AMERICAN VOTERS ON MEDICARE REFORM

Conducted by the Program for Public Consultation, School of Public Policy, University of Maryland
December 2016

Questionnaire

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

National Sample: 7959
MoE: 1.1%
Fielded: Aug 24, 2016 – Oct 10, 2016

Each of the following states were fielded: Aug 24, 2016 – Oct 10, 2016

California: 813	MoE: 3.4%
Florida: 519	MoE: 4.3%
Michigan: 245	MoE: 6.3%
North Carolina: 312	MoE: 5.5%
New York: 437	MoE: 4.7%
Ohio: 686	MoE: 3.7%
Pennsylvania: 294	MoE: 5.7%
Texas: 449	MoE: 4.6%

Each of the following states were fielded during two periods. Nielsen: Aug 24, 2016 – Oct 10, 2016 and Communications for Research (CFR): Oct 21 – Nov 11, 2016
An additional 251 respondents were obtained among the 3 states by CFR.

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

Aggregate total of 8210 respondents (an MoE is not calculated for this aggregate number since CFR's respondents were not incorporated into the national results)

Thank you for coming to our website to do a Citizen Cabinet survey on Medicare. The purpose of this survey is for you to give recommendations to Congress on important issues. Members of Congress have said they want to hear from citizens on these issues. In the course of doing this survey you will learn many interesting things about Medicare so your recommendations will be well informed. We realize some parts of it may be challenging, but we hope you stay with it as it is important for Congress to hear from the citizens like you on this issue.

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

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

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

	Very positive	Somewhat positive	Total positive	Somewhat negative	Very negative	Total negative	Refused / Don't know
National	27.3%	51.1%	**78.4%**	17.7%	3.4%	**21.1%**	0.5%
GOP	18.4%	52.1%	**70.5%**	24.5%	4.5%	**29.0%**	0.4%
Dem.	37.9%	50.0%	**87.9%**	9.9%	1.6%	**11.5%**	0.6%
Indep.	21.7%	51.1%	**72.8%**	21.4%	5.3%	**26.7%**	0.5%
Oklahoma	22.1%	51.1%	**73.2%**	20.8%	5.9%	**26.7%**	0.0%
GOP	17.4%	46.7%	**64.1%**	29.7%	6.2%	**35.9%**	0.0%
Dem.	26.4%	55.9%	**82.3%**	13.3%	4.4%	**17.7%**	0.0%
Texas	32.9%	43.5%	**76.4%**	20.1%	3.0%	**23.1%**	0.5%
GOP	18.1%	52.4%	**70.5%**	26.8%	2.3%	**29.1%**	0.4%
Dem.	47.7%	36.2%	**83.9%**	13.6%	1.5%	**15.1%**	1.0%
Florida	31.2%	48.3%	**79.5%**	18.2%	1.9%	**20.1%**	0.3%
GOP	23.1%	54.4%	**77.5%**	20.1%	1.5%	**21.6%**	1.0%
Dem.	44.3%	40.2%	**84.5%**	15.0%	0.5%	**15.5%**	0.0%
Ohio	23.2%	53.9%	**77.1%**	19.8%	2.8%	**22.6%**	0.3%
GOP	17.9%	53.5%	**71.4%**	25.3%	3.3%	**28.6%**	0.0%
Dem.	33.8%	50.7%	**84.5%**	13.4%	1.5%	**14.9%**	0.6%
Virginia	20.7%	51.9%	**72.6%**	21.5%	4.9%	**26.4%**	0.9%
GOP	8.3%	48.0%	**56.3%**	34.0%	8.4%	**42.4%**	1.3%
Dem.	34.4%	51.4%	**85.8%**	11.6%	1.9%	**13.5%**	0.7%
California	31.0%	52.0%	**83.0%**	13.6%	3.1%	**16.7%**	0.4%

GOP	21.5%	55.7%	**77.2%**	17.0%	4.6%	**21.6%**	1.1%
Dem.	42.9%	47.9%	**90.8%**	7.5%	1.5%	**9.0%**	0.2%
Maryland	29.7%	53.6%	**83.3%**	14.3%	2.4%	**16.7%**	0.0%
GOP	11.9%	61.5%	**73.4%**	23.7%	2.9%	**26.6%**	0.0%
Dem.	39.7%	49.6%	**89.3%**	9.7%	1.0%	**10.7%**	0.0%
New York	29.0%	50.7%	**79.7%**	14.5%	3.8%	**18.3%**	2.0%
GOP	20.4%	57.3%	**77.7%**	19.5%	2.8%	**22.3%**	0.0%
Dem.	38.3%	47.8%	**86.1%**	7.9%	4.4%	**12.3%**	1.7%

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

How much have you heard about this problem?

	Nothing	A little	Some	A lot	Refused / Don't know
National	13.0%	28.5%	38.0%	20.1%	0.4%
GOP	11.9%	27.6%	37.8%	22.5%	0.2%
Dem.	13.6%	28.5%	38.6%	18.8%	0.6%
Indep.	14.1%	30.4%	37.0%	18.1%	0.3%
Oklahoma	10.6%	29.5%	38.1%	21.4%	0.4%
GOP	10.0%	24.8%	41.1%	23.2%	0.8%
Dem.	6.4%	32.0%	41.7%	19.9%	0.0%
Texas	13.4%	27.9%	39.8%	18.8%	0.1%
GOP	10.3%	24.8%	46.2%	18.7%	0.0%
Dem.	16.1%	33.5%	28.1%	22.1%	0.2%
Florida	12.1%	26.5%	37.9%	23.0%	0.6%
GOP	16.8%	23.1%	32.3%	27.8%	0.0%
Dem.	9.5%	30.1%	37.9%	21.0%	1.5%
Ohio	12.3%	29.7%	38.8%	18.6%	0.5%
GOP	9.8%	30.4%	39.1%	19.4%	1.3%
Dem.	13.7%	28.2%	41.3%	16.9%	0.0%
Virginia	9.0%	27.9%	40.2%	22.6%	0.4%
GOP	6.8%	30.4%	45.8%	16.4%	0.6%
Dem.	11.6%	26.2%	36.7%	25.2%	0.3%

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California	15.0%	35.0%	34.2%	15.7%	0.1%
GOP	11.4%	29.0%	35.9%	23.7%	0.0%
Dem.	16.0%	33.7%	36.0%	14.1%	0.3%
Maryland	16.2%	32.6%	31.8%	19.2%	0.2%
GOP	13.5%	28.8%	35.0%	22.6%	0.0%
Dem.	18.9%	32.7%	32.4%	15.6%	0.3%
New York	15.5%	26.3%	37.2%	20.8%	0.3%
GOP	9.6%	29.5%	39.8%	21.1%	0.0%
Dem.	18.2%	24.9%	40.0%	16.4%	0.5%

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

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

	A lot higher than you expected	A little higher than you expected	About the same	A little lower than you expected	A lot lower than you expected	Refused/ Don't know
National	20.4%	27.5%	32.6%	4.4%	1.1%	13.9%
GOP	20.8%	26.4%	34.0%	5.1%	1.1%	12.6%
Dem.	20.2%	29.1%	31.2%	3.8%	0.9%	14.7%
Indep.	20.1%	26.3%	32.8%	4.4%	1.5%	14.9%
Oklahoma	22.0%	29.8%	30.1%	5.4%	1.3%	11.4%
GOP	17.1%	32.9%	29.7%	6.8%	2.3%	11.2%
Dem.	28.1%	26.0%	34.3%	4.4%	0.3%	7.0%
Texas	19.8%	26.7%	32.3%	5.5%	1.4%	14.3%
GOP	26.9%	24.6%	33.4%	3.4%	0.2%	11.6%
Dem.	14.0%	27.7%	32.7%	6.8%	1.9%	16.8%
Florida	22.0%	28.1%	29.1%	6.6%	1.2%	12.9%
GOP	18.0%	26.4%	32.5%	5.4%	0.9%	16.8%
Dem.	22.9%	30.2%	30.1%	5.0%	0.6%	11.3%
Ohio	19.8%	31.4%	30.4%	4.3%	1.1%	12.9%
GOP	20.9%	31.0%	32.7%	3.7%	0.5%	11.0%
Dem.	19.4%	30.7%	30.6%	4.9%	0.7%	13.7%

Virginia	19.2%	26.0%	38.2%	6.7%	0.1%	9.8%
GOP	24.6%	22.1%	35.1%	10.8%	0.0%	7.4%
Dem.	21.0%	28.5%	33.7%	3.6%	0.3%	12.9%
California	20.8%	24.0%	34.5%	4.4%	0.7%	15.5%
GOP	20.7%	25.0%	37.3%	4.7%	0.5%	11.9%
Dem.	20.8%	24.4%	32.7%	4.3%	1.3%	16.5%
Maryland	18.2%	32.9%	26.3%	5.4%	0.1%	17.1%
GOP	20.8%	31.4%	25.5%	8.3%	0.0%	14.0%
Dem.	16.5%	33.6%	25.5%	3.9%	0.2%	20.3%
New York	21.8%	27.1%	29.1%	4.5%	0.9%	16.6%
GOP	22.0%	27.5%	36.0%	4.4%	0.4%	9.6%
Dem.	16.9%	28.5%	30.8%	2.8%	0.9%	20.1%

There are several reasons why Medicare has this long-term shortfall. One reason is that Medicare's costs are going up because the number of people age 65 or older is increasing as the Baby Boom generation retires and thus Medicare has more people to cover. You can see this below.
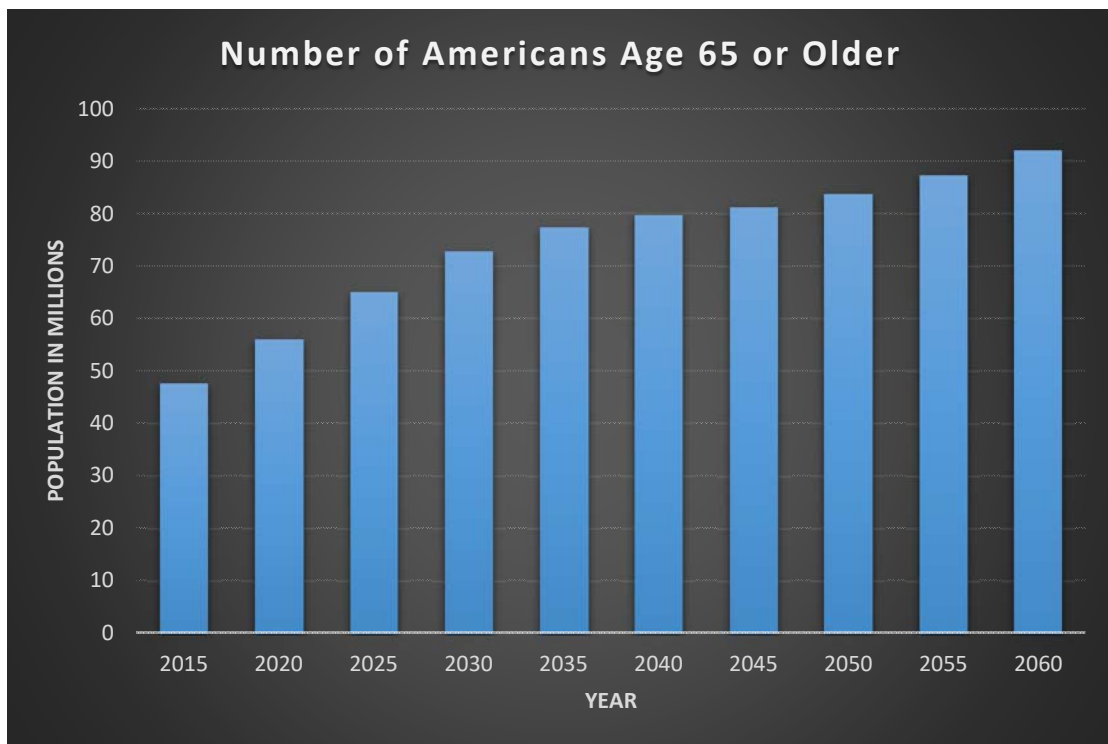
A related reason for the shortfall is that **Americans are living longer** and thus receiving medical benefits for more years, which Medicare needs to pay for. Please see the figure below for more detail.

Americans Living Longer

Average life expectancy at birth in the US, 1940-2020
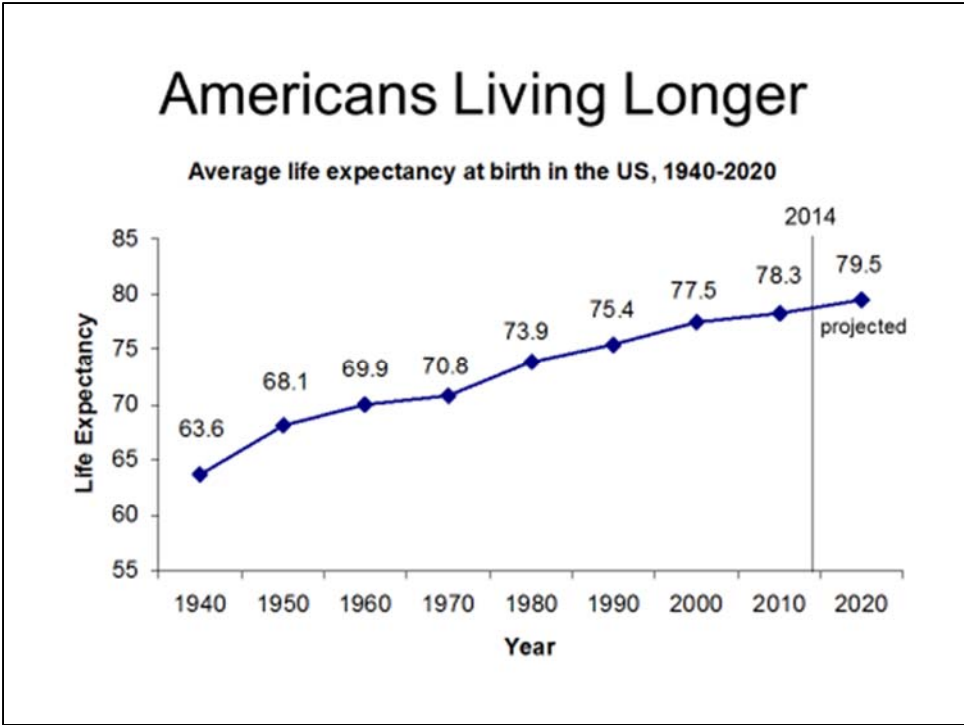
Yet another reason for the shortfall is that healthcare costs in general have been going up faster than inflation. Fortunately, lately, this rate of increase has been slowing down, especially within Medicare, but it's unclear whether this slowdown will be sustained. In any case costs are projected to grow faster than inflation.

Health Care Inflation v. Overall Inflation
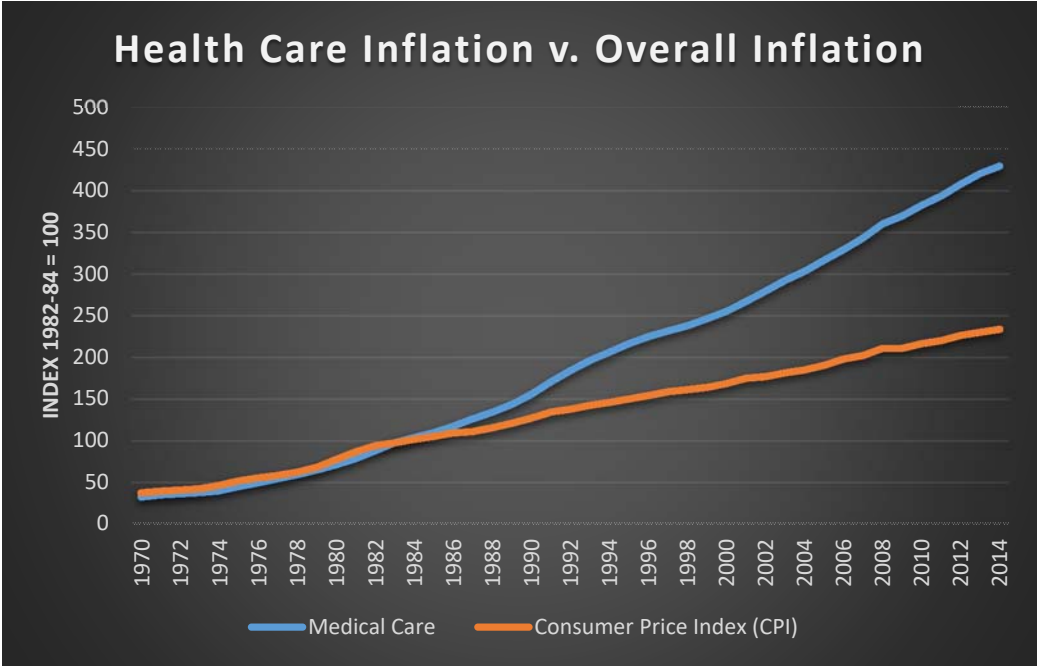
Finally, another reason for the shortfall is that, as the population is growing older, the number of people working and making contributions to Medicare through the payroll tax relative to each Medicare recipient is going down. This decreases the amount of Medicare's income relative to its costs.

