ALEXANDER-MURRAY QUESTIONNAIRE
January 2018

Fielded by: Nielsen Scarborough
Total Sample size: 2511 registered voters (RVs)
Fielding Dates: Dec 6 - 13, 2017
Margin of Error: +/- 2%

Note: Text in [brackets] was not presented to respondents

As you may know, a new bill has been proposed in the Senate that would make some changes to healthcare. We would like to know your views on this.

The proposed bill would affect health insurance that individuals and families can purchase through the exchanges set up by the Affordable Care Act (or ACA.

It would not affect insurance plans provided by employers, Medicaid, or Medicare. So, the proposed bill would affect about 12 million people.

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

[Outreach and Education]
As you may know, the Affordable Care Act (ACA) set up exchanges to help connect individuals with insurance companies. The federal government has spent money for outreach to familiarize people with the ACA's insurance exchanges. This includes advertising, education, training "navigators" to help people find their way to a health plan, and notifying people if there is a problem with their coverage.

The current administration reduced funding for outreach by over 70 percent. As a result, there was a substantial fall-off in new enrollments compared to the previous year.

Under the proposed bill the spending on outreach would be restored.

Here are arguments for and against this part of the proposed bill.

Q1: It is the responsibility of government to do its best to maximize the number of citizens with health insurance. When people do not have health insurance is creates many costs for society as well as the person without insurance. We know from experience that if we cut back on outreach efforts fewer people will sign up. For example, someone who lost the insurance they previously got from an employer may not know that they need to sign up for insurance during a specific period in the year and that if they miss it will have to go without insurance until the next year. Cutting back spending on outreach efforts is penny-wise and pound-foolish.

Please select how convincing or unconvincing you find this argument:

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	29.5%	31.7%	**61.2%**	18.9%	19.3%	**38.2%**	0.6%
GOP	7.8%	27.7%	**35.5%**	31.0%	33.0%	**64.0%**	0.5%
Dem.	51.5%	31.7%	**83.2%**	8.8%	7.7%	**16.5%**	0.3%
Indep.	22.9%	41.3%	**64.2%**	16.5%	17.7%	**34.2%**	1.7%
Cook's PVI (D-R)							
Very red	21.1%	26.7%	**47.8%**	24.0%	28.1%	**52.1%**	0.0%
Red	24.7%	33.1%	**57.8%**	18.2%	23.5%	**41.7%**	0.5%
Lean red	30.6%	34.2%	**64.8%**	17.0%	17.8%	**34.8%**	0.4%
Lean blue	28.0%	37.9%	**65.9%**	15.3%	17.6%	**32.9%**	1.2%
Blue	33.3%	33.6%	**66.9%**	17.5%	15.3%	**32.8%**	0.4%
Very blue	40.0%	26.9%	**66.9%**	18.9%	13.0%	**31.9%**	1.2%

Note: In the analysis above and throughout, the survey was divided into sextiles, with "Very red" districts having a Cook PVI rating (D-R) of -33 to -14, "Red" districts a PVI rating of -13 to -8, "Lean red" districts a PVI rating of -7 to -1, "Lean Blue" districts a PVI rating of +1 to +8, "Blue" districts a PVI rating of +9 to +17, and "Very blue" districts a PVI rating of +18 to +44.

Q2: In its work to get a grip on the overspending going on everywhere in government, the administration is scrutinizing all budgets, including spending to promote Affordable Care Act (ACA). This reduction is reasonable: it lowers this spending to a level similar to what the government spends on publicizing Medicare's drug benefit. Government should not be expected to always take people by the hand and tell them what they need to do. Furthermore, it is clear that the ACA is a failing program and it makes no sense to prop it up with taxpayer-financed advertising.

Please select how convincing or unconvincing you find this argument?

