

Americans' Views Of The Uninsured: An Era For Hybrid Proposals

Most agree that something should be done to help the uninsured, but they don't want to pay higher taxes to do it.

by **Robert J. Blendon, John M. Benson, and Catherine M. DesRoches**

ABSTRACT: Data drawn from ten recent public opinion polls show that the issue of the uninsured is likely to become more visible on the U.S. agenda, although not as prominent as it was in the early 1990s. Although there is no public consensus on any single approach, a hybrid plan—which leaves workplace insurance in place and includes elements of several proposals now being discussed to cover more of the uninsured—offers the possibility of public support. The critical issue is whether or not there will be public support in the future for raising revenues to pay for major expansions in coverage.

WITH THE LONG DEBATE over Medicare prescription drugs apparently about to culminate in congressional passage of a bipartisan bill, the health policy debate is likely to shift to two other important issues: costs, including the cost of health care services and the price of prescription drugs, and the uninsured. These issues are likely to be driven in 2004 by presidential candidates and congressional election challengers, who sense current public dissatisfaction about both problems. This paper focuses on public attitudes about one of these two issues: the uninsured.

The prospect of renewed debate raises the question, Where does the American public stand on the issue of the uninsured? This paper uses results from recent national opinion surveys to address four main questions: (1) What priority does the public give to the health care issue in general and to the uninsured issue in particular? (2) What does the public think should be done to help more people get health insurance? (3) How willing is the public to pay more taxes for this purpose? (4) How do Democrats and Republicans differ in their views about legislation to help the uninsured? We then look at the implications of these findings for the future of the uninsured issue.

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Data Sources And Methods

The survey data in this paper are derived from four main sources: (1) three Harvard School of Public Health/Robert Wood Johnson Foundation/International Communications Research polls, conducted 28 May–1 June 2003, 30 May–3 June 2003, and 4–8 June 2003; (2) six other nationwide surveys conducted in 2003; (3) the 2002 General Social Survey; and (4) three nationwide surveys conducted in 1993, at the time of the last major health care reform debate involving the uninsured issue.¹ In each of these surveys, except where noted, telephone interviews were conducted with a randomly selected sample of approximately 1,000 adults nationwide.²

Findings From The Opinion Surveys

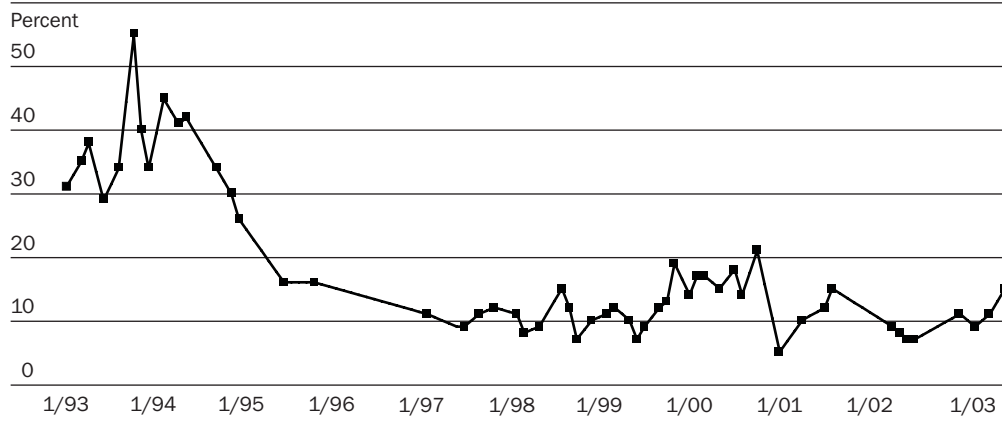
Health care has reemerged as an important issue on the political agenda. In political campaigns, candidates pay attention to issues that the public ranks high on their agenda for government action.³ These top issues often become campaign themes.