Number of Taxpaying Workers per Medicare Recipient
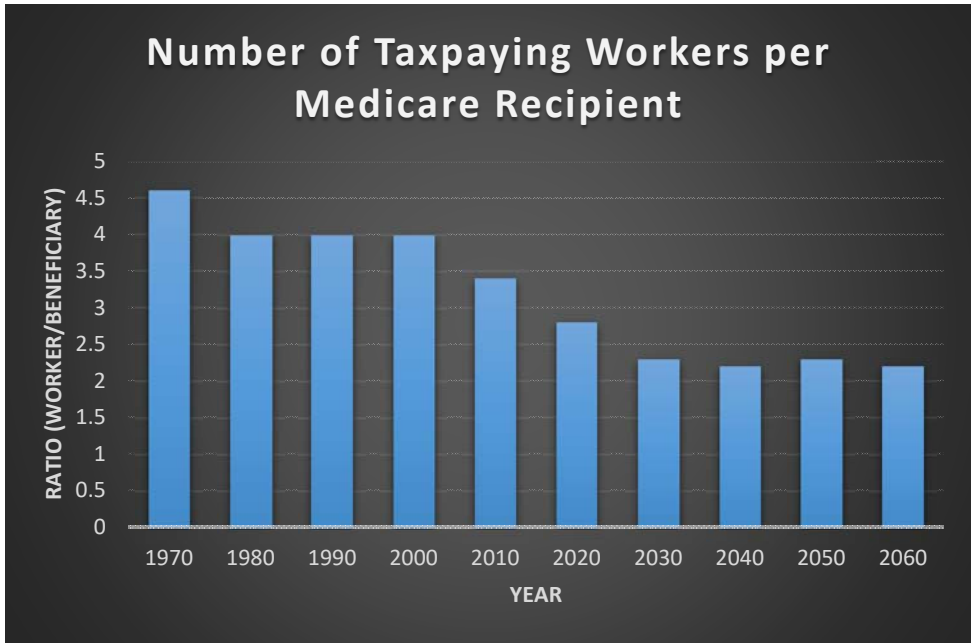
Now, we are going to look at different ways that the government can cover Medicare's long-term shortfall. As stated, this can be done by reducing Medicare's costs and/or increasing its revenues.

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

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

- **Outpatient treatment,** such as in doctor's offices
- **Prescription drugs**
- **Inpatient treatment** in hospitals and rehabilitation centers

Medicare Expenses: 2013

Inpatient Treatment, 46%

Outpatient Treatment, 42%

Prescription Drugs, 12%
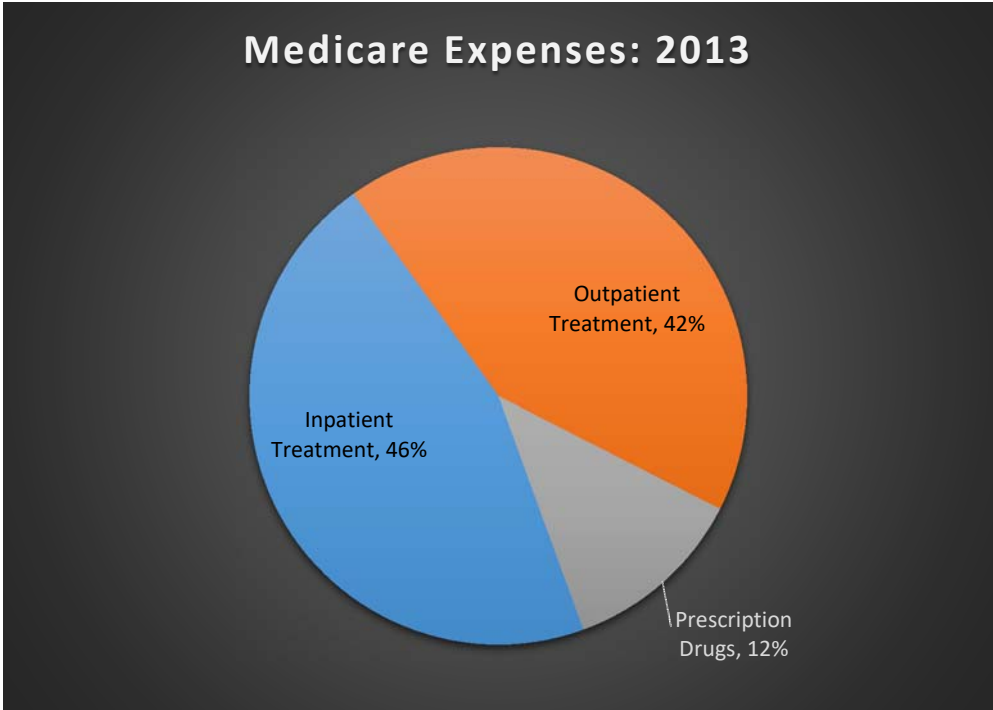
Medicare receives its **revenues** from several different sources:

- **A Medicare payroll tax that funds what is called the Medicare Trust Fund:** All employed people have 1.45% of their work income deducted from each paycheck. The employer also matches this amount. People with incomes over $200,000 also pay an extra amount. The money is then used to pay for Medicare's hospital insurance program.
- **General revenues**: The federal government finances a percentage of the program's costs from its general revenues (for instance, the money it gets from income taxes), though this percentage is supposed to remain under half of the total costs.
- **Premiums**: People on Medicare pay a monthly premium for coverage of outpatient services and another for prescription drugs, which is supposed to cover about one quarter of the program costs.

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

	I was aware of this	I had not heard of this	Not chosen
National	75.2%	24.1%	0.7%
GOP	78.7%	20.6%	0.6%
Dem.	74.1%	25.3%	0.6%
Indep.	70.4%	28.6%	1.0%
Oklahoma	73.2%	26.8%	0.0%
GOP	79.9%	20.1%	0.0%
Dem.	69.8%	30.2%	0.0%
Texas	76.9%	23.1%	0.0%
GOP	84.2%	15.8%	0.0%
Dem.	73.1%	26.9%	0.0%
Florida	77.3%	22.1%	0.6%
GOP	79.8%	18.5%	1.6%
Dem.	77.4%	22.6%	0.0%
Ohio	75.3%	24.3%	0.4%
GOP	83.0%	16.7%	0.3%
Dem.	71.2%	28.2%	0.6%
Virginia	71.8%	28.1%	0.1%
GOP	73.4%	26.6%	0.0%
Dem.	72.2%	27.6%	0.2%
California	74.1%	25.6%	0.2%

GOP	79.1%	20.5%	0.4%
Dem.	71.0%	28.7%	0.3%
Maryland	66.1%	33.9%	0.0%
GOP	72.3%	27.7%	0.0%
Dem.	67.1%	32.9%	0.0%
New York	74.1%	25.5%	0.4%
GOP	82.6%	17.4%	0.0%
Dem.	72.0%	27.5%	0.5%

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

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

Saving Money by Reducing Costs

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

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

This means that people born in 1951 would be eligible at age 65 and two months, people born in 1952 would be eligible at age 65 and four months, and so on. Those born in 1962 or later would be eligible at age 67.

Proposal: Starting in 2016, Gradually Raise Age of Medicare Eligibility from 65 to 67 in 2029
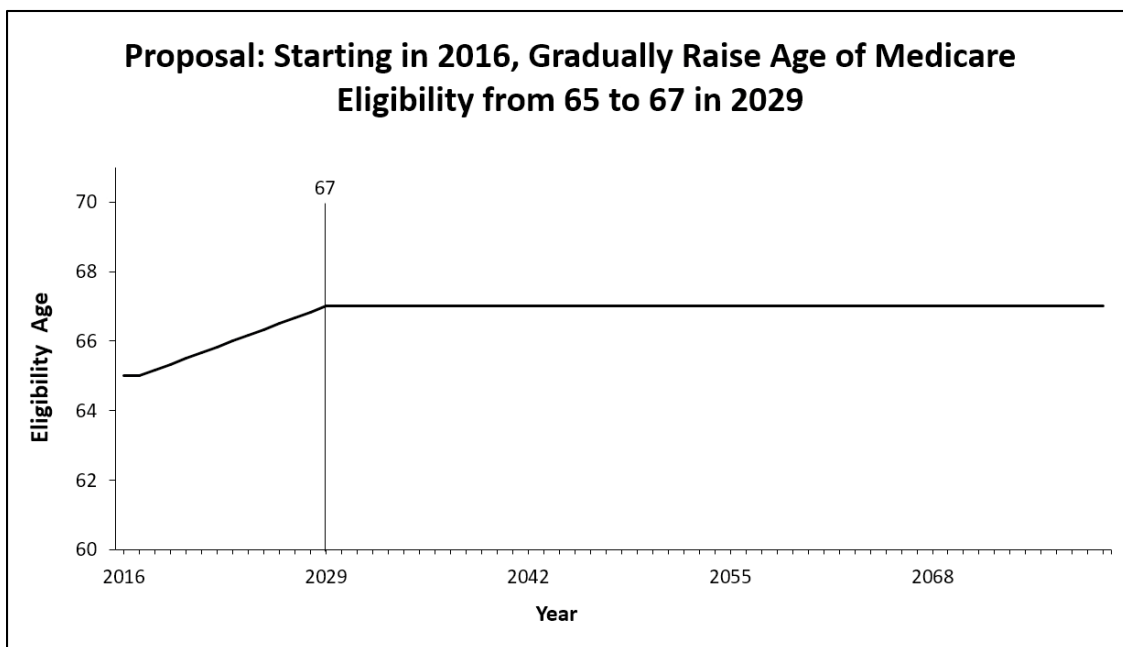
This proposal would save Medicare enough money to cover 5% of the shortfall.

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	18.9%	49.3%	**68.2%**	20.2%	11.0%	**31.2%**	0.6%
GOP	20.3%	48.6%	**68.9%**	20.6%	9.8%	**30.4%**	0.7%
Dem.	19.4%	50.1%	**69.5%**	18.9%	10.9%	**29.8%**	0.6%
Indep.	14.8%	48.9%	**63.7%**	22.3%	13.4%	**35.7%**	0.6%
Oklahoma	18.8%	52.2%	**71.0%**	17.9%	10.4%	**28.3%**	0.6%
GOP	22.8%	52.0%	**74.8%**	15.1%	10.0%	**25.1%**	0.0%
Dem.	15.5%	51.9%	**67.4%**	20.9%	10.3%	**31.2%**	1.3%
Texas	21.0%	47.6%	**68.6%**	20.8%	10.3%	**31.1%**	0.2%
GOP	20.2%	45.9%	**66.1%**	23.8%	10.0%	**33.8%**	0.0%
Dem.	23.4%	50.4%	**73.8%**	14.2%	11.8%	**26.0%**	0.2%
Florida	18.0%	48.5%	**66.5%**	18.9%	14.0%	**32.9%**	0.7%
GOP	20.8%	48.7%	**69.5%**	18.3%	10.3%	**28.6%**	1.8%
Dem.	18.1%	48.3%	**66.4%**	15.4%	18.1%	**33.5%**	0.1%
Ohio	17.6%	49.0%	**66.6%**	22.5%	9.7%	**32.2%**	1.3%
GOP	18.5%	46.8%	**65.3%**	20.4%	12.4%	**32.8%**	2.0%
Dem.	17.7%	51.3%	**69.0%**	21.9%	8.1%	**30.0%**	1.0%
Virginia	21.1%	49.0%	**70.1%**	19.5%	10.2%	**29.7%**	0.2%
GOP	19.4%	49.3%	**68.7%**	26.0%	5.0%	**31.0%**	0.1%
Dem.	21.7%	49.7%	**71.4%**	16.9%	11.4%	**28.3%**	0.4%
California	15.4%	53.1%	**68.5%**	17.6%	13.5%	**31.1%**	0.3%
GOP	21.4%	50.0%	**71.4%**	17.3%	10.6%	**27.9%**	0.6%
Dem.	14.4%	55.6%	**70.0%**	18.0%	11.6%	**29.6%**	0.4%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Maryland	22.8%	57.9%	**80.7%**	11.7%	7.3%	**19.0%**	0.2%
GOP	21.3%	65.0%	**86.3%**	11.1%	1.7%	**12.8%**	0.8%
Dem.	24.8%	53.9%	**78.7%**	13.4%	8.0%	**21.4%**	0.0%
New York	18.3%	50.1%	**68.4%**	21.2%	8.6%	**29.8%**	1.8%
GOP	21.7%	46.5%	**68.2%**	23.9%	7.9%	**31.8%**	0.0%
Dem.	19.6%	49.6%	**69.2%**	19.3%	10.1%	**29.4%**	1.4%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	27.9%	39.0%	**66.9%**	23.7%	8.8%	**32.5%**	0.7%
GOP	22.8%	37.7%	**60.5%**	27.4%	11.7%	**39.1%**	0.4%
Dem.	32.6%	39.7%	**72.3%**	21.1%	5.9%	**27.0%**	0.7%
Indep.	27.7%	40.0%	**67.7%**	22.0%	9.1%	**31.1%**	1.1%
Oklahoma	31.9%	41.2%	**73.1%**	20.7%	5.5%	**26.2%**	0.8%
GOP	24.3%	36.5%	**60.8%**	28.7%	8.7%	**37.4%**	1.7%
Dem.	40.5%	45.0%	**85.5%**	12.2%	2.2%	**14.4%**	0.0%
Texas	30.4%	40.2%	**70.6%**	20.8%	8.2%	**29.0%**	0.4%
GOP	24.8%	45.4%	**70.2%**	19.3%	9.5%	**28.8%**	1.0%
Dem.	35.5%	37.4%	**72.9%**	21.0%	6.0%	**27.0%**	0.0%
Florida	28.4%	40.4%	**68.8%**	20.3%	9.6%	**29.9%**	1.3%
GOP	27.5%	36.6%	**64.1%**	26.5%	8.9%	**35.4%**	0.3%
Dem.	30.5%	41.9%	**72.4%**	16.7%	10.8%	**27.5%**	0.1%
Ohio	30.8%	39.7%	**70.5%**	21.4%	7.3%	**28.7%**	0.8%
GOP	29.9%	40.5%	**70.4%**	20.7%	8.0%	**28.7%**	0.9%
Dem.	35.5%	38.0%	**73.5%**	19.1%	6.5%	**25.6%**	0.9%
Virginia	21.0%	39.7%	**60.7%**	29.5%	9.7%	**39.2%**	0.0%
GOP	13.0%	35.9%	**48.9%**	35.6%	15.5%	**51.1%**	0.0%

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

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	34.6%	20.4%	44.4%	0.6%
GOP	0.0	30.6%	18.4%	50.6%	0.3%
Dem.	0.0	37.1%	20.7%	41.5%	0.7%
Indep.	0.0	37.1%	24.0%	38.0%	0.9%
Oklahoma	5.3	33.4%	19.1%	47.5%	0.0%
GOP	6.2	26.4%	17.0%	56.6%	0.0%
Dem.	4.7	40.0%	19.7%	40.3%	0.0%
Texas	5.1	35.9%	19.7%	44.5%	0.0%
GOP	5.4	31.1%	17.4%	51.5%	0.0%
Dem.	5.0	38.8%	20.0%	41.3%	0.0%

Florida	4.8	36.3%	22.7%	39.5%	1.5%
GOP	5.3	34.2%	18.5%	47.3%	0.0%
Dem.	4.5	37.9%	27.4%	33.6%	1.1%
Ohio	4.8	40.5%	19.4%	39.7%	0.4%
GOP	5.0	39.0%	15.9%	45.1%	0.0%
Dem.	4.7	42.7%	20.1%	36.3%	0.9%
Virginia	5.8	28.2%	15.9%	55.0%	0.8%
GOP	6.4	21.5%	16.4%	61.7%	0.4%
Dem.	5.6	28.6%	19.1%	50.8%	1.5%
California	5.3	32.8%	21.8%	45.4%	0.0%
GOP	6.0	25.2%	19.8%	55.0%	0.0%
Dem.	5.1	36.7%	17.8%	45.4%	0.0%
Maryland	5.5	31.7%	17.5%	49.9%	0.9%
GOP	5.9	24.4%	20.4%	54.6%	0.7%
Dem.	5.4	34.9%	15.7%	48.4%	1.1%
New York	5.4	33.5%	21.0%	44.5%	1.0%
GOP	6.0	29.0%	16.2%	53.1%	1.7%
Dem.	5.3	35.1%	24.4%	39.4%	1.1%

[Generic Drug Proposal]

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

Here is how a typical copayment for a prescription would change.

