly oppose	5	4	9	5	6
Not sure	*	1	0	0	0	
Cap the amount of employer financed premiums that are exempt from federal income taxes for employees.	n=	207	104	46	55	18
	Strongly support/ Support	58	63	63	53	61
	Strongly support	33	40	37	24	28
	Support	26	23	26	29	33
	Somewhat support	16	14	11	20	17
	Strongly oppose/ Oppose	20	14	22	25	17
	Oppose	12	10	13	18	0
	Strongly oppose	8	5	9	7	17
Not sure	5	8	4	2	6	

* Denotes less than 1 percent of respondents.

TABLE 8 (CONT'D)
NEW REVENUE SOURCES AND COST SAVING STRATEGIES

“Financing coverage will require new revenue sources or significant cost savings within the system. Please indicate your level of support for each of the following approaches to financing expanded coverage.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

		Total	Academic/ Research Institutions	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Increase the marginal federal income tax rate or institute a new higher bracket for high income households (\$250,000 or higher), dedicated to insurance trust fund.	n=	207	103	47	55	18
	Strongly support/ Support	46	56	38	29	61
	Strongly support	27	35	17	18	33
	Support	19	21	21	11	28
	Somewhat support	18	17	15	24	11
	Strongly oppose/ Oppose	35	26	47	47	22
	Oppose	20	13	28	25	11
	Strongly oppose	15	14	19	22	11
Not sure	1	1	0	0	6	
Institute a “luxury” sales tax dedicated to a health insurance trust fund.	n=	206	102	46	55	18
	Strongly support/ Support	38	43	41	27	50
	Strongly support	17	21	20	13	22
	Support	21	23	22	15	28
	Somewhat support	16	15	11	24	17
	Strongly oppose/ Oppose	34	29	37	42	17
	Oppose	22	21	20	25	6
	Strongly oppose	12	9	17	16	11
Not sure	12	13	11	7	17	
Assess an income tax surcharge that would be earmarked for health insurance trust fund.	n=	206	102	47	54	18
	Strongly support/ Support	30	38	30	17	28
	Strongly support	12	16	9	6	0
	Support	18	23	21	11	28
	Somewhat support	19	18	17	20	22
	Strongly oppose/ Oppose	44	36	51	59	22
	Oppose	26	22	32	31	11
	Strongly oppose	17	15	19	28	11
Not sure	7	8	2	4	28	

**TABLE 9
HEALTH CARE COST REDUCTION OPTIONS**

“Coverage expansions and insurance market reforms can be designed to slow the growth in health care costs. Please indicate the extent to which you support or oppose each of the following strategies to reduce health care costs.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

		Total	Academic/ Research Institutions	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Require all private insurers to report revenues, profits before taxes, and administrative expenses and the amount paid out in claims, using a common format.	n=	206	103	47	54	18
	Strongly support/ Support	78	83	81	65	83
	Strongly support	50	56	60	35	56
	Support	28	26	21	30	28
	Somewhat support	11	8	11	19	11
	Strongly oppose/ Oppose	9	7	9	15	6
	Oppose	7	6	4	11	0
	Strongly oppose	2	1	4	4	6
Not sure	1	3	0	2	0	
Allow public and private payers to jointly negotiate prescription drug prices with pharmaceutical companies.	n=	207	103	47	55	18
	Strongly support/ Support	72	74	81	67	94
	Strongly support	40	41	51	29	44
	Support	33	33	30	38	50
	Somewhat support	10	11	6	9	6
	Strongly oppose/ Oppose	14	12	13	18	0
	Oppose	10	9	11	11	0
	Strongly oppose	4	3	2	7	0
Not sure	4	4	0	5	0	
Set limits on payments to high-cost providers and/or overvalued services.	n=	208	104	47	55	18
	Strongly support/ Support	71	72	62	76	72
	Strongly support	36	41	34	35	39
	Support	36	31	28	42	33
	Somewhat support	15	15	15	13	28
	Strongly oppose/ Oppose	11	10	21	7	0
	Oppose	9	10	15	5	0
	Strongly oppose	2	0	6	2	0
Not sure	2	3	2	4	0	

TABLE 9 (CONT'D)
HEALTH CARE COST REDUCTION OPTIONS

“Coverage expansions and insurance market reforms can be designed to slow the growth in health care costs. Please indicate the extent to which you support or oppose each of the following strategies to reduce health care costs.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

		Total	Academic/ Research Institutions	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Allow public and private payers to jointly negotiate provider payment rates, with full public disclosure of price and payment methods.	n=	208	104	47	55	18
	Strongly support/ Support	61	65	55	55	78
	Strongly support	24	30	34	13	22
	Support	37	36	21	42	56
	Somewhat support	21	20	21	22	22
	Strongly oppose/ Oppose	13	9	21	18	0
	Oppose	9	7	13	9	0
	Strongly oppose	5	2	9	9	0
Not sure	5	6	2	5	0	
Offer capitation or global fees to accountable care organizations and limit inflation updates for providers not part of such organizations.	n=	207	104	46	55	18
	Strongly support/ Support	58	62	54	55	61
	Strongly support	26	28	26	24	28
	Support	33	34	28	31	33
	Somewhat support	24	22	20	29	39
	Strongly oppose/ Oppose	13	10	24	16	0
	Oppose	9	7	17	13	0
	Strongly oppose	3	3	7	4	0
Not sure	5	7	2	0	0	
Limit inflation updates for providers in high-cost geographic areas.	n=	207	103	47	55	18
	Strongly support/ Support	48	61	34	45	50
	Strongly support	18	21	17	15	22
	Support	30	40	17	31	28
	Somewhat support	22	11	23	33	44
	Strongly oppose/ Oppose	25	23	40	16	6
	Oppose	17	17	23	11	6
	Strongly oppose	7	7	17	5	0
Not sure	5	5	2	5	0	