■ **Ranking among top issues.** In June 2003 Americans ranked health care (excluding Medicare) third among the most important issues for government to address. Named by 15 percent as one of the two most important issues, health care trailed only the economy/jobs (33 percent) and war/defense (22 percent) on the list of issues needing government action (Exhibit 1).⁴

When likely voters were asked in a May 2003 poll which issues would be most important to them in deciding how to vote for president, affordable health care

EXHIBIT 1

Percentage Of Americans Naming Health Care As One Of The Two Most Important Issues For The Government To Address, January 1993–June 2003



SOURCES: Harris Interactive polls, various years.

NOTES: The data series used to generate this exhibit did not include an observation for every month. Dots on the trend line indicate points where actual data were used. We assume a linear trend between actual observations. "Don't know" responses were included in the base when percentages were calculated. The question was worded as follows: "What do you think are the two most important issues for government to address?"

tied for fourth with education (21 percent each). The top three voting issues were the economy/jobs (46 percent), terrorism/national security (26 percent), and Social Security/Medicare (22 percent).⁵

■ **Satisfaction with U.S. health care.** In a May–June 2003 poll, 66 percent of respondents said that they were not too (34 percent) or not at all (32 percent) satisfied with the availability and affordability of health care in this country.⁶ The proportion expressing dissatisfaction has risen since November–December 2000, when 53 percent said that they were not too or not at all satisfied (Exhibit 2).⁷

■ **Comparison with early 1990s.** Despite rising interest levels, health care is not the issue it was a decade ago. During the health care reform debate of the early 1990s, health care featured more prominently on the public’s agenda. In January 1993, 31 percent named health care as one of the two most important issues for government to address. By October 1993 the proportion had risen to 55 percent.⁸ Dissatisfaction with the availability and affordability of health care was also much higher than it is today. In January 1993, 77 percent of Americans expressed dissatisfaction.⁹

■ **The uninsured as a top health care issue.** The public now considers three main issues to be the highest health care priorities for government. In May–June 2003, Americans ranked health care costs, including the cost of services and prescription drugs (35 percent), as the most important health care issue for the government to address, followed by issues directly affecting the elderly and Medicare (21 percent) and the uninsured (20 percent).¹⁰

■ **Importance of cost, quality, and the uninsured.** When asked, without being offered Medicare as a choice, whether they considered cost, quality, or the uninsured to be the most important health care issue now, a plurality (44 percent) of the public said the cost of health care was most important, followed by the uninsured (38 percent). Despite many health care leaders’ emphasis on the seriousness of the quality problem, only 16 percent of the public chose quality as most important.¹¹

■ **Support for solutions.** The public expresses a high level of support for some

EXHIBIT 2
Americans’ Dissatisfaction With The Availability And Affordability Of Health Care, 1993, 2000, And 2003

	Very satisfied	Somewhat satisfied	Not too satisfied	Not all all satisfied	Don’t know
1993	3%	20%	32%	45%	1%
2000	10	33	26	27	4
2003	8	24	34	32	1

SOURCES: Gallup/CNN/USA Today poll (1993); Henry J. Kaiser Family Foundation/Harvard School of Public Health/Princeton Survey Research Associates poll (2000); and Harvard School of Public Health/Robert Wood Johnson Foundation/International Communications Research poll (2003).

NOTES: “Don’t know” responses were included in the base when percentages were calculated. The question wording was as follows: “Next I’d like you to rate your satisfaction with the state of the nation in some different areas. For each of the following areas, please tell me whether you are very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied. How about the availability and affordability of health care?”

“Americans are less supportive of major reform than they are of incremental proposals for reducing the number of uninsured.”

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legislation to address the uninsured problem. In May–June 2003, 74 percent of Americans said that a law to provide health insurance for most of the uninsured was an extremely or very important priority for the federal government during the next year. About four in ten (39 percent) expressed a sense of urgency by saying that it was extremely important to pass such a law during the next year, about on a par with passing a law to address Medicare’s financial problems (37 percent) as the highest-rated priority of the nine possible health care–related laws tested in the survey.¹²

When given a brief, general description of various proposals, about three-fourths of Americans favored three possible ways of guaranteeing health insurance for more Americans: expanding state government programs for low-income people, such as Medicaid and the State Children’s Health Insurance Program (SCHIP), to provide coverage for people without health insurance (80 percent); requiring businesses to offer private health insurance for their employees (77 percent); and offering uninsured Americans income tax deductions, tax credits, or other financial assistance to help them buy private health insurance on their own (73 percent) (Exhibit 3).