	Current Policy	Proposed Policy
Generic drug	$1.20	$0.00
Brand-name drug	$3.60	$6.00

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	47.4%	38.5%	**85.9%**	9.0%	4.6%	**13.6%**	0.5%
GOP	48.0%	37.9%	**85.9%**	9.0%	4.5%	**13.5%**	0.6%
Dem.	49.8%	36.9%	**86.7%**	8.2%	4.5%	**12.7%**	0.6%
Indep.	40.7%	43.2%	**83.9%**	10.6%	5.2%	**15.8%**	0.2%
Oklahoma	51.4%	37.7%	**89.1%**	8.1%	2.5%	**10.6%**	0.3%
GOP	54.1%	33.0%	**87.1%**	9.5%	3.4%	**12.9%**	0.0%
Dem.	51.6%	37.9%	**89.5%**	7.9%	1.9%	**9.8%**	0.7%
Texas	42.4%	39.5%	**81.9%**	13.0%	4.5%	**17.5%**	0.6%
GOP	45.8%	36.9%	**82.7%**	14.7%	2.0%	**16.7%**	0.6%
Dem.	43.5%	37.2%	**80.7%**	13.3%	4.9%	**18.2%**	1.0%
Florida	44.4%	40.6%	**85.0%**	7.3%	7.7%	**15.0%**	0.1%
GOP	46.4%	38.5%	**84.9%**	6.5%	8.4%	**14.9%**	0.2%
Dem.	42.3%	41.2%	**83.5%**	7.7%	8.9%	**16.6%**	0.0%
Ohio	53.3%	35.8%	**89.1%**	7.1%	3.8%	**10.9%**	0.0%
GOP	55.0%	36.3%	**91.3%**	7.3%	1.4%	**8.7%**	0.0%
Dem.	54.7%	33.6%	**88.3%**	6.4%	5.3%	**11.7%**	0.0%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Virginia	49.5%	37.2%	**86.7%**	6.8%	5.2%	**12.0%**	1.3%
GOP	49.0%	35.1%	**84.1%**	8.9%	6.3%	**15.2%**	0.7%
Dem.	55.0%	31.7%	**86.7%**	7.2%	3.6%	**10.8%**	2.5%
California	45.8%	37.8%	**83.6%**	10.2%	5.4%	**15.6%**	0.8%
GOP	46.3%	42.1%	**88.4%**	7.6%	3.6%	**11.2%**	0.4%
Dem.	48.9%	35.0%	**83.9%**	9.3%	6.1%	**15.4%**	0.7%
Maryland	52.6%	35.3%	**87.9%**	7.9%	3.7%	**11.6%**	0.4%
GOP	47.4%	42.0%	**89.4%**	7.8%	2.7%	**10.5%**	0.2%
Dem.	54.2%	35.5%	**89.7%**	7.1%	2.5%	**9.6%**	0.7%
New York	50.4%	34.8%	**85.2%**	9.5%	5.0%	**14.5%**	0.2%
GOP	52.9%	31.7%	**84.6%**	11.6%	3.3%	**14.9%**	0.5%
Dem.	53.7%	31.4%	**85.1%**	6.7%	7.9%	**14.6%**	0.2%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	15.3%	33.7%	**49.0%**	31.2%	19.0%	**50.2%**	0.7%
GOP	14.0%	31.6%	**45.6%**	33.2%	20.5%	**53.7%**	0.7%
Dem.	15.7%	34.8%	**50.5%**	30.8%	17.9%	**48.7%**	0.7%
Indep.	17.3%	35.7%	**53.0%**	27.9%	18.4%	**46.3%**	0.7%
Oklahoma	13.8%	36.1%	**49.9%**	33.8%	14.8%	**48.6%**	1.5%
GOP	14.3%	33.2%	**47.5%**	35.2%	15.6%	**50.8%**	1.8%
Dem.	14.2%	35.4%	**49.6%**	34.1%	15.0%	**49.1%**	1.3%
Texas	15.5%	36.7%	**52.2%**	29.1%	17.4%	**46.5%**	1.3%
GOP	13.3%	34.5%	**47.8%**	31.1%	18.3%	**49.4%**	2.8%
Dem.	15.3%	36.7%	**52.0%**	31.8%	16.2%	**48.0%**	0.0%
Florida	13.0%	35.0%	**48.0%**	31.7%	18.4%	**50.1%**	1.8%
GOP	15.9%	30.0%	**45.9%**	36.5%	16.7%	**53.2%**	0.8%

Dem.	11.3%	38.8%	**50.1%**	27.3%	18.7%	**46.0%**	3.9%
Ohio	15.0%	30.1%	**45.1%**	34.6%	19.9%	**54.5%**	0.4%
GOP	13.6%	32.5%	**46.1%**	35.0%	18.3%	**53.3%**	0.5%
Dem.	18.7%	28.2%	**46.9%**	32.6%	20.0%	**52.6%**	0.5%
Virginia	14.0%	34.3%	**48.3%**	34.3%	16.2%	**50.5%**	1.2%
GOP	11.3%	30.1%	**41.4%**	37.4%	19.9%	**57.3%**	1.3%
Dem.	16.0%	34.7%	**50.7%**	35.0%	12.6%	**47.6%**	1.6%
California	13.4%	34.4%	**47.8%**	32.0%	19.1%	**51.1%**	1.0%
GOP	12.6%	34.2%	**46.8%**	29.8%	22.5%	**52.3%**	0.8%
Dem.	14.1%	33.5%	**47.6%**	33.4%	17.4%	**50.8%**	1.7%
Maryland	18.6%	31.6%	**50.2%**	32.7%	17.1%	**49.8%**	0.0%
GOP	11.9%	32.9%	**44.8%**	43.6%	11.4%	**55.0%**	0.1%
Dem.	21.3%	32.2%	**53.5%**	27.6%	18.9%	**46.5%**	0.0%
New York	16.1%	30.4%	**46.5%**	32.8%	19.2%	**52.0%**	1.4%
GOP	16.8%	31.9%	**48.7%**	27.2%	22.4%	**49.6%**	1.7%
Dem.	16.2%	29.7%	**45.9%**	32.3%	19.7%	**52.0%**	2.1%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	17.7%	18.2%	63.5%	0.6%
GOP	0.0	15.2%	16.5%	67.7%	0.6%
Dem.	0.0	17.3%	18.6%	63.4%	0.7%
Indep.	0.0	23.7%	20.8%	54.8%	0.6%
Oklahoma	7.0	14.1%	1320.0%	72.6%	0.1%

GOP	7.4	10.5%	9.6%	79.5%	0.3%
Dem.	7.0	16.4%	13.2%	70.4%	0.0%

Texas	6.4	20.2%	20.4%	58.7%	0.8%
GOP	6.6	17.2%	22.0%	60.5%	0.3%
Dem.	6.6	17.3%	19.8%	61.3%	1.7%

Florida	6.2	22.1%	20.3%	57.6%	0.0%
GOP	6.5	18.2%	17.3%	64.4%	0.0%
Dem.	5.7	27.3%	20.8%	51.9%	0.0%

Ohio	6.7	17.0%	15.9%	66.7%	0.5%
GOP	7.1	13.6%	14.1%	72.1%	0.1%
Dem.	6.5	17.9%	17.0%	64.4%	0.6%

Virginia	6.8	16.2%	16.0%	67.3%	0.4%
GOP	7.4	9.1%	13.0%	77.5%	0.4%
Dem.	6.8	15.5%	22.3%	62.2%	0.0%

California	6.6	16.7%	18.9%	63.6%	0.8%
GOP	7.0	12.8%	14.6%	71.6%	1.1%
Dem.	6.6	17.4%	19.0%	63.1%	0.4%

Maryland	6.5	18.4%	1760.0%	63.4%	0.7%
GOP	0.0	13.9%	16.2%	69.9%	0.0%
Dem.	6.6	19.0%	16.9%	62.8%	1.2%

New York	6.4	21.1%	19.4%	58.9%	0.6%
GOP	6.7	16.8%	16.0%	67.2%	0.0%

Dem.	6.6	17.9%	20.0%	61.1%	1.1%

[Increase and consolidate deductible and cap out-of-pocket costs]

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

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

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

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

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	24.9%	50.9%	**75.8%**	15.3%	8.1%	**23.4%**	0.9%

GOP	26.1%	50.8%	**76.9%**	13.5%	8.6%	**22.1%**	0.9%
Dem.	25.9%	49.7%	**75.6%**	16.2%	7.3%	**23.5%**	1.0%
Indep.	20.0%	53.8%	**73.8%**	17.0%	8.7%	**25.7%**	0.5%
Oklahoma	25.4%	47.5%	**72.9%**	20.1%	6.6%	**26.7%**	0.4%
GOP	29.7%	45.5%	**75.2%**	17.8%	6.1%	**23.9%**	0.9%
Dem.	21.4%	47.4%	**68.8%**	23.6%	7.6%	**31.2%**	0.0%
Texas	21.5%	50.4%	**71.9%**	18.7%	8.9%	**27.6%**	0.5%
GOP	24.0%	49.9%	**73.9%**	17.5%	7.9%	**25.4%**	0.6%
Dem.	21.8%	49.8%	**71.6%**	18.7%	8.8%	**27.5%**	0.8%
Florida	20.4%	50.2%	**70.6%**	17.4%	11.3%	**28.7%**	0.7%
GOP	24.4%	48.1%	**72.5%**	18.3%	8.0%	**26.3%**	1.1%
Dem.	17.1%	47.0%	**64.1%**	22.2%	13.0%	**35.2%**	0.6%
Ohio	25.8%	51.4%	**77.2%**	14.1%	7.1%	**21.2%**	1.6%
GOP	27.6%	50.2%	**77.8%**	12.1%	7.9%	**20.0%**	2.3%
Dem.	25.0%	54.7%	**79.7%**	13.4%	5.9%	**19.3%**	1.0%
Virginia	30.3%	50.2%	**80.5%**	13.8%	5.2%	**19.0%**	0.5%
GOP	36.2%	43.2%	**79.4%**	18.0%	2.5%	**20.5%**	0.0%
Dem.	25.1%	54.5%	**79.6%**	12.0%	7.3%	**19.3%**	1.1%
California	25.3%	53.3%	**78.6%**	13.5%	7.4%	**20.9%**	0.5%
GOP	24.8%	57.9%	**82.7%**	11.5%	5.8%	**17.3%**	0.0%
Dem.	29.3%	48.2%	**77.5%**	14.1%	7.9%	**22.0%**	0.4%
Maryland	28.2%	50.9%	**79.1%**	14.1%	6.0%	**20.1%**	0.7%
GOP	21.1%	60.5%	**81.6%**	12.5%	4.6%	**17.1%**	1.3%
Dem.	30.1%	48.4%	**78.5%**	13.2%	7.7%	**20.9%**	0.7%
New York	23.9%	47.1%	**71.0%**	19.2%	8.4%	**27.6%**	1.4%
GOP	26.1%	50.0%	**76.1%**	15.6%	8.3%	**23.9%**	0.0%
Dem.	23.4%	46.9%	**70.3%**	20.1%	7.8%	**27.9%**	1.9%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	24.3%	39.8%	**64.1%**	24.3%	10.6%	**34.9%**	1.0%
GOP	20.6%	38.3%	**58.9%**	27.1%	13.1%	**40.2%**	0.9%
Dem.	27.0%	41.5%	**68.5%**	21.8%	8.6%	**30.4%**	1.1%
Indep.	25.7%	39.2%	**64.9%**	24.2%	9.8%	**34.0%**	1.0%
Oklahoma	25.2%	43.8%	**69.0%**	22.9%	6.6%	**29.5%**	1.5%
GOP	20.5%	46.4%	**66.9%**	27.2%	5.9%	**33.1%**	0.0%
Dem.	29.3%	38.4%	**67.7%**	20.4%	8.6%	**29.0%**	3.4%
Texas	20.9%	40.0%	**60.9%**	27.1%	9.2%	**36.3%**	2.8%
GOP	20.3%	39.7%	**60.0%**	28.0%	11.0%	**39.0%**	1.1%
Dem.	23.1%	41.3%	**64.4%**	23.1%	7.3%	**30.4%**	5.2%
Florida	28.5%	36.6%	**65.1%**	22.8%	11.3%	**34.1%**	0.7%
GOP	25.6%	35.5%	**61.1%**	22.5%	15.5%	**38.0%**	1.0%
Dem.	30.2%	38.5%	**68.7%**	21.6%	8.8%	**30.4%**	1.0%
Ohio	22.9%	40.7%	**63.6%**	26.5%	9.5%	**36.0%**	0.4%
GOP	24.5%	39.1%	**63.6%**	29.3%	6.9%	**36.2%**	0.3%
Dem.	22.7%	41.5%	**64.2%**	23.3%	11.8%	**35.1%**	0.6%
Virginia	19.2%	46.7%	**65.9%**	26.8%	7.1%	**33.9%**	0.2%
GOP	17.4%	43.3%	**60.7%**	33.8%	4.9%	**38.7%**	0.6%
Dem.	21.5%	46.2%	**67.7%**	27.2%	5.0%	**32.2%**	0.0%
California	24.7%	37.0%	**61.7%**	28.2%	9.1%	**37.3%**	1.0%
GOP	24.3%	38.5%	**62.8%**	26.6%	10.6%	**37.2%**	0.0%
Dem.	28.0%	37.3%	**65.3%**	25.5%	8.5%	**34.0%**	0.6%
Maryland	21.1%	42.8%	**63.9%**	26.8%	9.3%	**36.1%**	0.0%
GOP	19.5%	35.4%	**54.9%**	36.2%	8.9%	**45.1%**	0.0%
Dem.	21.8%	48.1%	**69.9%**	19.4%	10.7%	**30.1%**	0.0%
New York	25.2%	38.8%	**64.0%**	27.0%	7.6%	**34.6%**	1.4%
GOP	20.8%	37.7%	**58.5%**	22.8%	17.6%	**40.4%**	1.0%
Dem.	28.8%	40.5%	**69.3%**	24.6%	4.0%	**28.6%**	2.1%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	29.6%	23.7%	45.9%	0.8%
GOP	0.0	26.6%	21.3%	51.5%	0.5%
Dem.	0.0	29.7%	25.4%	43.9%	1.0%
Indep.	0.0	35.4%	25.0%	38.5%	1.1%
Oklahoma	5.5	29.6%	19.6%	49.9%	0.9%
GOP	5.9	24.8%	16.6%	57.5%	1.0%
Dem.	5.2	36.8%	18.5%	43.8%	0.9%
Texas	5.3	29.9%	25.2%	43.9%	1.0%
GOP	5.6	28.3%	21.8%	49.5%	0.4%
Dem.	5.4	27.3%	27.3%	43.2%	2.2%
Florida	5.1	31.2%	26.0%	41.2%	1.6%
GOP	5.3	33.7%	21.7%	43.9%	0.8%
Dem.	4.7	33.8%	28.4%	37.3%	0.5%
Ohio	5.5	28.4%	23.5%	47.7%	0.4%
GOP	5.7	28.2%	18.5%	53.0%	0.3%
Dem.	5.3	29.2%	26.3%	44.5%	0.0%
Virginia	5.8	23.9%	23.0%	50.6%	2.5%
GOP	6.3	16.8%	21.2%	58.5%	3.5%
Dem.	5.6	26.0%	27.1%	46.5%	0.3%
California	5.5	26.6%	26.6%	46.4%	0.4%
GOP	5.9	22.5%	25.1%	51.9%	0.5%
Dem.	5.5	27.3%	24.5%	47.6%	0.6%
Maryland	5.8	25.9%	22.4%	51.2%	0.4%
GOP	5.8	23.3%	24.8%	51.9%	0.0%
Dem.	5.7	28.6%	20.7%	49.9%	0.7%

New York	5.2	33.5%	21.5%	44.3%	0.7%		
GOP	5.7	29.7%	22.3%	48.0%	0.0%		
Dem.	5.2	29.4%	26.4%	42.9%	1.4%		

Saving Money by Reducing Payments to Providers

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

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

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

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	57.3%	28.0%	**85.3%**	9.1%	4.5%	**13.6%**	1.0%
GOP	53.7%	31.2%	**84.9%**	9.4%	4.9%	**14.3%**	0.8%
Dem.	62.2%	24.6%	**86.8%**	8.3%	3.9%	**12.2%**	1.1%
Indep.	53.5%	29.2%	**82.7%**	10.6%	5.2%	**15.8%**	1.5%
Oklahoma	57.5%	29.1%	**86.6%**	9.1%	3.4%	**12.5%**	0.9%
GOP	53.9%	34.1%	**88.0%**	8.3%	3.7%	**12.0%**	0.0%
Dem.	60.2%	24.2%	**84.4%**	10.4%	3.6%	**14.0%**	1.7%
Texas	49.8%	33.5%	**83.3%**	11.0%	4.6%	**15.6%**	1.0%
GOP	49.7%	37.8%	**87.5%**	7.7%	3.9%	**11.6%**	0.9%
Dem.	46.1%	32.4%	**78.5%**	15.2%	5.3%	**20.5%**	0.9%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Florida	61.9%	20.2%	**82.1%**	10.7%	6.3%	**17.0%**	0.9%
GOP	70.2%	17.9%	**88.1%**	8.9%	2.4%	**11.3%**	0.6%
Dem.	59.3%	22.4%	**81.7%**	9.0%	7.6%	**16.6%**	1.7%
Ohio	58.9%	29.2%	**88.1%**	5.8%	5.1%	**10.9%**	1.0%
GOP	58.1%	32.2%	**90.3%**	6.7%	2.9%	**9.6%**	0.0%
Dem.	61.7%	25.7%	**87.4%**	4.1%	6.8%	**10.9%**	1.7%
Virginia	57.3%	29.9%	**87.2%**	8.5%	4.3%	**12.8%**	0.0%
GOP	48.6%	35.5%	**84.1%**	9.6%	6.3%	**15.9%**	0.0%
Dem.	69.6%	20.8%	**90.4%**	6.9%	2.6%	**9.5%**	0.0%
California	54.6%	30.9%	**85.5%**	8.6%	4.9%	**13.5%**	0.9%
GOP	52.7%	35.7%	**88.4%**	6.0%	4.8%	**10.8%**	0.8%
Dem.	60.1%	26.4%	**86.5%**	7.9%	4.2%	**12.1%**	1.5%
Maryland	58.6%	29.1%	**87.7%**	6.7%	4.9%	**11.6%**	0.8%
GOP	51.6%	32.0%	**83.6%**	13.4%	3.0%	**16.4%**	0.0%
Dem.	62.6%	27.7%	**90.3%**	4.6%	3.9%	**8.5%**	1.1%
New York	55.6%	27.8%	**83.4%**	10.1%	5.1%	**15.2%**	1.3%
GOP	53.1%	32.4%	**85.5%**	11.9%	1.9%	**13.8%**	0.6%
Dem.	62.9%	25.9%	**88.8%**	6.0%	4.3%	**10.3%**	0.9%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	8.9%	27.7%	**36.6%**	30.8%	31.9%	**62.7%**	0.7%
GOP	8.8%	31.7%	**40.5%**	33.1%	25.7%	**58.8%**	0.8%
Dem.	8.3%	24.3%	**32.6%**	28.9%	37.8%	**66.7%**	0.8%
Indep.	10.3%	27.4%	**37.7%**	30.3%	31.5%	**61.8%**	0.6%
Oklahoma	8.7%	26.5%	**35.2%**	34.4%	28.8%	**63.2%**	1.5%