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
National	26.3%	24.3%	**50.6%**	18.0%	30.7%	**48.7%**	0.7%
GOP	53.4%	31.8%	**85.2%**	9.6%	4.4%	**14.0%**	0.8%
Dem.	5.2%	15.7%	**20.9%**	22.6%	55.6%	**78.2%**	0.9%
Indep.	17.4%	28.7%	**46.1%**	25.8%	27.7%	**53.5%**	0.4%
Cook's PVI (D-R)							
Very red	35.7%	28.1%	**63.8%**	13.9%	21.4%	**35.3%**	0.9%
Red	30.7%	26.7%	**57.4%**	16.0%	25.3%	**41.3%**	1.3%
Lean red	27.2%	25.4%	**52.6%**	17.5%	29.5%	**47.0%**	0.4%
Lean blue	22.2%	25.9%	**48.1%**	19.0%	32.7%	**51.7%**	0.2%
Blue	21.6%	21.7%	**43.3%**	21.5%	34.8%	**56.3%**	0.4%
Very blue	19.3%	18.5%	**37.8%**	19.7%	41.1%	**60.8%**	1.3%

Q3: So again, under this part of the proposed bill, spending levels would be restored for outreach to familiarize people with the ACA's insurance exchanges, through advertising, education, and training "navigators," to help people seeking a health plan through the ACA. Do you approve or disapprove of this part of the proposed bill?

	Approve	Disapprove	Ref./Don't know
National	58.1%	41.6%	0.3%
GOP	29.3%	70.2%	0.5%
Dem.	85.1%	14.8%	0.1%
Indep.	55.4%	44.1%	0.4%
Cook's PVI (D-R)			
Very red	47.0%	52.4%	0.6%
Red	50.5%	49.3%	0.2%
Lean red	62.6%	36.8%	0.6%
Lean blue	59.8%	40.2%	0.0%
Blue	64.3%	35.6%	0.2%
Very blue	66.1%	33.7%	0.2%

[COST SHARING FOR LOW INCOME]

The next part of the proposed bill concerns subsidies that the government pays to help cover health care costs for low-income people. These subsidies ensure that a person with an income of less than $30,000 does not have to pay more than $2,250 for out-of-pocket expenses in a particular year for things like covering deductibles and co-pays.

These subsidies have been paid directly to the insurance companies to reimburse them for covering the out-of-pocket costs of low-income people over and above their maximum.

These subsidy payments were recently ended. However, insurance companies are still required by law to cover these costs. To compensate for the lost subsidies, they have raised the premiums for all individual plans more than they would have otherwise. Thus, many people will have to pay substantially more for their premiums. For low-income people, however, these premium increases will be covered by other subsidies within the ACA.

The impact of the proposed law has been assessed by the Congressional Budget Office (or CBO). The CBO is a non-partisan Congressional agency that serves Congress by assessing the consequences of proposed bills.

The CBO estimates that the government will not save money from ending the subsidies, and in the short term will lose money.

The proposed bill restores the subsidies that go to insurance companies to reimburse them for covering the out-of-pocket costs of low-income people for at least two years.

Here are arguments for and against this part of the proposed bill.

Q4: By ending the subsidies for out of pocket costs for low-income people the government has only created disruption and uncertainty. Middle-income people are paying higher premiums. And the government will pay more in premium subsidies for low-income people. The CBO says the government is not saving any money and even losing money in the short run. We need to re-stabilize the individual healthcare market by restoring the subsidies that have been highly effective in bringing healthcare coverage to millions of people.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Ref. /Don't know
National	35.8%	30.6%	**66.4%**	18.5%	14.8%	**33.3%**	0.3%
GOP	14.0%	31.5%	**45.5%**	29.8%	24.2%	**54.0%**	0.6%
Dem.	58.7%	28.7%	**87.4%**	7.1%	5.5%	**12.6%**	0.0%
Indep.	27.1%	33.9%	**61.0%**	21.5%	17.3%	**38.8%**	0.2%
Cook's PVI (D-R)							
Very red	29.8%	28.0%	**57.8%**	23.3%	18.5%	**41.8%**	0.4%
Red	32.5%	31.2%	**63.7%**	19.2%	16.3%	**35.5%**	0.8%
Lean red	35.4%	34.0%	**69.4%**	18.0%	12.1%	**30.1%**	0.5%
Lean blue	37.4%	34.2%	**71.6%**	13.7%	14.8%	**28.5%**	0.0%
Blue	36.7%	29.7%	**66.4%**	19.1%	14.5%	**33.6%**	0.0%
Very blue	43.4%	27.3%	**70.7%**	16.6%	12.7%	**29.3%**	0.1%