The public is less supportive of major system change and cannot agree on the best approach to take. In addition to proposals focused only on the uninsured, two broader plans have been proposed to change the health insurance system for both the uninsured and the currently insured. The first is a national single-payer system, financed by taxpayers, in which all Americans would get their insurance from a single government plan. Americans are nearly evenly divided in their views of a single-payer system, with 46 percent in favor and 50 percent opposed.¹³

The second is a proposal to give people who have employer-based health insurance the actuarial equivalent of the cost of the insurance they would get from their employer, which the employee would then use to purchase a private health insurance policy directly. The uninsured would also receive a tax credit to help them buy private insurance.

Among those who have health insurance through their own or their spouse’s employer, 52 percent said that they would prefer to have their employer continue to pay for all or part of their health insurance policy at work, while only 11 percent would prefer to buy a health insurance policy themselves, with their employer giving them the cash amount the employer would have contributed. More than one-third (37 percent) said that it did not make much difference to them.¹⁴

Taken together, these data suggest that Americans are less supportive of major reform—either through the government or changing the current workplace insurance system—than they are of incremental proposals for reducing the number of uninsured Americans.

EXHIBIT 3
Americans' Attitudes About Ways To Cover More Of The Uninsured, By Political Party, 2003

	Total public	Democrats	Republicans	Difference (in percentage points), Dems vs. Reps ^a
Extremely/very important to pass a law in next year to provide health insurance for most uninsured Americans	74%	85%	64%	21
Favor following ways to guarantee health insurance for more Americans				
Expanding state government programs for low-income people	80	86	75	11
Requiring businesses to offer private health insurance for employees	77	82	72	10
Offering uninsured tax deductions, credits, other assistance	73	72	81	-9
National health plan, financed by taxpayers, insurance from single government plan	46	56	30	26

SOURCE: Harvard School of Public Health/Robert Wood Johnson Foundation/International Communications Research poll, May-June 2003.

NOTES: "Don't know" responses were included in the base when percentages were calculated. The question wordings were as follows: "For each of the following laws that the federal government could pass, recognizing that the government can't pass them all, please tell me how much of a priority you think it is to pass each law within the next year. Your choices are an extremely important priority, a very important priority, important but lower priority, not an important priority, or do you think that government should not pass the law at all?...A law to provide health insurance for most uninsured Americans." Next, "I'm going to read you some different ways to guarantee health insurance for more Americans. As I read each one, please tell me whether you would favor it or oppose it. Do you favor or oppose . . . a national health plan, financed by taxpayers, in which all Americans would get their insurance from a single government plan; requiring businesses to offer private health insurance for their employees; offering uninsured Americans income tax deductions, tax credits, or other financial assistance to help them purchase private health insurance on their own; expanding state government programs for low-income people, such as Medicaid and the Children's Health Insurance Program, to provide coverage for people without health insurance?"

^aStatistically significant difference ($p < .05$).

■ **Lack of consensus.** The problem of finding a way to help more people get health insurance is also complicated by the fact that there is no public consensus on the best approach to take. When asked to choose among four approaches to guarantee health insurance for more Americans—single payer, a requirement that employers offer health insurance to their employees, tax credits to buy private health insurance, and expansion of state programs for low-income people—the public was almost evenly divided, with each of the four approaches preferred by 21–27 percent.¹⁵ This lack of consensus on any single approach to helping the uninsured has persisted now for a number of years.¹⁶

■ **Raising taxes and rolling back tax cuts.** Raising taxes is a major sticking point. While most Americans believe that legislation is needed to help more people get health insurance, less than half are willing to see taxes increased to accomplish this goal. Given three choices, 47 percent said that the government should make a

major effort to provide health insurance for most uninsured Americans, which might require a tax increase to pay for it. Another 37 percent thought the government should make a limited effort to provide health insurance for some of the uninsured, which would mean more government spending, and 13 percent preferred to keep things the way they are now (Exhibit 4).¹⁷