GOP	6.6%	31.3%	**37.9%**	38.6%	21.3%	**59.9%**	2.2%
Dem.	10.0%	20.4%	**30.4%**	32.0%	36.4%	**68.4%**	1.3%
Texas	10.3%	23.6%	**33.9%**	26.3%	39.8%	**66.1%**	0.0%
GOP	10.1%	38.9%	**49.0%**	29.6%	20.0%	**49.6%**	1.5%
Dem.	10.9%	22.8%	**33.7%**	29.1%	36.5%	**65.6%**	0.7%
Florida	6.4%	27.3%	**33.7%**	31.5%	33.7%	**65.2%**	1.0%
GOP	9.5%	20.3%	**29.8%**	33.8%	35.4%	**69.2%**	1.0%
Dem.	10.7%	23.6%	**34.3%**	21.1%	44.4%	**65.5%**	0.2%
Ohio	10.2%	29.7%	**39.9%**	30.2%	29.9%	**60.1%**	0.0%
GOP	8.2%	31.8%	**40.0%**	32.9%	27.1%	**60.0%**	0.0%
Dem.	8.5%	19.0%	**27.5%**	32.0%	40.0%	**72.0%**	0.5%
Virginia	11.0%	28.6%	**39.6%**	29.4%	30.1%	**59.5%**	0.9%
GOP	12.7%	36.8%	**49.5%**	29.6%	19.7%	**49.3%**	1.3%
Dem.	9.1%	21.6%	**30.7%**	29.8%	38.6%	**68.4%**	0.9%
California	0.0%	0.0%		0.0%	0.0%		0.0%
GOP	9.6%	31.9%	**41.5%**	32.0%	25.5%	**57.5%**	1.1%
Dem.	3.2%	25.7%	**28.9%**	29.3%	40.0%	**69.3%**	1.7%
Maryland	9.4%	33.7%	**43.1%**	31.2%	25.5%	**56.7%**	0.2%
GOP	7.0%	39.6%	**46.6%**	42.3%	11.1%	**53.4%**	0.0%
Dem.	11.9%	31.3%	**43.2%**	28.0%	28.9%	**56.9%**	0.0%
New York	8.1%	25.6%	**33.7%**	30.0%	35.2%	**65.2%**	1.2%
GOP	7.1%	34.9%	**42.0%**	28.1%	28.7%	**56.8%**	1.1%
Dem.	6.5%	26.8%	**33.3%**	24.9%	41.3%	**66.2%**	0.5%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know

National	0.0	14.1%	15.5%	69.6%	0.8%
GOP	0.0	15.1%	16.3%	68.1%	0.6%
Dem.	0.0	11.5%	13.9%	73.9%	0.8%
Indep.	0.0	18.2%	17.6%	63.2%	1.0%
Oklahoma	7.2	12.0%	13.0%	74.6%	0.4%
GOP	7.2	12.0%	12.2%	75.8%	0.0%
Dem.	7.2	13.5%	10.0%	76.1%	0.4%
Texas	7.0	16.9%	16.8%	65.9%	0.5%
GOP	6.9	15.1%	18.5%	65.2%	1.1%
Dem.	7.3	12.4%	18.1%	69.5%	0.0%
Florida	7.0	16.1%	13.3%	69.8%	0.7%
GOP	7.4	13.1%	11.1%	74.2%	1.6%
Dem.	0.0	19.8%	11.4%	68.5%	0.3%
Ohio	7.1	13.4%	15.5%	70.2%	0.9%
GOP	7.1	12.5%	15.4%	70.8%	1.3%
Dem.	7.3	12.4%	13.4%	73.8%	0.5%
Virginia	7.0	14.2%	16.5%	68.7%	0.6%
GOP	6.6	17.9%	12.0%	70.1%	0.0%
Dem.	7.6	4.6%	21.9%	72.2%	1.3%
California	7.1	11.8%	19.0%	69.0%	0.2%
GOP	7.1	12.5%	16.5%	71.0%	0.0%
Dem.	7.4	12.6%	15.3%	71.5%	0.6%
Maryland	7.2	11.6%	12.8%	75.3%	0.3%
GOP	6.6	11.6%	20.1%	68.4%	0.0%
Dem.	7.4	10.7%	11.7%	77.0%	0.6%
New York	7.0	16.2%	13.6%	69.2%	1.0%
GOP	7.1	16.9%	13.3%	69.6%	0.3%
Dem.	7.4	11.9%	14.8%	72.4%	0.9%

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

[Q15b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	16.0%	15.1%	68.0%	0.8%
GOP	0.0	17.7%	14.9%	66.4%	0.9%
Dem.	0.0	12.8%	14.2%	72.4%	0.6%
Indep.	0.0	19.9%	17.7%	61.2%	1.2%
Oklahoma	7.1	16.1%	11.7%	71.3%	0.8%
GOP	7.1	17.6%	9.0%	72.7%	0.8%
Dem.	7.3	15.3%	10.5%	73.1%	1.1%
Texas	6.9	17.7%	17.1%	64.8%	0.5%
GOP	6.7	18.0%	15.3%	65.5%	1.2%
Dem.	7.2	12.9%	18.2%	68.9%	0.0%
Florida	6.8	18.3%	16.0%	65.1%	0.7%
GOP	7.1	17.2%	13.3%	68.5%	1.0%
Dem.	6.8	18.7%	17.6%	62.8%	0.8%
Ohio	7.1	15.9%	15.6%	68.0%	0.5%
GOP	7.2	11.6%	17.8%	69.9%	0.8%
Dem.	7.2	16.9%	13.0%	69.9%	0.2%
Virginia	6.8	17.2%	16.8%	65.6%	0.4%
GOP	6.6	16.8%	19.3%	63.7%	0.2%
Dem.	7.3	9.1%	19.1%	71.0%	0.8%
California	6.9	15.1%	16.5%	68.1%	0.3%
GOP	6.8	17.8%	14.6%	67.2%	0.4%
Dem.	7.3	11.7%	14.0%	73.8%	0.5%
Maryland	6.8	17.7%	16.1%	65.1%	1.1%
GOP	6.3	23.2%	18.7%	57.7%	0.4%
Dem.	7.1	14.8%	14.5%	69.2%	1.5%
New York	6.8	19.2%	15.3%	65.4%	0.1%
GOP	6.9	17.9%	16.9%	65.3%	0.0%
Dem.	7.0	18.7%	14.0%	67.2%	0.1%

[Equalize the amounts Medicare pays for a service, whether in a hospital or a doctor's office]

Another proposal would reduce the amount of money it currently pays to hospitals for some services. Currently, Medicare sometimes reimburses hospitals at higher rates for the exact same services that it reimburses doctors' offices. This proposal would lower the payment to hospitals for services to Medicare patients to make it equal to the amount paid to doctors' offices for the same services.

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	45.9%	38.0%	**83.9%**	10.2%	5.1%	**15.3%**	0.9%
GOP	47.0%	38.3%	**85.3%**	9.5%	4.6%	**14.1%**	0.6%
Dem.	47.0%	36.9%	**83.9%**	9.9%	5.3%	**15.2%**	0.9%
Indep.	41.0%	39.7%	**80.7%**	12.3%	5.5%	**17.8%**	1.5%
Oklahoma	49.3%	36.9%	**86.2%**	10.3%	3.2%	**13.5%**	0.3%
GOP	45.2%	41.9%	**87.1%**	8.9%	3.9%	**12.8%**	0.1%
Dem.	56.3%	28.6%	**84.9%**	12.1%	2.4%	**14.5%**	0.7%
Texas	47.6%	34.6%	**82.2%**	10.4%	6.4%	**16.8%**	1.1%
GOP	49.4%	34.7%	**84.1%**	12.2%	3.1%	**15.3%**	0.6%
Dem.	44.2%	32.0%	**76.2%**	9.9%	11.9%	**21.8%**	2.1%
Florida	47.6%	32.0%	**79.6%**	13.0%	5.4%	**18.4%**	2.1%
GOP	56.9%	28.9%	**85.8%**	10.5%	2.3%	**12.8%**	1.3%
Dem.	41.5%	34.8%	**76.3%**	19.1%	4.3%	**23.4%**	0.3%
Ohio	47.4%	38.3%	**85.7%**	8.6%	4.6%	**13.2%**	1.2%
GOP	46.8%	46.5%	**93.3%**	3.7%	2.2%	**5.9%**	0.8%
Dem.	52.0%	29.3%	**81.3%**	11.3%	5.8%	**17.1%**	1.6%
Virginia	47.2%	32.2%	**79.4%**	14.1%	6.0%	**20.1%**	0.5%
GOP	52.6%	26.6%	**79.2%**	15.3%	5.4%	**20.7%**	0.0%
Dem.	43.4%	36.1%	**79.5%**	12.5%	6.7%	**19.2%**	1.3%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
California	45.2%	39.0%	**84.2%**	9.5%	5.3%	**14.8%**	1.0%
GOP	51.3%	37.7%	**89.0%**	6.8%	4.2%	**11.0%**	0.0%
Dem.	46.6%	37.4%	**84.0%**	9.9%	5.3%	**15.2%**	0.8%
Maryland	43.6%	43.4%	**87.0%**	10.7%	1.9%	**12.6%**	0.3%
GOP	41.5%	46.0%	**87.5%**	8.7%	3.8%	**12.5%**	0.0%
Dem.	44.1%	40.4%	**84.5%**	13.2%	1.7%	**14.9%**	0.6%
New York	43.9%	35.1%	**79.0%**	14.7%	5.1%	**19.8%**	1.3%
GOP	51.2%	33.8%	**85.0%**	9.8%	4.8%	**14.6%**	0.4%
Dem.	44.6%	37.2%	**81.8%**	11.2%	5.7%	**16.9%**	1.2%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	8.8%	37.0%	**45.8%**	34.6%	18.7%	**53.3%**	1.0%
GOP	7.6%	34.8%	**42.4%**	35.6%	21.0%	**56.6%**	0.9%
Dem.	9.8%	39.3%	**49.1%**	33.7%	16.5%	**50.2%**	0.8%
Indep.	9.0%	36.2%	**45.2%**	34.5%	18.9%	**53.4%**	1.5%
Oklahoma	6.9%	33.1%	**40.0%**	4110.0%	18.7%	**4128.7%**	0.2%
GOP	4.3%	34.1%	**38.4%**	45.2%	15.9%	**61.1%**	0.5%
Dem.	9.6%	29.6%	**39.2%**	39.7%	21.1%	**60.8%**	0.0%
Texas	10.6%	35.4%	**46.0%**	31.9%	20.5%	**52.4%**	1.5%
GOP	8.4%	28.5%	**36.9%**	38.7%	22.2%	**60.9%**	2.3%
Dem.	13.2%	36.3%	**49.5%**	27.0%	22.3%	**49.3%**	1.2%
Florida	7.5%	34.0%	**41.5%**	36.7%	20.2%	**56.9%**	1.7%
GOP	8.9%	34.9%	**43.8%**	35.2%	18.5%	**53.7%**	2.5%
Dem.	5.8%	39.7%	**45.5%**	32.6%	19.9%	**52.5%**	2.0%
Ohio	8.8%	35.1%	**43.9%**	37.9%	17.9%	**55.8%**	0.3%
GOP	8.2%	35.8%	**44.0%**	40.4%	15.7%	**56.1%**	0.0%
Dem.	10.3%	34.7%	**45.0%**	35.6%	19.3%	**54.9%**	0.0%

Virginia	7.8%	37.0%	**44.8%**	34.9%	19.5%	**54.4%**	0.8%
GOP	6.3%	32.6%	**38.9%**	40.0%	20.0%	**60.0%**	1.0%
Dem.	9.0%	42.5%	**51.5%**	27.3%	20.2%	**47.5%**	1.0%
California	8.6%	40.9%	**49.5%**	33.7%	16.2%	**49.9%**	0.6%
GOP	8.2%	38.0%	**46.2%**	31.4%	22.3%	**53.7%**	0.2%
Dem.	9.6%	45.8%	**55.4%**	31.7%	12.3%	**44.0%**	0.6%
Maryland	11.0%	37.9%	**48.9%**	36.0%	14.4%	**50.4%**	0.8%
GOP	9.3%	41.1%	**50.4%**	36.4%	13.2%	**49.6%**	0.0%
Dem.	11.9%	34.8%	**46.7%**	36.7%	15.1%	**51.8%**	1.5%
New York	11.4%	40.3%	**51.7%**	29.8%	17.3%	**47.1%**	1.2%
GOP	8.3%	40.6%	**48.9%**	30.5%	19.2%	**49.7%**	1.4%
Dem.	13.5%	42.3%	**55.8%**	26.6%	15.8%	**42.4%**	1.8%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	17.9%	18.1%	63.2%	0.8%
GOP	0.0	17.5%	16.5%	65.3%	0.7%
Dem.	0.0	16.8%	18.3%	64.1%	0.8%
Indep.	0.0	21.1%	21.1%	56.5%	1.3%
Oklahoma	6.9	14.6%	13.1%	72.2%	0.0%
GOP	7.1	12.4%	10.7%	76.9%	0.0%
Dem.	7.0	17.3%	10.1%	72.6%	0.0%
Texas	6.4	19.0%	18.8%	62.0%	0.2%

GOP	6.8	17.3%	13.4%	68.9%	0.4%
Dem.	6.5	18.4%	21.5%	59.9%	0.2%
Florida	6.6	18.0%	19.8%	61.2%	1.0%
GOP	6.9	15.7%	15.6%	67.0%	1.7%
Dem.	6.3	21.0%	22.0%	56.1%	1.0%
Ohio	6.8	13.8%	17.1%	68.2%	0.9%
GOP	6.9	11.8%	17.0%	70.8%	0.3%
Dem.	6.9	12.9%	14.5%	71.2%	1.4%
Virginia	6.7	19.1%	13.4%	66.0%	1.5%
GOP	7.0	14.1%	11.4%	74.4%	0.0%
Dem.	6.7	18.3%	14.4%	66.2%	1.1%
California	6.4	17.8%	19.8%	61.8%	0.6%
GOP	6.8	14.9%	19.5%	65.6%	0.0%
Dem.	6.5	19.0%	16.6%	63.2%	1.3%
Maryland	6.6	13.2%	20.1%	66.7%	0.0%
GOP	6.4	15.5%	22.2%	62.3%	0.0%
Dem.	6.6	14.2%	19.9%	65.9%	0.0%
New York	6.3	20.8%	20.2%	58.0%	1.0%
GOP	6.9	15.6%	14.4%	68.7%	1.3%
Dem.	6.3	17.6%	22.8%	59.1%	0.4%

[Lower the subsidy that goes to teaching hospitals]

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

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

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	30.9%	43.2%	**74.1%**	17.5%	7.2%	**24.7%**	1.3%
GOP	36.1%	42.0%	**78.1%**	15.1%	5.7%	**20.8%**	1.2%
Dem.	26.7%	44.5%	**71.2%**	19.5%	8.1%	**27.6%**	1.2%
Indep.	29.6%	42.4%	**72.0%**	17.9%	8.4%	**26.3%**	1.7%
Oklahoma	32.7%	40.8%	**73.5%**	17.8%	7.4%	**25.2%**	1.3%
GOP	34.3%	42.2%	**76.5%**	16.6%	6.7%	**23.3%**	0.2%
Dem.	29.4%	39.2%	**68.6%**	20.3%	9.3%	**29.6%**	1.7%
Texas	27.5%	43.3%	**70.8%**	19.3%	7.8%	**27.1%**	2.1%
GOP	30.2%	44.3%	**74.5%**	17.2%	5.7%	**22.9%**	2.6%
Dem.	23.0%	40.7%	**63.7%**	24.9%	8.7%	**33.6%**	2.6%
Florida	33.8%	40.8%	**74.6%**	18.8%	6.2%	**25.0%**	0.5%
GOP	42.4%	34.9%	**77.3%**	15.5%	7.2%	**22.7%**	0.0%
Dem.	29.5%	42.0%	**71.5%**	23.2%	5.0%	**28.2%**	0.3%
Ohio	31.7%	44.3%	**76.0%**	16.6%	6.5%	**23.1%**	0.9%
GOP	35.5%	41.3%	**76.8%**	18.1%	3.5%	**21.6%**	1.6%
Dem.	30.3%	47.2%	**77.5%**	14.1%	8.0%	**22.1%**	0.5%
Virginia	35.5%	48.1%	**83.6%**	13.5%	2.9%	**16.4%**	0.1%
GOP	40.8%	41.9%	**82.7%**	12.8%	4.2%	**17.0%**	0.2%
Dem.	31.1%	51.4%	**82.5%**	14.4%	3.0%	**17.4%**	0.0%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
California	28.7%	45.1%	**73.8%**	17.2%	7.9%	**25.1%**	1.1%
GOP	36.6%	45.5%	**82.1%**	12.8%	3.3%	**16.1%**	1.8%
Dem.	22.8%	50.2%	**73.0%**	16.9%	8.8%	**25.7%**	1.3%
Maryland	25.0%	48.1%	**73.1%**	21.8%	3.7%	**25.5%**	1.3%
GOP	27.2%	45.9%	**73.1%**	21.3%	4.4%	**25.7%**	1.3%
Dem.	25.3%	48.1%	**73.4%**	22.9%	2.8%	**25.7%**	0.9%
New York	30.7%	42.6%	**73.3%**	19.0%	6.8%	**25.8%**	0.9%
GOP	42.0%	43.3%	**85.3%**	8.2%	6.0%	**14.2%**	0.4%
Dem.	27.1%	42.3%	**69.4%**	20.3%	8.9%	**29.2%**	1.4%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	14.1%	38.8%	**52.9%**	30.7%	15.2%	**45.9%**	1.1%
GOP	12.3%	36.9%	**49.2%**	32.6%	17.0%	**49.6%**	1.3%
Dem.	16.4%	40.1%	**56.5%**	29.8%	12.8%	**42.6%**	0.9%
Indep.	12.9%	40.0%	**52.9%**	28.9%	17.0%	**45.9%**	1.3%
Oklahoma	12.5%	39.0%	**51.5%**	32.9%	14.9%	**47.8%**	0.7%
GOP	12.0%	35.2%	**47.2%**	37.2%	15.4%	**52.6%**	0.2%
Dem.	12.9%	42.7%	**55.6%**	27.7%	15.3%	**43.0%**	1.3%
Texas	16.3%	38.6%	**54.9%**	31.1%	13.1%	**44.2%**	1.0%
GOP	16.9%	39.5%	**56.4%**	32.3%	11.4%	**43.7%**	0.0%
Dem.	16.8%	38.2%	**55.0%**	31.0%	13.0%	**44.0%**	1.0%
Florida	12.1%	36.8%	**48.9%**	30.4%	19.1%	**49.5%**	1.5%
GOP	9.5%	41.9%	**51.4%**	31.6%	15.9%	**47.5%**	1.1%
Dem.	15.3%	32.9%	**48.2%**	30.3%	19.4%	**49.7%**	2.1%
Ohio	11.4%	39.6%	**51.0%**	32.9%	15.4%	**48.3%**	0.7%
GOP	10.8%	41.6%	**52.4%**	31.6%	15.2%	**46.8%**	0.7%
Dem.	13.2%	39.3%	**52.5%**	30.8%	16.5%	**47.3%**	0.3%