TABLE 9 (CONT'D)
HEALTH CARE COST REDUCTION OPTIONS

“Coverage expansions and insurance market reforms can be designed to slow the growth in health care costs. Please indicate the extent to which you support or oppose each of the following strategies to reduce health care costs.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

		Total	Academic/ Research Institutions	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Require all payers to eliminate any form of fee-for-service payment to health care providers by 2020, substituting capitation, global fees, or bundled payments, and evidence-based incentives forms of payment.	n=	207	103	47	55	18
	Strongly support/ Support	42	39	45	42	61
	Strongly support	19	19	11	20	33
	Support	23	19	34	22	28
	Somewhat support	21	20	15	22	17
	Strongly oppose/ Oppose	30	33	36	31	22
	Oppose	20	23	21	18	22
	Strongly oppose	11	10	15	13	0
Not sure	7	8	4	5	0	
Set an expenditure target on growth in Medicare outlays enforced by adjusting fees to all providers.	n=	203	102	46	53	18
	Strongly support/ Support	29	33	15	36	22
	Strongly support	9	14	7	8	11
	Support	20	20	9	28	11
	Somewhat support	21	23	17	17	17
	Strongly oppose/ Oppose	41	37	63	38	44
	Oppose	29	26	43	25	39
	Strongly oppose	12	11	20	13	6
Not sure	9	7	4	9	17	
Set an expenditure target on growth in public and private health care outlays, enforced by adjusting fees to all providers.	n=	208	104	47	55	18
	Strongly support/ Support	29	36	13	35	22
	Strongly support	11	15	2	11	6
	Support	18	20	11	24	17
	Somewhat support	23	26	21	15	28
	Strongly oppose/ Oppose	38	30	62	44	33
	Oppose	28	22	40	33	28
	Strongly oppose	10	8	21	11	6
Not sure	10	9	4	7	17	

TABLE 10
TWO-YEAR WAITING PERIOD FOR MEDICARE COVERAGE FOR DISABLED ADULTS

“Disabled adults who begin receiving cash benefits from the Social Security Disability Insurance program must wait two years before receiving Medicare benefits. Please indicate the extent to which you support or oppose ending this two-year waiting period for Medicare coverage.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

	Total (n=208)	Academic/ Research Institutions (n=104)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
Strongly support/ Support	72	75	74	65	67
Strongly support	46	50	47	38	44
Support	26	25	28	27	22
Somewhat support	11	9	9	20	6
Strongly oppose/ Oppose	12	12	11	7	17
Oppose	8	9	4	7	17
Strongly oppose	3	3	6	0	0
Not sure	6	5	6	7	11

TABLE 11
THE URGENCY OF ACTION ON HEALTH CARE REFORM

“What is your view regarding the urgency of action on health reform?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 206 respondents

	Total (n=206)	Academic/ Research Institutions (n=102)	Health Care Delivery (n=47)	Business/ Insurance/ Other Health Care Industry (n=55)	Government/ Labor/ Consumer Advocacy (n=18)
	%	%	%	%	%
It is urgent to enact comprehensive health reform this year.	68	75	72	60	78
The Administration and Congress should make a down-payment on health reform this year, covering the most vulnerable uninsured.	21	19	19	24	17
The dire economic and fiscal situation requires that health reform be postponed.	6	4	6	15	0
Other	4	3	2	2	6

TABLE 12
TYPE OF EMPLOYMENT

"How would you describe your current employment position?"

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

	%
Policy analyst	20
Researcher/professor/teacher	26
Dean or department head	5
Policymaker or policy staff (federal)	*
Policymaker or policy staff (state)	2
CEO/president	25
Management/administration	15
Lobbyist	2
Consultant	11
Physician	18
Other health care provider (not physician)	2
Consumer advocate	6
Health care purchaser	8
Foundation officer	7
Retired	6
Other	5

* Denotes less than 1 percent of respondents.

**TABLE 13
PLACE OF EMPLOYMENT**

"Which of the following best describes the place or institution for which you work or if retired last worked?"

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 208 respondents

	%
Academic and Research Institutions	50
Medical, public health, nursing, or other health professional school	20
University setting not in a medical, public health, nursing, or other health professional school	8
Thinktank/health care institute/policy research institution	16
Foundation	8
Medical publisher	*
Government	2
Staff for a state elected official or state legislative committee	*
Nonelected state executive-branch official	1
Staff for nonelected state executive-branch official	*
Professional, Trade, Consumer Organizations	25
Medical society or professional association or organization	7
Allied health society or professional association or organization	*
Hospital or related professional association or organization	8
Health insurance and business association or organization	6
Pharmaceutical/medical-device trade association organization	1
Labor/consumer/seniors' advocacy group	4
Health Care Delivery	16
Hospital	5
Nursing home/long-term care facility	1
Clinic	2
Physician practice/other clinical practice (patient care)	6
Health insurance/managed care industry	6
Pharmaceutical Industry	1
Drug manufacturer	1
Biotech company	*
Other Industry/Business Settings	22
CEO, CFO, benefits manager	2
Health care consulting firm	7
Health care improvement organization	7
Accrediting body and organization (nongovernmental)	1
Other	7

* Denotes less than 1 percent of respondents.