Public reluctance to raise taxes is also illustrated by findings from a February 2003 poll. A majority (52 percent) of respondents disagreed with the statement, “If the only way to make sure that everyone can get health care services they need is to have a substantial increase in taxes, we should do it”; 43 percent agreed.¹⁸

A majority of Americans seem willing to consider trading off future tax cuts to provide support for popular domestic programs, including covering more of the uninsured. In May 2003, 81 percent said that it was more important for the country to make sure all Americans have access to health insurance than to continue to cut taxes; 14 percent said that tax cuts were more important.¹⁹ A majority (55 per-

EXHIBIT 4
Americans’ Attitudes About Taxes And The Uninsured, By Political Party, 2003

	Total public	Democrats	Republicans	Difference (in percentage points), Dems vs. Reps
What government should do about the uninsured ^a				
Make major effort to provide insurance, may require tax increase	47%	61%	37%	24 ^b
Make limited effort to provide insurance, could mean more government spending	37	32	41	-9
Keep things as they are	13	7	18	-11 ^b
Increase taxes substantially if only way to make sure everyone can get needed health care ^c				
Agree	43	53	35	18 ^b
Disagree	52	44	60	-16 ^b
Recently passed tax cut is ^d				
A good thing	50	38	70	-32 ^b
A bad thing	35	51	16	35 ^b

SOURCES: See below.

NOTES: “Don’t know” responses are not shown but were included in the base when percentages were calculated. The question wordings were as follows: “Which one of the following three statements comes closest to what you think government should do for people who don’t have health insurance? Keep things as they are now; make a limited effort to provide health insurance for some of the uninsured, which would mean more government spending; or make a major effort to provide health insurance for most uninsured Americans, which might require a tax increase to pay for it.” Next, “Please tell us whether you agree or disagree with the following statements about health care...If the only way to make sure that everyone can get the health care services they need is to have a substantial increase in taxes, we should do it.” Next, “The Congress passed and the president has signed a new tax cut. Overall do you think this tax cut was a good thing or bad thing?”

^a Harvard School of Public Health/Robert Wood Johnson Foundation/International Communications Research poll, May–June 2003.

^b Statistically significant difference ($p < .05$).

^c Harris Interactive poll, February 2003.

^d Harris Interactive poll, June 2003.

cent) preferred having the federal government provide money to help employers pay for health coverage for employees rather than cutting federal taxes for individuals and businesses (36 percent).²⁰

These data need to be interpreted with care, as they may tend to overstate the resources Americans are willing to devote to helping the uninsured. In a number of other trade-offs, the public has preferred rolling back tax cuts to address various priorities. For instance, in a January 2003 poll, 67 percent of respondents preferred having the government spend more on domestic programs such as education, health care, and Social Security to a tax cut; 29 percent preferred the tax cut.²¹ In April–June 2003, 70 percent favored rolling back recent tax cuts and using the money to help keep the Medicare program financially sound.²²

Further evidence of the potential competition for revenues freed up by rolling back the tax cut comes from the 2002 General Social Survey. Improving and protecting the nation's health (74 percent) and improving the nation's education system (73 percent) topped the list of fifteen domestic priorities on which the public thought too little was being spent. But nearly six in ten also thought that too little was being spent on Social Security (59 percent) and improving and protecting the environment (59 percent).²³ The data indicate that even if tax cuts were rolled back, the public would have a number of competing priorities for where the money should be spent.