Virginia	10.6%	36.0%	**46.6%**	34.9%	17.8%	**52.7%**	0.7%
GOP	9.4%	29.3%	**38.7%**	41.2%	20.0%	**61.2%**	0.0%
Dem.	12.0%	43.5%	**55.5%**	33.7%	10.1%	**43.8%**	0.7%
California	14.9%	40.1%	**55.0%**	29.7%	14.2%	**43.9%**	1.2%
GOP	15.7%	36.6%	**52.3%**	30.1%	15.9%	**46.0%**	1.7%
Dem.	14.7%	46.2%	**60.9%**	26.8%	11.4%	**38.2%**	0.9%
Maryland	14.7%	42.2%	**56.9%**	31.3%	10.7%	**42.0%**	1.0%
GOP	11.4%	38.7%	**50.1%**	39.9%	6.5%	**46.4%**	3.4%
Dem.	17.4%	43.0%	**60.4%**	29.5%	9.8%	**39.3%**	0.3%
New York	13.7%	40.4%	**54.1%**	31.7%	13.4%	**45.1%**	0.8%
GOP	13.1%	34.7%	**47.8%**	33.1%	17.4%	**50.5%**	1.7%
Dem.	16.1%	40.1%	**56.2%**	29.7%	13.6%	**43.3%**	0.4%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	25.5%	21.6%	51.9%	1.0%
GOP	0.0	21.2%	19.8%	58.1%	1.0%
Dem.	0.0	27.2%	23.1%	48.9%	0.9%
Indep.	0.0	30.8%	21.9%	46.0%	1.2%
Oklahoma	6.1	24.6%	18.4%	56.1%	0.9%
GOP	6.3	25.3%	13.0%	60.7%	1.0%
Dem.	5.9	26.0%	20.8%	52.9%	0.2%
Texas	5.9	28.3%	21.7%	49.4%	0.5%
GOP	6.1	23.7%	22.3%	53.2%	0.7%
Dem.	5.8	30.5%	21.1%	47.7%	0.6%
Florida	5.8	28.9%	22.3%	47.7%	1.0%
GOP	6.1	26.4%	17.3%	54.5%	1.8%
Dem.	5.6	27.5%	27.8%	43.6%	1.1%

Ohio	6.0	25.6%	21.1%	53.2%	0.2%
GOP	6.4	20.5%	19.9%	59.2%	0.4%
Dem.	5.7	29.0%	23.0%	47.9%	0.0%
Virginia	6.4	22.0%	20.4%	57.3%	0.3%
GOP	6.9	19.1%	15.6%	65.3%	0.0%
Dem.	6.1	22.4%	24.0%	53.0%	0.6%
California	5.9	24.6%	22.1%	52.9%	0.3%
GOP	6.4	18.8%	22.5%	58.6%	0.0%
Dem.	5.7	26.7%	23.4%	49.1%	0.8%
Maryland	5.9	25.1%	23.9%	50.0%	1.0%
GOP	6.1	19.6%	21.3%	58.2%	0.9%
Dem.	5.9	25.3%	26.2%	48.4%	0.0%
New York	5.8	28.0%	16.7%	54.1%	1.3%
GOP	6.9	17.0%	11.4%	71.6%	0.0%
Dem.	5.6	26.6%	19.4%	51.9%	2.2%

Limits on Medical Malpractice Suits

[Put limits on medical malpractice suits]

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

One proposal is to:

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

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

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

Argument in Favor of Proposal

[Q22.] This proposal is good for both patients and the Medicare system. A cap on lawsuits will mean lower medical malpractice insurance premiums for providers, which will help to keep Medicare's healthcare costs under control. Furthermore, doctors will no longer feel pressured to prescribe unnecessary medical tests and services for fear of being sued, and will focus on their own best medical judgment instead.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	37.1%	39.2%	**76.3%**	14.4%	8.4%	**22.8%**	0.8%
GOP	46.7%	36.6%	**83.3%**	10.8%	5.3%	**16.1%**	0.6%
Dem.	30.1%	41.6%	**71.7%**	17.0%	10.4%	**27.4%**	0.9%
Indep.	33.3%	39.3%	**72.6%**	16.0%	10.5%	**26.5%**	1.0%
Oklahoma	31.0%	46.0%	**77.0%**	14.5%	7.5%	**22.0%**	1.0%
GOP	40.0%	42.5%	**82.5%**	8.7%	8.3%	**17.0%**	0.6%
Dem.	22.7%	48.2%	**70.9%**	19.1%	8.1%	**27.2%**	1.8%
Texas	33.3%	36.2%	**69.5%**	17.8%	10.8%	**28.6%**	1.8%
GOP	45.4%	30.3%	**75.7%**	16.2%	7.6%	**23.8%**	0.6%
Dem.	21.9%	38.5%	**60.4%**	22.4%	13.1%	**35.5%**	4.0%
Florida	33.1%	36.3%	**69.4%**	18.2%	9.1%	**27.3%**	3.3%
GOP	42.9%	35.5%	**78.4%**	14.0%	5.9%	**19.9%**	1.7%
Dem.	31.1%	37.5%	**68.6%**	19.2%	8.9%	**28.1%**	3.3%
Ohio	39.8%	36.5%	**76.3%**	14.6%	8.6%	**23.2%**	0.4%
GOP	47.3%	35.9%	**83.2%**	9.3%	6.9%	**16.2%**	0.6%
Dem.	34.5%	38.0%	**72.5%**	17.5%	9.8%	**27.3%**	0.2%
Virginia	40.4%	36.8%	**77.2%**	14.1%	8.4%	**22.5%**	0.3%
GOP	48.3%	36.1%	**84.4%**	8.9%	6.8%	**15.7%**	0.0%
Dem.	34.4%	37.2%	**71.6%**	19.0%	8.6%	**27.6%**	0.8%
California	31.2%	43.0%	**74.2%**	14.6%	10.1%	**24.7%**	1.1%
GOP	44.1%	40.9%	**85.0%**	8.5%	6.0%	**14.5%**	0.4%
Dem.	25.6%	42.1%	**67.7%**	19.3%	10.7%	**30.0%**	2.4%
Maryland	39.0%	43.5%	**82.5%**	11.3%	5.1%	**16.4%**	1.1%
GOP	41.1%	44.0%	**85.1%**	7.8%	5.1%	**12.9%**	2.0%
Dem.	38.7%	44.8%	**83.5%**	10.4%	5.2%	**15.6%**	1.0%
New York	39.4%	36.2%	**75.6%**	14.9%	8.2%	**23.1%**	1.2%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
GOP	57.1%	27.9%	**85.0%**	10.1%	2.7%	**12.8%**	2.2%
Dem.	34.0%	37.7%	**71.7%**	17.7%	10.1%	**27.8%**	0.5%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	14.5%	33.1%	**47.6%**	31.9%	19.4%	**51.3%**	1.1%
GOP	9.4%	29.5%	**38.9%**	35.4%	24.8%	**60.2%**	0.8%
Dem.	17.8%	36.1%	**53.9%**	30.3%	14.8%	**45.1%**	1.0%
Indep.	17.6%	34.2%	**51.8%**	28.0%	18.6%	**46.6%**	1.6%
Oklahoma	14.1%	39.4%	**53.5%**	33.1%	13.2%	**46.3%**	0.2%
GOP	9.5%	31.6%	**41.1%**	39.2%	19.7%	**58.9%**	0.0%
Dem.	15.5%	45.9%	**61.4%**	30.0%	8.1%	**38.1%**	0.5%
Texas	16.1%	31.7%	**47.8%**	32.3%	19.0%	**51.3%**	1.0%
GOP	9.6%	31.1%	**40.7%**	35.4%	23.1%	**58.5%**	0.7%
Dem.	22.3%	34.4%	**56.7%**	27.4%	15.2%	**42.6%**	0.7%
Florida	14.0%	31.7%	**45.7%**	32.4%	21.3%	**53.7%**	0.6%
GOP	10.2%	30.6%	**40.8%**	35.3%	23.9%	**59.2%**	0.0%
Dem.	16.3%	32.6%	**48.9%**	30.7%	19.2%	**49.9%**	1.4%
Ohio	16.2%	30.5%	**46.7%**	35.1%	17.8%	**52.9%**	0.4%
GOP	12.5%	23.6%	**36.1%**	41.0%	22.4%	**63.4%**	0.6%
Dem.	22.3%	35.1%	**57.4%**	28.1%	14.1%	**42.2%**	0.4%
Virginia	14.1%	34.1%	**48.2%**	32.5%	19.3%	**51.8%**	0.0%
GOP	9.0%	31.5%	**40.5%**	33.1%	26.4%	**59.5%**	0.0%
Dem.	16.3%	36.3%	**52.6%**	34.2%	13.1%	**47.3%**	0.0%
California	17.8%	32.8%	**50.6%**	32.7%	15.5%	**48.2%**	1.3%
GOP	9.8%	28.5%	**38.3%**	36.5%	24.8%	**61.3%**	0.4%
Dem.	20.5%	37.1%	**57.6%**	31.7%	9.5%	**41.2%**	1.2%

Maryland	14.6%	37.3%	**51.9%**	32.3%	14.9%	**47.2%**	0.8%
GOP	4.6%	41.8%	**46.4%**	37.0%	15.0%	**52.0%**	1.6%
Dem.	17.4%	38.2%	**55.6%**	29.3%	14.3%	**43.6%**	0.8%
New York	14.9%	30.8%	**45.7%**	33.9%	18.7%	**52.6%**	1.7%
GOP	9.1%	32.2%	**41.3%**	24.7%	34.0%	**58.7%**	0.0%
Dem.	19.0%	30.5%	**49.5%**	35.4%	13.8%	**49.2%**	1.3%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	26.0%	17.9%	55.1%	1.0%
GOP	0.0	17.7%	14.5%	66.9%	0.9%
Dem.	0.0	31.0%	19.6%	48.2%	1.1%
Indep.	0.0	32.0%	21.0%	46.1%	0.8%
Oklahoma	6.2	25.0%	16.7%	56.6%	1.7%
GOP	6.9	23.3%	10.2%	66.5%	0.0%
Dem.	5.8	25.3%	21.5%	50.2%	3.0%
Texas	6.1	25.7%	18.4%	55.1%	0.8%
GOP	7.1	17.5%	11.5%	70.8%	0.2%
Dem.	5.3	32.4%	25.5%	41.0%	1.1%
Florida	5.7	30.4%	18.0%	50.4%	1.3%
GOP	6.4	24.5%	14.9%	58.7%	1.9%
Dem.	5.3	37.0%	17.0%	44.5%	1.5%
Ohio	6.1	25.7%	15.0%	58.0%	1.3%
GOP	7.0	17.8%	10.1%	71.1%	0.9%
Dem.	5.5	33.2%	16.5%	48.2%	2.1%
Virginia	6.1	26.4%	15.0%	57.9%	0.7%

GOP	6.8	17.9%	11.6%	70.4%	0.0%
Dem.	5.9	27.8%	20.7%	49.9%	1.7%
California	5.6	32.3%	17.9%	49.1%	0.7%
GOP	6.9	17.0%	12.1%	70.8%	0.0%
Dem.	5.2	38.4%	19.5%	41.2%	0.9%
Maryland	6.2	23.5%	19.1%	56.7%	0.8%
GOP	6.8	16.1%	17.0%	66.5%	0.4%
Dem.	6.1	25.2%	21.6%	52.0%	1.2%
New York	5.9	27.5%	16.1%	54.4%	2.0%
GOP	7.0	20.2%	11.1%	68.7%	0.0%
Dem.	5.8	28.5%	18.6%	51.9%	1.0%

Limit Medigap

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

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

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

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

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	14.4%	39.5%	**53.9%**	25.5%	19.6%	**45.1%**	1.1%
GOP	15.0%	40.1%	**55.1%**	23.6%	20.4%	**44.0%**	0.9%
Dem.	13.6%	39.6%	**53.2%**	27.5%	18.0%	**45.5%**	1.2%
Indep.	14.8%	38.1%	**52.9%**	24.7%	21.4%	**46.1%**	1.0%
Oklahoma	15.4%	38.0%	**53.4%**	24.5%	22.1%	**46.6%**	0.0%
GOP	16.9%	37.6%	**54.5%**	24.0%	21.5%	**45.5%**	0.0%
Dem.	14.2%	35.6%	**49.8%**	26.5%	23.6%	**50.1%**	0.0%
Texas	13.6%	37.7%	**51.3%**	27.1%	20.8%	**47.9%**	0.9%
GOP	9.8%	43.2%	**53.0%**	26.8%	19.0%	**45.8%**	1.3%
Dem.	14.2%	31.7%	**45.9%**	27.3%	25.9%	**53.2%**	1.0%
Florida	14.0%	37.7%	**51.7%**	28.3%	17.4%	**45.7%**	2.6%
GOP	16.8%	39.1%	**55.9%**	22.6%	19.3%	**41.9%**	2.3%
Dem.	15.7%	35.2%	**50.9%**	33.2%	15.3%	**48.5%**	0.6%
Ohio	13.9%	43.8%	**57.7%**	25.7%	16.3%	**42.0%**	0.2%
GOP	15.7%	47.7%	**63.4%**	20.9%	15.1%	**36.0%**	0.6%
Dem.	11.3%	40.1%	**51.4%**	32.3%	16.3%	**48.6%**	0.0%
Virginia	14.5%	43.0%	**57.5%**	21.6%	19.7%	**41.3%**	1.1%
GOP	15.5%	42.8%	**58.3%**	22.9%	18.4%	**41.3%**	0.5%
Dem.	15.6%	41.3%	**56.9%**	24.7%	16.1%	**40.8%**	2.3%
California	14.7%	40.8%	**55.5%**	24.2%	19.1%	**43.3%**	1.3%
GOP	16.9%	42.5%	**59.4%**	22.1%	18.0%	**40.1%**	0.5%
Dem.	14.6%	39.5%	**54.1%**	25.9%	17.4%	**43.3%**	2.6%
Maryland	11.8%	45.9%	**57.7%**	26.2%	15.7%	**41.9%**	0.5%
GOP	12.4%	41.3%	**53.7%**	25.9%	20.4%	**46.3%**	0.0%
Dem.	14.2%	43.1%	**57.3%**	27.9%	14.2%	**42.1%**	0.6%
New York	13.5%	42.3%	**55.8%**	28.2%	14.5%	**42.7%**	1.6%
GOP	16.5%	40.3%	**56.8%**	32.0%	11.2%	**43.2%**	0.0%
Dem.	12.5%	43.3%	**55.8%**	25.8%	17.5%	**43.3%**	0.9%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	32.9%	39.4%	**72.3%**	19.9%	6.5%	**26.4%**	1.3%
GOP	32.4%	38.2%	**70.6%**	21.2%	7.2%	**28.4%**	1.1%
Dem.	33.7%	40.6%	**74.3%**	19.1%	5.5%	**24.6%**	1.1%
Indep.	32.4%	39.1%	**71.5%**	19.0%	7.3%	**26.3%**	2.1%
Oklahoma	31.6%	37.9%	**69.5%**	21.4%	8.8%	**30.2%**	0.3%
GOP	31.3%	34.6%	**65.9%**	26.5%	7.1%	**33.6%**	0.5%
Dem.	30.2%	39.2%	**69.4%**	18.3%	12.4%	**30.7%**	0.0%
Texas	35.5%	40.0%	**75.5%**	17.9%	6.2%	**24.1%**	0.4%
GOP	35.1%	39.7%	**74.8%**	21.9%	3.3%	**25.2%**	0.0%
Dem.	35.3%	39.9%	**75.2%**	15.5%	8.7%	**24.2%**	0.7%
Florida	30.4%	40.9%	**71.3%**	21.3%	6.6%	**27.9%**	0.8%
GOP	31.0%	42.1%	**73.1%**	17.0%	8.3%	**25.3%**	1.6%
Dem.	30.0%	42.2%	**72.2%**	22.1%	5.0%	**27.1%**	0.6%
Ohio	34.7%	41.6%	**76.3%**	17.1%	5.7%	**22.8%**	0.8%
GOP	35.6%	43.0%	**78.6%**	16.0%	4.1%	**20.1%**	1.3%
Dem.	38.2%	42.1%	**80.3%**	13.3%	6.1%	**19.4%**	0.4%
Virginia	32.1%	41.1%	**73.2%**	19.8%	6.2%	**26.0%**	0.8%
GOP	31.7%	36.8%	**68.5%**	24.7%	6.3%	**31.0%**	0.5%
Dem.	31.0%	42.2%	**73.2%**	18.9%	6.3%	**25.2%**	1.5%
California	32.1%	37.8%	**69.9%**	21.5%	7.5%	**29.0%**	1.0%
GOP	32.4%	37.4%	**69.8%**	22.0%	7.4%	**29.4%**	0.8%
Dem.	34.1%	37.0%	**71.1%**	21.1%	6.0%	**27.1%**	1.8%
Maryland	33.0%	44.7%	**77.7%**	15.6%	6.0%	**21.6%**	0.8%
GOP	32.0%	45.8%	**77.8%**	16.4%	5.4%	**21.8%**	0.5%
Dem.	33.4%	43.2%	**76.6%**	15.4%	6.9%	**22.3%**	1.2%
New York	30.0%	42.4%	**72.4%**	21.2%	5.2%	**26.4%**	1.2%

		Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
GOP	28.6%	40.3%	**68.9%**	21.2%	8.2%	**29.4%**	1.7%
Dem.	34.9%	40.9%	**75.8%**	18.5%	5.2%	**23.7%**	0.5%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	47.3%	21.8%	29.7%	1.1%
GOP	0.0	45.6%	20.5%	33.1%	0.8%
Dem.	0.0	47.1%	22.6%	29.2%	1.2%
Indep.	0.0	51.7%	22.9%	23.9%	1.5%
Oklahoma	4.1	49.4%	20.9%	28.4%	1.3%
GOP	4.4	44.9%	18.1%	36.3%	0.7%
Dem.	3.9	53.0%	20.9%	24.3%	1.7%
Texas	4.2	47.1%	24.1%	27.6%	1.1%
GOP	4.2	44.0%	23.5%	31.6%	0.9%
Dem.	4.2	48.5%	22.9%	27.8%	0.8%
Florida	4.2	48.6%	21.9%	28.7%	0.8%
GOP	4.4	46.6%	18.8%	34.1%	0.5%
Dem.	4.1	51.6%	23.0%	25.0%	0.5%
Ohio	4.2	45.7%	22.8%	30.5%	0.9%
GOP	4.5	40.2%	25.1%	34.7%	0.0%
Dem.	3.8	54.1%	20.0%	25.1%	0.8%
Virginia	4.2	47.5%	22.6%	29.2%	0.6%
GOP	4.7	39.7%	22.8%	36.4%	1.1%
Dem.	4.5	43.9%	24.9%	30.7%	0.5%
California	4.2	47.8%	22.7%	28.6%	0.8%
GOP	4.4	43.9%	23.1%	32.8%	0.2%

Dem.	4.3	46.7%	21.9%	29.6%	1.8%
Maryland	4.4	44.2%	22.9%	31.5%	1.4%
GOP	4.4	37.5%	29.4%	32.4%	0.7%
Dem.	4.5	44.7%	20.7%	33.9%	0.6%
New York	4.3	46.2%	22.4%	30.6%	0.8%
GOP	4.8	40.2%	25.2%	33.5%	1.1%
Dem.	4.2	48.5%	20.1%	30.7%	0.7%

Proposals to Increase Revenues
Increasing Premiums

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

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

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

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

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

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

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	37.4%	39.5%	**76.9%**	13.7%	8.5%	**22.2%**	0.9%
GOP	33.2%	42.1%	**75.3%**	13.8%	10.3%	**24.1%**	0.6%
Dem.	43.3%	36.8%	**80.1%**	12.5%	6.2%	**18.7%**	1.1%
Indep.	32.5%	40.3%	**72.8%**	16.0%	10.0%	**26.0%**	1.1%
Oklahoma	34.8%	41.6%	**76.4%**	13.5%	9.2%	**22.7%**	0.8%
GOP	33.8%	41.3%	**75.1%**	16.5%	8.5%	**25.0%**	0.0%
Dem.	35.3%	44.2%	**79.5%**	10.9%	7.6%	**18.5%**	1.9%
Texas	33.3%	43.5%	**76.8%**	13.8%	8.7%	**22.5%**	0.6%
GOP	34.9%	47.5%	**82.4%**	9.5%	7.7%	**17.2%**	0.5%
Dem.	34.8%	37.9%	**72.7%**	18.4%	8.9%	**27.3%**	0.0%
Florida	36.0%	37.7%	**73.7%**	14.0%	10.3%	**24.3%**	2.0%
GOP	33.3%	42.3%	**75.6%**	13.7%	8.7%	**22.4%**	2.0%
Dem.	42.0%	32.9%	**74.9%**	11.8%	12.8%	**24.6%**	0.5%
Ohio	36.5%	42.6%	**79.1%**	12.0%	8.0%	**20.0%**	0.9%
GOP	35.9%	40.9%	**76.8%**	11.0%	10.6%	**21.6%**	1.5%
Dem.	39.7%	44.3%	**84.0%**	10.0%	5.8%	**15.8%**	0.2%
Virginia	41.5%	30.9%	**72.4%**	14.8%	11.8%	**26.6%**	1.1%
GOP	39.5%	29.0%	**68.5%**	12.3%	17.4%	**29.7%**	1.8%
Dem.	43.7%	32.5%	**76.2%**	17.2%	5.4%	**22.6%**	1.1%
California	36.7%	40.3%	**77.0%**	13.3%	8.8%	**22.1%**	0.9%
GOP	31.2%	44.1%	**75.3%**	14.2%	9.0%	**23.2%**	1.5%
Dem.	40.0%	41.7%	**81.7%**	11.0%	6.4%	**17.4%**	0.9%
Maryland	34.1%	42.0%	**76.1%**	15.1%	7.8%	**22.9%**	0.9%
GOP	35.8%	34.9%	**70.7%**	18.8%	9.2%	**28.0%**	1.3%
Dem.	35.1%	45.5%	**80.6%**	13.3%	5.0%	**18.3%**	1.0%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
New York	43.5%	35.7%	**79.2%**	14.9%	5.4%	**20.3%**	0.6%
GOP	41.1%	35.2%	**76.3%**	12.5%	11.3%	**23.8%**	0.0%
Dem.	48.8%	33.7%	**82.5%**	11.8%	5.2%	**17.0%**	0.6%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	12.4%	30.2%	**42.6%**	31.5%	24.8%	**56.3%**	1.1%
GOP	14.8%	32.2%	**47.0%**	32.2%	19.7%	**51.9%**	1.2%
Dem.	10.0%	26.8%	**36.8%**	31.9%	30.4%	**62.3%**	0.9%
Indep.	13.2%	33.6%	**46.8%**	29.0%	22.6%	**51.6%**	1.5%
Oklahoma	9.6%	35.4%	**45.0%**	30.3%	23.3%	**53.6%**	1.5%
GOP	13.8%	35.1%	**48.9%**	34.3%	16.3%	**50.6%**	0.5%
Dem.	3.8%	35.2%	**39.0%**	28.8%	30.0%	**58.8%**	2.3%
Texas	13.4%	30.0%	**43.4%**	34.9%	20.4%	**55.3%**	1.3%
GOP	15.3%	29.7%	**45.0%**	40.9%	14.2%	**55.1%**	0.0%
Dem.	11.3%	28.3%	**39.6%**	35.6%	23.5%	**59.1%**	1.2%
Florida	11.8%	30.0%	**41.8%**	31.4%	25.0%	**56.4%**	1.8%
GOP	12.5%	35.0%	**47.5%**	28.3%	20.9%	**49.2%**	3.5%
Dem.	11.2%	29.8%	**41.0%**	34.5%	23.1%	**57.6%**	1.4%
Ohio	13.7%	29.0%	**42.7%**	31.7%	24.5%	**56.2%**	1.0%
GOP	18.2%	32.2%	**50.4%**	29.3%	19.1%	**48.4%**	1.3%
Dem.	11.3%	25.2%	**36.5%**	29.9%	33.0%	**62.9%**	0.7%
Virginia	15.3%	30.9%	**46.2%**	28.4%	25.4%	**53.8%**	0.0%
GOP	20.7%	26.5%	**47.2%**	33.0%	19.8%	**52.8%**	0.0%
Dem.	9.4%	30.3%	**39.7%**	28.4%	32.0%	**60.4%**	0.0%
California	13.1%	31.2%	**44.3%**	30.7%	24.2%	**54.9%**	0.7%
GOP	20.6%	34.1%	**54.7%**	30.9%	13.0%	**43.9%**	1.4%
Dem.	10.4%	27.7%	**38.1%**	31.5%	29.6%	**61.1%**	0.8%

Maryland	16.3%	31.9%	**48.2%**	30.8%	20.5%	**51.3%**	0.5%
GOP	15.4%	32.2%	**47.6%**	36.2%	14.9%	**51.1%**	1.3%
Dem.	16.1%	27.2%	**43.3%**	30.8%	25.5%	**56.3%**	0.4%
New York	11.7%	28.9%	**40.6%**	30.6%	26.6%	**57.2%**	2.2%
GOP	19.4%	28.0%	**47.4%**	28.9%	23.1%	**52.0%**	0.6%
Dem.	8.9%	31.8%	**40.7%**	27.3%	31.2%	**58.5%**	0.8%

Now that you have considered all the arguments, please evaluate some versions of the proposals for increasing premiums for high-income seniors.

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

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

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

[Q30a.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	21.2%	18.0%	59.6%	1.2%
GOP	0.0	22.4%	19.1%	57.3%	1.2%
Dem.	0.0	17.5%	15.7%	65.6%	1.2%
Indep.	0.0	27.0%	20.9%	50.8%	1.2%
Oklahoma	6.6	16.8%	18.3%	63.3%	1.6%
GOP	6.5	18.3%	19.3%	60.1%	2.3%
Dem.	7.0	12.2%	15.0%	71.3%	1.4%
Texas	6.3	21.5%	20.9%	57.2%	0.4%
GOP	6.3	19.4%	21.2%	59.0%	0.4%

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
Dem.	6.5	19.5%	21.4%	58.9%	0.2%
Florida	6.2	22.2%	21.0%	54.5%	2.3%
GOP	6.4	16.8%	23.0%	58.6%	1.6%
Dem.	6.0	26.3%	20.1%	53.0%	0.6%
Ohio	6.5	19.5%	17.5%	62.5%	0.4%
GOP	6.2	25.5%	13.7%	60.6%	0.2%
Dem.	6.9	14.8%	16.7%	67.7%	0.7%
Virginia	6.5	23.2%	14.7%	61.4%	0.8%
GOP	6.4	24.1%	14.4%	61.0%	0.5%
Dem.	7.1	14.3%	14.2%	71.1%	0.4%
California	6.2	22.1%	19.0%	57.5%	1.4%
GOP	6.0	23.0%	17.5%	58.3%	1.2%
Dem.	6.6	18.5%	17.6%	63.2%	0.8%
Maryland	6.2	23.0%	18.4%	57.1%	1.5%
GOP	5.9	25.0%	23.1%	51.8%	0.0%
Dem.	6.7	16.5%	16.9%	64.2%	2.4%
New York	6.5	20.7%	16.8%	60.7%	1.8%
GOP	6.3	24.0%	14.7%	61.3%	0.0%
Dem.	6.8	16.0%	18.2%	63.1%	2.7%

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	29.3%	18.1%	51.0%	1.6%
GOP	0.0	33.1%	18.8%	47.2%	0.9%
Dem.	0.0	23.5%	16.7%	58.1%	1.8%
Indep.	0.0	34.7%	19.8%	43.1%	2.4%
Oklahoma	5.9	28.6%	19.9%	50.0%	1.5%
GOP	5.7	34.6%	15.5%	49.3%	0.5%
Dem.	6.2	24.0%	21.6%	53.1%	1.3%

Texas	5.7	30.5%	17.2%	51.1%	1.3%
GOP	5.3	37.1%	16.4%	45.3%	1.3%
Dem.	6.3	19.3%	17.9%	60.9%	1.9%
Florida	5.6	34.2%	15.8%	48.6%	1.4%
GOP	5.6	33.8%	15.0%	49.7%	1.6%
Dem.	5.7	31.3%	19.8%	47.6%	1.2%
Ohio	5.9	28.5%	17.0%	52.9%	1.7%
GOP	5.7	34.2%	13.0%	51.7%	1.1%
Dem.	6.4	23.0%	18.2%	56.7%	2.2%
Virginia	6.0	29.0%	13.8%	54.7%	2.5%
GOP	6.0	29.4%	13.1%	54.7%	2.8%
Dem.	6.5	19.7%	18.6%	59.3%	2.4%
California	5.7	28.3%	20.5%	50.1%	1.2%
GOP	5.2	33.1%	21.5%	45.2%	0.2%
Dem.	6.3	23.9%	18.6%	56.6%	0.9%
Maryland	5.5	33.2%	19.0%	46.6%	1.2%
GOP	5.1	32.4%	28.2%	38.1%	1.3%
Dem.	5.9	29.3%	15.0%	54.4%	1.2%
New York	6.0	25.9%	16.0%	56.4%	1.7%
GOP	5.8	30.7%	14.0%	55.3%	0.0%
Dem.	6.2	21.7%	15.0%	60.9%	2.3%

Increasing Standard Premiums

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

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

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

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

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

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

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

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

Argument in Favor of Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	12.6%	41.7%	**54.3%**	26.7%	17.8%	**44.5%**	1.2%
GOP	13.8%	42.2%	**56.0%**	25.5%	17.3%	**42.8%**	1.1%
Dem.	11.6%	41.5%	**53.1%**	28.1%	17.8%	**45.9%**	1.0%
Indep.	12.4%	41.2%	**53.6%**	26.0%	18.9%	**44.9%**	1.6%
Oklahoma	12.6%	41.7%	**54.3%**	27.4%	17.6%	**45.0%**	0.8%
GOP	12.5%	53.9%	**66.4%**	21.1%	11.5%	**32.6%**	1.0%
Dem.	14.1%	30.2%	**44.3%**	31.1%	24.4%	**55.5%**	0.2%
Texas	14.4%	37.9%	**52.3%**	27.3%	19.7%	**47.0%**	0.7%
GOP	13.9%	41.6%	**55.5%**	24.3%	19.3%	**43.6%**	0.9%
Dem.	11.9%	35.8%	**47.7%**	33.0%	18.3%	**51.3%**	1.0%
Florida	10.6%	40.6%	**51.2%**	25.7%	21.8%	**47.5%**	1.2%
GOP	12.5%	42.6%	**55.1%**	21.5%	21.1%	**42.6%**	2.3%
Dem.	13.0%	42.7%	**55.7%**	26.1%	17.5%	**43.6%**	0.6%
Ohio	12.9%	41.5%	**54.4%**	26.5%	18.3%	**44.8%**	0.9%
GOP	11.9%	42.9%	**54.8%**	23.0%	21.5%	**44.5%**	0.6%
Dem.	13.8%	41.0%	**54.8%**	26.8%	17.4%	**44.2%**	1.0%
Virginia	16.4%	44.5%	**60.9%**	24.6%	13.9%	**38.5%**	0.7%

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
GOP	18.5%	41.4%	**59.9%**	25.8%	13.2%	**39.0%**	1.0%
Dem.	18.3%	40.8%	**59.1%**	25.7%	14.6%	**40.3%**	0.7%
California	14.9%	42.3%	**57.2%**	25.4%	15.7%	**41.1%**	1.7%
GOP	16.7%	46.3%	**63.0%**	25.0%	9.6%	**34.6%**	2.5%
Dem.	11.2%	41.7%	**52.9%**	25.7%	19.5%	**45.2%**	1.9%
Maryland	14.2%	47.3%	**61.5%**	27.7%	10.8%	**38.5%**	0.1%
GOP	13.7%	44.8%	**58.5%**	31.3%	9.9%	**41.2%**	0.2%
Dem.	11.1%	49.8%	**60.9%**	28.5%	10.6%	**39.1%**	0.0%
New York	11.3%	39.6%	**50.9%**	30.0%	17.7%	**47.7%**	1.4%
GOP	15.9%	43.9%	**59.8%**	25.3%	12.6%	**37.9%**	2.3%
Dem.	11.3%	38.2%	**49.5%**	30.1%	20.4%	**50.5%**	0.0%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	35.2%	37.9%	**73.1%**	19.2%	6.4%	**25.6%**	1.3%
GOP	34.4%	37.5%	**71.9%**	19.6%	7.0%	**26.6%**	1.6%
Dem.	36.4%	38.9%	**75.3%**	18.0%	5.7%	**23.7%**	0.9%
Indep.	34.3%	36.6%	**70.9%**	20.9%	6.6%	**27.5%**	1.5%
Oklahoma	38.6%	38.6%	**77.2%**	15.9%	5.6%	**21.5%**	1.3%
GOP	37.3%	36.6%	**73.9%**	21.0%	4.9%	**25.9%**	0.3%
Dem.	40.3%	38.2%	**78.5%**	12.5%	6.9%	**19.4%**	2.1%
Texas	34.1%	42.1%	**76.2%**	16.6%	5.7%	**22.3%**	1.5%
GOP	38.7%	39.4%	**78.1%**	14.5%	6.2%	**20.7%**	1.3%
Dem.	31.4%	39.1%	**70.5%**	21.3%	6.7%	**28.0%**	1.5%
Florida	35.6%	35.4%	**71.0%**	21.8%	5.9%	**27.7%**	1.3%
GOP	37.4%	34.2%	**71.6%**	18.7%	6.4%	**25.1%**	3.4%
Dem.	29.1%	40.8%	**69.9%**	27.0%	2.9%	**29.9%**	0.2%