■ **Differences by political affiliation.** Democrats and Republicans agree on the need for legislation to help more people get health insurance, but they differ in their willingness to raise taxes to pay for a large expansion. In May–June 2003, 85 percent of Democrats and 64 percent of Republicans said that it was extremely or very important for the federal government to pass a law in the next year to provide health insurance for most uninsured Americans.²⁴

Large majorities in both parties favor expanding state government programs for low-income people and tax-credit plans to guarantee health insurance for more Americans. Eighty-two percent of Democrats and a surprising 72 percent of Republicans said that they favor requiring employers to offer health insurance to their employees. This proposal may be very unpopular with small businesses, but it is supported by clear majorities in both parties. A majority (56 percent) of Democrats—compared with only 30 percent of Republicans—said that they favor a single-payer plan.²⁵

The differences between Democrats and Republicans have to do mainly with a willingness to increase taxes to help more Americans get health insurance. Three in five Democrats (61 percent)—compared with 37 percent of Republicans—said that they prefer to see the government make a major effort to provide health insurance for most uninsured Americans, which might require a tax increase. Among Republicans, 41 percent said that they prefer to make a more limited effort, and 18 percent said that they want to keep things as they are.²⁶ In addition, 53 percent of Democrats—compared with 35 percent of Republicans—agreed with the state-

“With a hybrid plan, nearly everyone would get some element of their preferred way to deal with the problem of the uninsured.”

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ment, “If the only way to make sure that everyone can get health care services they need is to have a substantial increase in taxes, we should do it.”²⁷ Finally, 70 percent of Republicans—compared with only 38 percent of Democrats—said that they consider the recently passed tax cut to be a good thing, making it unlikely that Republicans will be willing to roll back the tax cut.²⁸

Discussion

The data presented in this paper could be used to draw either of two opposing conclusions. Many of the same public opinion indicators that point toward the possibility of a major government effort to help the uninsured get coverage were present in the early 1990s. But no such legislation was enacted a decade ago. If anything, the climate is less favorable today. Given the probable long-term nature of international tensions and the terrorist threat, the uninsured and the health care issue in general are not likely to attain the same visibility in the near future that they had in the early 1990s. Moreover, even though dissatisfaction with the availability and affordability of health care is high today, it was much higher in 1993. Therefore, one might conclude that major legislation to help the uninsured is unlikely during the next few years.

On the other hand, dissatisfaction has been rising recently and the public remains concerned about the sluggish condition of the economy, often a harbinger of interest in the uninsured. The proportion naming health care as a top issue for government to address has been rising. These conditions could lead to a bipartisan compromise. For this to happen, though, political leaders will have to have learned a critical lesson from the failed effort of the early 1990s: that political leadership is needed to forge disparate ideas into legislation that can win majority approval.²⁹ The outcome depends on the ability and willingness of political leaders to craft such a compromise.

Although there is no public consensus on any single approach to helping the uninsured get coverage, a hybrid plan—one that leaves workplace insurance in place and includes elements of several different proposals to cover more of the uninsured—offers the possibility of gaining public support. Continuing reliance on workplace insurance will reassure those who already have such insurance that their coverage will not be at risk. The possibility of a compromise hybrid plan arises from the fact the large majorities of both Democrats and Republicans are amenable to three different approaches to covering the uninsured: some form of requirement that employers offer health insurance to their employees, tax credits to buy private health insurance, and expanding state government programs for low-income people to provide coverage. With a hybrid plan, nearly everyone

would get some element of their preferred way to deal with the problem of the uninsured.

To respond to public concerns about health care costs, such a hybrid plan would have to include visible ways to contain the cost to taxpayers and employers of covering those who will be newly insured without taking steps that would seem threatening to those who were already insured. One lesson of the reform effort of the early 1990s is that cost containment measures in new programs for the uninsured should not be seen as threatening the existing health insurance relationships of those who already have insurance.³⁰

The single biggest challenge is how to raise revenue to pay for a large-scale expansion of health insurance coverage. In an era of substantial federal and state budget deficits, expansions are not likely to be possible unless the public comes to support an increase in some sort of tax or premium revenue. Policymakers may have to think of new sources of revenue to help pay for an expansion of coverage. The size of the expansion will depend on the question of how much tax revenue the public is willing to devote to helping the uninsured.

The task of moving ahead on the uninsured in today's climate is not impossible. One recent example is Maine's recently enacted Act to Provide Affordable Health Insurance to Small Businesses and Individuals and to Control Health Care Costs, a compromise approach to expanding and financing health insurance coverage.³¹ Given the state of public opinion on the uninsured, a hybrid approach may be possible on the national level as well.