Ohio	34.9%	34.7%	**69.6%**	21.6%	7.3%	**28.9%**	1.5%
GOP	37.5%	33.5%	**71.0%**	21.8%	4.7%	**26.5%**	2.5%
Dem.	34.6%	35.5%	**70.1%**	19.4%	9.8%	**29.2%**	0.8%
Virginia	29.0%	44.0%	**73.0%**	21.2%	4.9%	**26.1%**	0.9%
GOP	27.8%	42.7%	**70.5%**	23.2%	5.1%	**28.3%**	1.3%
Dem.	34.0%	41.3%	**75.3%**	21.0%	3.5%	**24.5%**	0.2%
California	33.4%	38.2%	**71.6%**	22.0%	4.8%	**26.8%**	1.5%
GOP	33.2%	37.7%	**70.9%**	20.8%	6.6%	**27.4%**	1.7%
Dem.	34.3%	43.0%	**77.3%**	18.0%	2.9%	**20.9%**	1.7%
Maryland	33.5%	43.4%	**76.9%**	16.8%	5.5%	**22.3%**	0.9%
GOP	25.4%	47.4%	**72.8%**	19.0%	7.6%	**26.6%**	0.6%
Dem.	33.7%	46.0%	**79.7%**	13.7%	5.3%	**19.0%**	1.3%
New York	39.5%	34.2%	**73.7%**	18.0%	6.0%	**24.0%**	2.3%
GOP	35.0%	36.3%	**71.3%**	18.2%	10.0%	**28.2%**	0.5%
Dem.	44.1%	35.0%	**79.1%**	13.6%	5.8%	**19.4%**	1.4%

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

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

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	41.9%	22.5%	34.7%	0.9%
GOP	0.0	42.0%	19.6%	37.6%	0.8%
Dem.	0.0	39.5%	24.6%	35.3%	0.7%
Indep.	0.0	47.5%	23.7%	27.2%	1.6%
Oklahoma	4.7	39.6%	21.1%	39.1%	0.2%
GOP	5.0	37.7%	15.1%	46.7%	0.5%
Dem.	4.4	42.8%	23.6%	33.7%	0.0%
Texas	4.7	42.0%	22.5%	34.8%	0.7%

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
GOP	4.8	40.1%	20.4%	38.7%	0.9%
Dem.	5.0	36.6%	26.1%	36.6%	0.8%
Florida	4.3	43.9%	23.8%	31.1%	1.2%
GOP	4.5	43.2%	16.9%	38.2%	1.7%
Dem.	4.4	38.6%	31.3%	30.1%	0.0%
Ohio	4.3	46.4%	20.8%	32.6%	0.2%
GOP	4.4	45.3%	19.5%	34.9%	0.3%
Dem.	4.2	48.5%	18.4%	33.0%	0.1%
Virginia	5.3	32.1%	21.3%	44.5%	2.2%
GOP	5.4	33.7%	20.3%	45.0%	1.0%
Dem.	5.8	25.8%	19.6%	50.3%	4.2%
California	4.6	40.3%	25.2%	33.3%	1.2%
GOP	4.9	36.4%	20.3%	40.6%	2.7%
Dem.	4.6	40.2%	25.6%	33.1%	1.1%
Maryland	4.8	37.3%	24.7%	37.6%	0.4%
GOP	4.8	38.0%	23.4%	38.4%	0.1%
Dem.	4.8	37.2%	25.2%	37.0%	0.6%
New York	4.4	46.7%	23.6%	27.9%	1.7%
GOP	4.8	40.2%	25.5%	34.3%	0.0%
Dem.	4.5	42.0%	26.7%	30.6%	0.8%

Here is the second version of the proposal:

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

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

[Q33b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	58.3%	17.7%	22.7%	1.2%
GOP	0.0	59.2%	15.7%	23.9%	1.1%
Dem.	0.0	56.9%	18.8%	22.9%	1.3%
Indep.	0.0	59.8%	19.4%	19.7%	1.1%

Oklahoma	3.6	53.0%	20.2%	25.1%	1.7%
GOP	3.8	52.2%	16.6%	29.0%	2.2%
Dem.	3.4	55.6%	19.8%	23.9%	0.7%
Texas	3.7	55.4%	19.0%	24.4%	1.2%
GOP	3.5	57.9%	16.9%	24.3%	0.9%
Dem.	4.1	47.5%	24.1%	26.7%	1.7%
Florida	3.4	59.9%	20.3%	18.7%	1.1%
GOP	3.6	61.4%	11.4%	24.6%	2.6%
Dem.	3.3	57.0%	25.7%	16.8%	0.5%
Ohio	3.4	61.8%	15.2%	20.9%	2.0%
GOP	3.5	63.4%	10.0%	23.7%	2.9%
Dem.	3.3	63.1%	17.2%	18.3%	1.4%
Virginia	4.3	46.8%	17.1%	34.4%	1.6%
GOP	4.3	43.4%	16.6%	38.1%	2.0%
Dem.	4.5	45.6%	17.5%	35.8%	1.1%
California	3.7	55.3%	21.6%	22.1%	1.0%
GOP	3.8	56.0%	20.3%	23.3%	0.4%
Dem.	3.6	57.8%	18.8%	21.3%	2.1%
Maryland	3.9	52.7%	23.1%	22.1%	2.1%
GOP	3.8	54.5%	21.8%	23.6%	0.1%
Dem.	3.9	50.2%	27.2%	18.8%	3.8%
New York	3.5	60.5%	15.9%	22.6%	1.0%
GOP	3.9	58.8%	13.7%	26.9%	0.6%
Dem.	3.6	56.7%	18.4%	25.0%	0.0%

Increasing the Medicare Payroll Tax

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

One proposal would be to increase the Medicare payroll tax. Currently, Medicare's hospital insurance program (Part A) is financed by payroll taxes. All wage earners pay 1.45% of their wages and the employer pays 1.45% of those wages as well. People with high incomes (over $200,000) pay an extra 0.9%, including on investment income.

The proposal is to increase the amount that wage earners and employers pay by 0.1%, 0.2%, or 0.3%. For the average wage earner, who earns about $50,000 a year, this would mean an increase in payroll taxes of $50 to $150 a year.

Increasing the Medicare Payroll Tax of the Average Wage Earner (about $50,000/year)			
Increase in tax	$/year increase for each beneficiary	$ amount raised to cover the shortfall	Percentage of shortfall covered
0.1%	$50	$26 billion	11.3%
0.2%	$100	$52 billion	22.6%
0.3%	$150	$78 billion	33.9%

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

Argument in Favor of Proposal

[Q34.] Medicare is a very valuable service for all Americans. It benefits people who have elderly parents and provides all Americans with the security of knowing that they will be cared for when they get older. The amount that Americans currently pay—1.45% of their wages—is really quite modest, and it is affordable for this amount to go up slightly. This is a better approach than putting the burden on the people who are already elderly, many living on fixed incomes.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	37.3%	41.7%	**79.0%**	12.4%	7.4%	**19.8%**	1.2%
GOP	35.5%	42.8%	**78.3%**	12.1%	8.9%	**21.0%**	0.7%
Dem.	41.9%	40.8%	**82.7%**	10.8%	5.2%	**16.0%**	1.3%
Indep.	30.6%	41.7%	**72.3%**	16.5%	9.5%	**26.0%**	1.8%
Oklahoma	39.0%	44.0%	**83.0%**	11.4%	4.2%	**15.6%**	1.4%
GOP	39.8%	43.6%	**83.4%**	11.0%	5.3%	**16.3%**	0.3%
Dem.	40.1%	43.2%	**83.3%**	10.3%	3.6%	**13.9%**	2.8%
Texas	35.1%	43.7%	**78.8%**	13.5%	6.8%	**20.3%**	1.0%
GOP	34.2%	44.5%	**78.7%**	12.3%	7.6%	**19.9%**	1.4%
Dem.	35.8%	43.5%	**79.3%**	14.8%	4.9%	**19.7%**	1.0%
Florida	35.9%	38.8%	**74.7%**	13.7%	11.0%	**24.7%**	0.6%
GOP	40.5%	40.2%	**80.7%**	6.0%	12.7%	**18.7%**	0.6%
Dem.	35.6%	35.6%	**71.2%**	17.7%	11.0%	**28.7%**	0.0%
Ohio	37.7%	44.5%	**82.2%**	11.5%	5.6%	**17.1%**	0.8%
GOP	36.3%	47.0%	**83.3%**	10.2%	6.0%	**16.2%**	0.5%
Dem.	43.0%	41.6%	**84.6%**	11.0%	3.5%	**14.5%**	1.0%

Virginia	43.5%	34.1%	**77.6%**	11.0%	10.1%	**21.1%**	1.3%
GOP	41.0%	33.2%	**74.2%**	10.7%	14.3%	**25.0%**	0.8%
Dem.	50.9%	35.1%	**86.0%**	8.5%	3.6%	**12.1%**	1.9%
California	37.1%	42.9%	**80.0%**	12.7%	6.3%	**19.0%**	1.0%
GOP	35.0%	45.9%	**80.9%**	12.0%	6.7%	**18.7%**	0.5%
Dem.	43.1%	40.7%	**83.8%**	10.9%	3.6%	**14.5%**	1.6%
Maryland	35.3%	44.6%	**79.9%**	13.1%	6.1%	**19.2%**	0.9%
GOP	24.7%	46.5%	**71.2%**	20.4%	7.7%	**28.1%**	0.8%
Dem.	42.1%	47.6%	**89.7%**	5.2%	4.3%	**9.5%**	0.8%
New York	40.0%	41.7%	**81.7%**	9.1%	6.9%	**16.0%**	2.4%
GOP	40.8%	39.2%	**80.0%**	6.9%	12.5%	**19.4%**	0.5%
Dem.	47.4%	40.1%	**87.5%**	6.7%	4.2%	**10.9%**	1.6%

Argument Against Proposal

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

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	14.9%	33.9%	**48.8%**	32.2%	17.4%	**49.6%**	1.6%
GOP	13.2%	31.5%	**44.7%**	34.6%	19.4%	**54.0%**	1.4%
Dem.	15.7%	35.1%	**50.8%**	31.6%	16.3%	**47.9%**	1.3%
Indep.	16.8%	36.1%	**52.9%**	28.7%	15.6%	**44.3%**	2.8%
Oklahoma	12.5%	37.9%	**50.4%**	34.2%	14.8%	**49.0%**	0.6%
GOP	15.6%	34.8%	**50.4%**	34.2%	14.5%	**48.7%**	0.9%
Dem.	9.8%	39.2%	**49.0%**	33.6%	17.0%	**50.6%**	0.4%
Texas	16.6%	32.1%	**48.7%**	31.1%	18.1%	**49.2%**	2.1%
GOP	12.3%	34.2%	**46.5%**	32.1%	19.9%	**52.0%**	1.5%
Dem.	18.1%	28.2%	**46.3%**	32.5%	18.3%	**50.8%**	2.8%
Florida	14.2%	34.1%	**48.3%**	32.9%	16.3%	**49.2%**	2.5%
GOP	13.8%	28.4%	**42.2%**	34.1%	20.1%	**54.2%**	3.6%

Dem.	14.9%	36.7%	**51.6%**	34.5%	13.5%	**48.0%**	0.4%
Ohio	15.0%	35.3%	**50.3%**	30.4%	18.6%	**49.0%**	0.6%
GOP	15.3%	32.5%	**47.8%**	33.0%	18.4%	**51.4%**	0.8%
Dem.	13.9%	38.1%	**52.0%**	28.1%	19.2%	**47.3%**	0.6%
Virginia	14.7%	34.2%	**48.9%**	31.4%	19.5%	**50.9%**	0.2%
GOP	16.7%	24.3%	**41.0%**	37.8%	20.5%	**58.3%**	0.6%
Dem.	13.0%	37.6%	**50.6%**	32.3%	17.2%	**49.5%**	0.0%
California	14.5%	33.4%	**47.9%**	31.5%	18.2%	**49.7%**	2.5%
GOP	13.8%	29.2%	**43.0%**	34.2%	20.3%	**54.5%**	2.6%
Dem.	13.4%	39.6%	**53.0%**	29.5%	14.6%	**44.1%**	2.9%
Maryland	19.0%	37.2%	**56.2%**	31.0%	10.4%	**41.4%**	2.4%
GOP	17.7%	37.3%	**55.0%**	33.4%	10.7%	**44.1%**	0.9%
Dem.	17.4%	38.3%	**55.7%**	30.1%	12.4%	**42.5%**	1.9%
New York	16.4%	30.6%	**47.0%**	33.4%	16.1%	**49.5%**	3.6%
GOP	14.5%	34.4%	**48.9%**	34.2%	15.8%	**50.0%**	1.1%
Dem.	17.0%	30.8%	**47.8%**	31.1%	17.7%	**48.8%**	3.3%

Now that you have evaluated the arguments, here are the three versions of the proposals. Please select how acceptable or unacceptable you find each one.

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	19.2%	18.5%	61.4%	0.8%
GOP	0.0	19.7%	16.4%	63.3%	0.6%
Dem.	0.0	16.1%	18.9%	64.3%	0.7%
Indep.	0.0	25.3%	22.3%	50.8%	1.7%
Oklahoma	6.8	16.2%	14.9%	67.9%	1.0%
GOP	6.9	16.2%	10.5%	71.7%	1.6%
Dem.	6.8	14.8%	19.5%	65.1%	0.6%

	Mean				
Texas	6.6	23.5%	20.3%	55.8%	0.4%
GOP	6.5	18.3%	19.2%	62.1%	0.4%
Dem.	6.3	21.7%	20.6%	57.0%	0.7%
Florida	6.4	19.4%	21.5%	56.5%	2.6%
GOP	6.8	17.4%	14.1%	67.5%	1.1%
Dem.	6.0	24.4%	21.8%	53.3%	0.5%
Ohio	6.5	18.9%	18.7%	61.2%	1.2%
GOP	6.8	16.6%	16.8%	65.1%	1.5%
Dem.	6.5	18.2%	18.9%	62.0%	0.8%
Virginia	6.2	21.8%	16.6%	61.3%	0.3%
GOP	6.4	25.1%	15.2%	59.0%	0.6%
Dem.	7.2	13.7%	14.8%	71.3%	0.2%
California	6.7	16.9%	21.3%	60.8%	1.1%
GOP	6.9	13.1%	18.2%	68.0%	0.7%
Dem.	7.0	15.7%	15.3%	67.5%	1.5%
Maryland	6.0	22.8%	24.2%	52.5%	0.6%
GOP	5.7	27.1%	23.8%	48.1%	1.0%
Dem.	6.4	17.8%	25.8%	55.8%	0.6%
New York	6.4	19.8%	17.2%	61.7%	1.3%
GOP	6.1	23.2%	17.3%	59.2%	0.3%
Dem.	6.9	13.4%	19.4%	66.8%	0.4%

The second version increases the amount that wage earners and employers pay by 0.2%. For the average wage earner who earns about $50,000 this would mean an increase in payroll taxes of $100 a year. This would cover 22.6% of the annualized shortfall ($52 billion).

[Q36b.] Please select how acceptable or unacceptable this proposal is to you on the scale below.

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	27.6%	20.3%	50.5%	1.6%
GOP	0.0	29.3%	18.5%	50.7%	1.4%
Dem.	0.0	23.3%	21.6%	53.8%	1.3%
Indep.	0.0	33.8%	21.1%	42.3%	2.7%
Oklahoma	6.0	27.7%	17.8%	53.7%	0.9%

		Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
GOP	6.1	27.4%	13.5%	58.4%	0.8%
Dem.	5.9	29.1%	18.9%	51.2%	0.8%
Texas	5.8	26.3%	22.5%	49.4%	1.8%
GOP	5.8	26.1%	22.2%	49.7%	2.0%
Dem.	6.0	20.7%	23.4%	53.5%	2.4%
Florida	5.8	25.9%	24.9%	46.3%	2.8%
GOP	5.6	29.3%	20.6%	48.3%	1.8%
Dem.	5.8	22.4%	25.9%	46.7%	4.9%
Ohio	5.8	28.5%	19.9%	50.8%	0.8%
GOP	5.8	30.4%	17.9%	51.7%	0.0%
Dem.	6.0	25.5%	19.3%	53.3%	1.8%
Virginia	5.7	32.4%	15.0%	50.4%	2.2%
GOP	5.2	37.3%	13.6%	43.2%	5.9%
Dem.	6.6	20.2%	16.4%	63.4%	0.0%
California	5.9	24.9%	21.8%	50.7%	2.6%
GOP	6.0	26.8%	18.1%	53.8%	1.3%
Dem.	6.2	23.0%	17.2%	57.3%	2.4%
Maryland	5.4	32.2%	21.1%	46.1%	0.6%
GOP	5.1	39.8%	15.5%	44.6%	0.1%
Dem.	5.7	26.3%	24.6%	48.0%	1.1%
New York	5.6	30.0%	18.9%	47.9%	3.2%
GOP	5.4	29.5%	18.9%	48.2%	3.4%
Dem.	5.8	26.1%	22.6%	49.8%	1.4%

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

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

	Mean	Completely Unacceptable (0-4)	Just Tolerable (5)	Very Acceptable (6-10)	Refused / Don't know
National	0.0	39.5%	19.1%	39.4%	2.0%
GOP	0.0	40.9%	17.3%	40.1%	1.8%
Dem.	0.0	35.3%	20.7%	41.9%	2.1%

Indep.	0.0	45.9%	19.4%	32.3%	2.4%
Oklahoma	5.0	40.0%	16.3%	42.0%	1.8%
GOP	5.2	37.1%	13.2%	47.0%	2.7%
Dem.	5.0	40.9%	18.5%	39.3%	1.3%
Texas	4.9	41.2%	16.1%	40.8%	1.9%
GOP	4.7	45.3%	12.4%	41.1%	1.1%
Dem.	5.4	31.5%	23.9%	42.0%	2.7%
Florida	5.0	41.4%	20.8%	34.2%	3.6%
GOP	4.8	44.0%	17.6%	34.4%	4.0%
Dem.	5.0	34.2%	26.5%	34.0%	5.4%
Ohio	4.9	40.7%	18.5%	39.3%	1.5%
GOP	4.8	44.2%	16.0%	39.5%	0.2%
Dem.	5.3	35.0%	21.3%	41.0%	2.8%
Virginia	5.1	39.4%	17.1%	42.1%	1.5%
GOP	4.7	43.1%	16.6%	38.7%	1.6%
Dem.	5.9	28.7%	17.5%	52.1%	1.6%
California	5.3	35.6%	21.0%	42.0%	1.4%
GOP	5.3	37.1%	18.0%	44.4%	0.6%
Dem.	5.5	32.1%	21.9%	44.3%	1.7%
Maryland	4.6	44.2%	20.2%	34.8%	0.7%
GOP	4.7	49.4%	13.6%	36.9%	0.1%
Dem.	4.8	40.0%	22.6%	36.2%	1.2%
New York	4.8	39.9%	20.2%	35.2%	4.6%
GOP	4.8	39.4%	21.7%	37.1%	1.8%
Dem.	4.9	39.8%	22.2%	35.6%	2.3%

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

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

You will see again each of the proposals you've already reviewed, with the percentage of the shortfall it would cover. **These are not all the proposals that have been put forward.** However, the proposals you've reviewed represent a major starting point for dealing with the problem.

So, please remember: There's no requirement to try to cover 100% of the shortfall or to choose an option for every category.   What's most important is that you choose the proposals that you would recommend to your Congressional representative, all things considered.

Reduce Medicare's Net Payments for Benefits			Covers shortfall
[Q37.] Raise the age of eligibility			
Gradually raise the age of eligibility for Medicare from 65 until it reaches age 67 by 2029.			5%
	Chosen	**Not chosen**	
National	46.1%	53.9%	
GOP	51.6%	48.4%	
Dem.	42.9%	57.1%	
Indep.	41.7%	58.3%	
Oklahoma	40.4%	59.6%	
GOP	46.8%	53.2%	
Dem.	37.8%	62.2%	
Texas	42.5%	57.5%	
GOP	45.4%	54.6%	
Dem.	37.6%	62.4%	
Florida	42.8%	57.2%	
GOP	50.3%	49.7%	
Dem.	38.3%	61.7%	
Ohio	42.8%	57.2%	
GOP	52.1%	47.9%	
Dem.	35.0%	65.0%	
Virginia	47.4%	52.6%	
GOP	51.5%	48.5%	
Dem.	44.9%	55.1%	
California	44.7%	55.3%	
GOP	52.9%	47.1%	
Dem.	41.4%	58.6%	
Maryland	47.6%	52.4%	
GOP	51.5%	48.5%	
Dem.	46.4%	53.6%	

	Chosen	Not chosen	
New York	43.6%	56.4%	
GOP	51.4%	48.6%	
Dem.	41.2%	58.8%	

[Q38.] Encourage Medicare recipients to use generic drugs

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

2%

	Chosen	Not chosen
National	69.3%	30.7%
GOP	71.3%	28.7%
Dem.	69.5%	30.5%
Indep.	64.8%	35.2%
Oklahoma	68.7%	31.3%
GOP	65.1%	34.9%
Dem.	70.0%	30.0%
Texas	62.0%	38.0%
GOP	59.0%	41.0%
Dem.	65.7%	34.3%
Florida	65.2%	34.8%
GOP	64.1%	35.9%
Dem.	65.7%	34.3%
Ohio	73.6%	26.4%
GOP	74.9%	25.1%
Dem.	73.6%	26.4%
Virginia	66.9%	33.1%
GOP	71.8%	28.2%
Dem.	63.1%	36.9%
California	65.5%	34.5%
GOP	72.5%	27.5%
Dem.	64.0%	36.0%
Maryland	72.0%	28.0%
GOP	71.3%	28.7%
Dem.	74.8%	25.2%

	Chosen	Not chosen
New York	63.6%	36.4%
GOP	69.5%	30.5%
Dem.	66.9%	33.1%

[Q39.] Modify deductibles and hospital costs paid by recipients

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

4.5%

	Chosen	Not chosen
National	51.7%	48.3%
GOP	55.8%	44.2%
Dem.	49.7%	50.3%
Indep.	48.0%	52.0%
Oklahoma	50.0%	50.0%
GOP	54.2%	45.8%
Dem.	48.1%	51.9%
Texas	48.1%	51.9%
GOP	50.6%	49.4%
Dem.	43.9%	56.1%
Florida	48.8%	51.2%
GOP	45.9%	54.1%
Dem.	47.4%	52.6%
Ohio	55.3%	44.7%
GOP	55.9%	44.1%
Dem.	56.3%	43.7%
Virginia	51.9%	48.1%
GOP	62.2%	37.8%
Dem.	37.3%	62.7%
California	48.1%	51.9%
GOP	50.3%	49.7%
Dem.	45.3%	54.7%
Maryland	52.1%	47.9%
GOP	56.3%	43.7%
Dem.	54.3%	45.7%

New York	44.1%	55.9%	
GOP	51.4%	48.6%	
Dem.	41.7%	58.3%	

Reduce Payments to Providers

[Q40.] Require drug companies to accept less money

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

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

	Drug companies get 17% less	Drug companies get 20% less	Not chosen
National	26.6%	42.1%	31.3%
GOP	30.3%	37.8%	31.9%
Dem.	23.8%	46.5%	29.8%
Indep.	25.1%	41.2%	33.7%
Oklahoma	25.7%	40.7%	33.6%
GOP	26.3%	37.5%	36.2%
Dem.	24.0%	45.5%	30.5%
Texas	25.3%	39.8%	34.9%
GOP	27.3%	37.2%	35.6%
Dem.	23.7%	40.6%	35.7%
Florida	23.3%	43.5%	33.2%
GOP	26.7%	40.2%	33.2%
Dem.	21.6%	44.3%	34.2%
Ohio	26.6%	43.6%	29.7%
GOP	32.5%	42.2%	25.3%
Dem.	19.9%	49.4%	30.7%
Virginia	26.5%	37.8%	35.7%
GOP	26.5%	37.7%	35.8%
Dem.	29.3%	36.1%	34.5%
California	26.5%	41.3%	32.2%
GOP	29.5%	38.3%	32.2%
Dem.	25.4%	45.1%	29.5%

Maryland	23.9%	37.5%	38.6%
GOP	24.9%	32.2%	42.9%
Dem.	24.1%	38.2%	37.8%
New York	21.4%	42.3%	36.4%
GOP	27.1%	39.6%	33.3%
Dem.	19.9%	43.2%	36.9%

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

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

2%

	Chosen	Not chosen
National	56.1%	43.9%
GOP	56.3%	43.7%
Dem.	55.9%	44.1%
Indep.	55.8%	44.2%
Oklahoma	54.9%	45.1%
GOP	50.8%	49.2%
Dem.	57.9%	42.1%
Texas	53.8%	46.2%
GOP	52.8%	47.2%
Dem.	54.1%	45.9%
Florida	56.7%	43.3%
GOP	55.1%	44.9%
Dem.	59.5%	40.5%
Ohio	58.0%	42.0%
GOP	58.2%	41.8%
Dem.	58.2%	41.8%
Virginia	55.7%	44.3%
GOP	55.7%	44.3%
Dem.	50.6%	49.4%
California	53.1%	46.9%
GOP	53.4%	46.6%
Dem.	47.7%	52.3%

	Chosen	Not chosen
Maryland	54.2%	45.8%
GOP	56.2%	43.8%
Dem.	55.8%	44.2%
New York	50.3%	49.7%
GOP	60.3%	39.7%
Dem.	48.2%	51.8%

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

Lower the subsidy Medicare currently provides to teaching hospitals from about 5.5% to 2.2% of the cost of training doctors. **5%**

	Chosen	Not chosen
National	47.8%	52.2%
GOP	52.4%	47.6%
Dem.	43.6%	56.4%
Indep.	48.0%	52.0%
Oklahoma	49.1%	50.9%
GOP	44.0%	56.0%
Dem.	52.0%	48.0%
Texas	45.7%	54.3%
GOP	49.1%	50.9%
Dem.	41.6%	58.4%
Florida	48.6%	51.4%
GOP	52.4%	47.6%
Dem.	46.9%	53.1%
Ohio	48.9%	51.1%
GOP	57.0%	43.0%
Dem.	42.0%	58.0%
Virginia	49.1%	50.9%
GOP	56.2%	43.8%
Dem.	38.3%	61.7%
California	47.1%	52.9%
GOP	51.2%	48.8%
Dem.	43.7%	56.3%

	Chosen	Not chosen
Maryland	42.4%	57.6%
GOP	46.2%	53.8%
Dem.	40.9%	59.1%
New York	45.0%	55.0%
GOP	54.0%	46.0%
Dem.	43.0%	57.0%

Control Costs in Other Ways	

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

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

4%

	Chosen	Not chosen
National	53.6%	46.4%
GOP	64.7%	35.3%
Dem.	46.3%	53.7%
Indep.	47.0%	53.0%
Oklahoma	51.8%	48.2%
GOP	56.1%	43.9%
Dem.	48.6%	51.4%
Texas	48.5%	51.5%
GOP	59.7%	40.3%
Dem.	38.7%	61.3%
Florida	52.6%	47.4%
GOP	62.1%	37.9%
Dem.	48.9%	51.1%
Ohio	57.5%	42.5%
GOP	74.0%	26.0%
Dem.	42.5%	57.5%
Virginia	52.2%	47.8%
GOP	64.4%	35.6%
Dem.	41.4%	58.6%
California	48.8%	51.2%
GOP	62.5%	37.5%

Dem.	42.1%	57.9%
Maryland	54.9%	45.1%
GOP	63.3%	36.7%
Dem.	52.5%	47.5%
New York	48.1%	51.9%
GOP	62.0%	38.0%
Dem.	43.0%	57.0%

[Q44.] Restrict private insurance policies that supplement insurance ("Medigap")

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

10%

	Chosen	Not chosen
National	26.3%	73.7%
GOP	26.5%	73.5%
Dem.	27.1%	72.9%
Indep.	24.1%	75.9%
Oklahoma	25.3%	74.7%
GOP	21.6%	78.4%
Dem.	28.5%	71.5%
Texas	23.0%	77.0%
GOP	21.9%	78.1%
Dem.	26.9%	73.1%
Florida	29.2%	70.8%
GOP	30.3%	69.7%
Dem.	36.1%	63.9%
Ohio	26.4%	73.6%
GOP	27.6%	72.4%
Dem.	22.7%	77.3%
Virginia	26.1%	73.9%
GOP	35.1%	64.9%
Dem.	23.2%	76.8%

California	24.1%	75.9%
GOP	25.7%	74.3%
Dem.	24.7%	75.3%

Maryland	24.9%	75.1%
GOP	31.2%	68.8%
Dem.	23.0%	77.0%

New York	24.3%	75.7%
GOP	22.7%	77.3%
Dem.	25.0%	75.0%

Increasing Revenues	

[Q45.] Increase premiums for higher-income seniors

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

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

	15% over present level	30% over present level	Not chosen
National	34.5%	24.7%	40.8%
GOP	36.4%	21.5%	42.1%
Dem.	35.1%	27.7%	37.3%
Indep.	29.1%	24.5%	46.4%
Oklahoma	30.3%	24.2%	45.5%
GOP	28.7%	20.2%	51.0%
Dem.	34.3%	29.0%	36.6%
Texas	30.6%	22.7%	46.7%
GOP	32.3%	20.9%	46.8%
Dem.	31.8%	23.2%	45.0%
Florida	31.9%	22.9%	45.2%
GOP	34.7%	21.7%	43.7%
Dem.	36.7%	23.5%	39.8%
Ohio	36.8%	24.2%	39.0%
GOP	41.9%	23.0%	35.1%
Dem.	33.5%	28.2%	38.3%
Virginia	33.1%	23.5%	43.4%

GOP	24.3%	29.9%	45.9%
Dem.	40.4%	20.9%	38.7%
California	34.2%	24.3%	41.4%
GOP	38.6%	19.9%	41.5%
Dem.	37.2%	27.7%	35.2%
Maryland	35.2%	19.5%	45.3%
GOP	34.9%	12.1%	53.0%
Dem.	35.6%	22.0%	42.4%
New York	31.3%	23.5%	45.2%
GOP	32.2%	22.1%	45.6%
Dem.	33.2%	21.8%	45.0%

[Q46.] Increase standard Medicare premiums

Increase standard premiums to cover 30%, rather than 25%, of the average cost of providing healthcare for seniors, over five years starting in 2017. The standard premium would go up by one-fifth, rising from $136 a month to $170 a month (in current dollars).	16%
Increase standard premiums to cover 35%, rather than 25%, of the average cost of providing healthcare for seniors, over five years starting in 2017.	32%

	Increase standard premiums to cover 30%	Increase standard premiums to cover 35%	Not chosen
National	29.0%	13.3%	57.7%
GOP	29.6%	14.0%	56.4%
Dem.	31.9%	11.8%	56.3%
Indep.	21.3%	15.1%	63.7%
Oklahoma	24.7%	12.5%	62.8%
GOP	27.6%	12.8%	59.6%
Dem.	23.2%	11.6%	65.2%
Texas	25.3%	16.4%	58.3%
GOP	31.6%	13.2%	55.2%
Dem.	25.0%	19.6%	55.4%
Florida	24.0%	11.7%	64.3%
GOP	27.8%	11.4%	60.8%
Dem.	29.1%	14.2%	56.7%

Ohio	28.6%	12.6%	58.8%
GOP	28.8%	13.8%	57.4%
Dem.	29.7%	10.5%	59.8%
Virginia	31.8%	17.0%	51.2%
GOP	24.5%	19.6%	56.0%
Dem.	35.7%	13.7%	50.6%
California	28.1%	13.8%	58.1%
GOP	31.8%	17.2%	51.0%
Dem.	29.1%	11.4%	59.5%
Maryland	31.6%	15.1%	53.3%
GOP	26.0%	22.0%	52.0%
Dem.	36.2%	10.7%	53.1%
New York	22.1%	13.8%	64.1%
GOP	26.5%	14.6%	58.8%
Dem.	26.6%	14.7%	58.7%

[Q47.] Increase the Medicare payroll tax

Increase the amount that wage earners and employers pay by 0.1 to 0.3%. For the average wage earner who earns about $50,000 this would mean an increase in payroll taxes of $50 to $150 a year. Increasing the payroll tax for wage earner and employees:

by 0.1%	11.3%
by 0.2%	22.6%
by 0.3%	33.9%

	Increase payroll tax by 0.1%	Increase payroll tax by 0.2%	Increase payroll tax by 0.3%	Not chosen
National	26.6%	20.4%	20.1%	33.0%
GOP	27.0%	21.5%	20.2%	31.3%
Dem.	26.9%	20.3%	21.1%	31.7%
Indep.	25.1%	18.2%	17.4%	39.4%
Oklahoma	22.5%	16.9%	23.5%	37.1%
GOP	22.4%	16.5%	21.2%	39.8%
Dem.	23.4%	17.9%	25.7%	33.0%
Texas	22.8%	17.8%	18.6%	40.8%
GOP	22.5%	20.4%	17.4%	39.8%

Dem.	25.8%	18.3%	18.1%	37.8%
Florida	26.7%	15.4%	21.5%	36.3%
GOP	30.4%	20.7%	19.9%	29.1%
Dem.	26.7%	9.6%	21.9%	41.9%
Ohio	29.7%	21.5%	17.6%	31.2%
GOP	31.0%	22.0%	17.7%	29.3%
Dem.	30.2%	19.5%	21.0%	29.4%
Virginia	25.7%	19.7%	20.0%	34.5%
GOP	27.5%	18.9%	20.8%	32.8%
Dem.	21.1%	20.6%	21.1%	37.2%
California	24.6%	22.3%	22.0%	31.1%
GOP	26.2%	23.7%	23.4%	26.8%
Dem.	24.8%	25.1%	22.1%	28.1%
Maryland	25.1%	16.9%	18.7%	39.3%
GOP	25.4%	13.6%	15.3%	45.7%
Dem.	29.6%	15.0%	20.9%	34.5%
New York	23.8%	19.4%	19.1%	37.8%
GOP	27.3%	22.7%	17.6%	32.3%
Dem.	29.4%	16.3%	17.8%	36.5%