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NOTES

1. Harvard School of Public Health/Robert Wood Johnson Foundation/International Communications Research polls, 28 May–1 June 2003, 30 May–3 June 2003, and 4–8 June 2003 (Storrs, Conn.: Roper Center for Public Opinion Research, 2003).
2. When interpreting these findings, one must consider that all surveys are subject to sampling error. Size of error varies with the number of people surveyed and the magnitude of differences in their responses to each question. Surveys with sample size of 1,000 will, with a 95 percent degree of confidence, have a statistical precision of plus or minus three percentage points of what would be obtained if the entire population had been interviewed. Some questions were asked of a half-sample (about 500 respondents), for which the margin of error is plus or minus five percentage points. Other forms of error can arise because of nonresponse bias, coverage bias, question order, and context effects.
3. R.G. Niemi and H.F. Weisberg, *Classics in Voting Behavior*, 4th ed. (Washington: CQ Press, 2001), chap. 10; and P. Burstein, "Public Opinion and Congressional Action on Labor Market Opportunities, 1942–2000," in *Navigating Public Opinion: Polls, Policy, and the Future of American Democracy*, ed. J. Manza, F.L. Cook, and B.J. Page (Oxford: Oxford University Press, 2002), chap. 5.
4. Harris Interactive poll, 10–15 June 2003 (Roper Center, 2003).
5. National Public Radio/Public Opinion Strategies/Greenberg Quinlan Rosner Research poll, 27–29 May 2003 (Roper Center, 2003). The survey interviewed likely voters, n = 723.
6. HSPH/RWJF/ICR poll (28 May–1 June 2003).
7. Henry J. Kaiser Family Foundation/Harvard School of Public Health/Princeton Survey Research Associates poll, 13 November–13 December 2000 (Roper Center, 2000).

8. Louis Harris and Associates polls, 22–26 January 1993 and 1–6 October 1993 (Roper Center, 1993).
9. Gallup/CNN/USA *Today* poll, 8–11 January 1993 (Roper Center, 1993).
10. HSPH/RWJF/ICR poll (30 May–3 June 2003). The question was asked of a half-sample, n = 507.
11. Ibid.
12. Ibid. Each question was asked of a half-sample, approximately n = 500.
13. Ibid.
14. Ibid. The question was asked of those who had health insurance through their employer or their spouse's employer, n = 560.
15. Ibid.
16. R.J. Blendon et al., "Voters and Health Care in the 1998 Election," *Journal of the American Medical Association* (14 July 1999): 189–194.
17. HSPH/RWJF/ICR poll (30 May–3 June 2003).
18. Harris Interactive poll, 12–16 February 2003 (New York: Harris Interactive, 2003).
19. CBS News/*New York Times* poll, 9–12 May 2003 (Roper Center, 2003).
20. NBC News/*Wall Street Journal* poll, 17–19 May 2003 (Roper Center, 2003).
21. ABC News/*Washington Post* poll, 30 January–1 February 2003 (Roper Center, 2003). The question was asked of a half-sample, n = 428.
22. KFF/HSPH/PSRA poll, 25 April–1 June 2003 (Roper Center, 2003).
23. J.A. Davis and T.W. Smith, *General Social Surveys, 1972–2002* (machine-readable data file) (Chicago: National Opinion Research Center, 2002). Interviews were conducted in person. This question was asked of a half-sample, n = 1,383.
24. HSPH/RWJF/ICR poll (30 May–3 June 2003).
25. Ibid.
26. Ibid.
27. Harris Interactive poll (12–16 February 2003).
28. Harris Interactive poll (10–15 June 2003).
29. R.J. Blendon, M. Brodie, and J. Benson, "What Happened to Americans' Support for the Clinton Health Plan?" *Health Affairs* (Summer 1995): 7–23.
30. Ibid.
31. For an overview of the Maine plan, see Office of Health Policy and Finance, "Overview: Dirigo Health," www.state.me.us/governor/baldacci/healthpolicy/reform_proposals/index.html (23 July 2003).