Q5: These subsidies are a give-away to the insurance companies that has to stop. This bill is simply an effort to shore up a system that is not working. The advocates of the ACA told us that premiums would stop going up and up, but that has clearly not happened. Going back to paying subsidies so that some low-income people make little or no copayments removes their incentives to keep their medical costs low and makes them dependent on the government.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Ref. / Don't know
National	25.6%	29.7%	**55.3%**	17.8%	26.4%	**44.2%**	0.5%
GOP	48.7%	34.1%	**82.8%**	10.7%	6.1%	**16.8%**	0.5%
Dem.	7.5%	22.5%	**30.0%**	24.3%	45.3%	**69.6%**	0.4%
Indep.	18.3%	38.0%	**56.3%**	17.5%	25.2%	**42.7%**	0.9%
Cook's PVI (D-R)							
Very red	34.6%	30.2%	**64.8%**	13.1%	21.2%	**34.3%**	0.9%
Red	29.6%	30.0%	**59.6%**	16.9%	22.9%	**39.8%**	0.5%
Lean red	26.8%	27.8%	**54.6%**	18.2%	27.0%	**45.2%**	0.1%
Lean blue	24.2%	30.7%	**54.9%**	17.5%	27.2%	**44.7%**	0.3%
Blue	21.4%	30.9%	**52.3%**	21.3%	26.2%	**47.5%**	0.2%
Very blue	16.2%	28.6%	**44.8%**	20.4%	33.9%	**54.3%**	1.0%

Q6: So now do you favor or oppose restoring the subsidies that go to insurance companies to reimburse them for covering the out of pocket costs of low income people for at least two years.

	Favor	Oppose	Ref./Don't know
National	57.7%	41.6%	0.7%
GOP	29.0%	70.1%	0.9%
Dem.	84.4%	15.1%	0.5%
Indep.	55.3%	44.1%	0.6%
Cook's PVI (D-R)			
Very red	44.6%	54.9%	0.5%
Red	51.6%	47.5%	0.8%
Lean red	57.8%	41.4%	0.8%

Lean blue	62.2%	37.0%	0.8%
Blue	61.3%	38.2%	0.5%
Very blue	70.3%	29.0%	0.7%

[COPPER PLANS FOR ALL]

As you may know, the Affordable Care Act (ACA) requires a certain minimum level of health insurance coverage. In most cases this minimum is called a "bronze plan." Right now there is an exception for people under the age of 30. They can purchase a less expensive type of plan called a "copper plan." The proposed bill would make copper plans available in the ACA exchanges to anyone seeking individual insurance, including people over the age of 30.

Here is the main difference between a bronze plan and a copper plan. For both types of plans the key thing that makes them inexpensive is that they have a high deductible--as high as $7,150. The person gets the benefit of a lower premium, but takes the risk that they will have high medical costs for that year.

The difference between the plans is that under the bronze plan premiums are higher but the person only has to pay 40% of medical costs until they have met their deductible of $7,150, while under the copper plan premiums are lower but the person has to pay 100% of nearly all costs until the deductible is met.

Right now people under 30 are allowed to have a copper plan as they are less likely to have high medical costs because, at their age, they are less likely to get sick.

Again, the proposal is to allow anybody who wants it to have a copper plan as well.

The CBO estimates that this provision would not substantially change the total number of people with individual insurance. Introducing copper plans would slightly lower premiums for other individual plans, because the people who enroll in them would tend to be healthier on average. There would also be some slight saving for the government because the copper plans get less in subsidies.

Here are arguments for and against this part of the proposed law.

Q7: The government should not be telling people what kind of insurance plan to have. If people want to have a copper plan with a high deductible they should be able to do so. They may feel that they're healthy enough and they can financially handle the first $7,150 of an illness or and an accident. In the event of a very costly illness or accident they would still be covered. We should let people make that decision for themselves. Furthermore, it might encourage people to get coverage who do not have it now, because they feel they cannot afford the premiums of a bronze plan.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Ref. / Don't know
National	37.5%	39.2%	**76.7%**	13.9%	8.9%	**22.8%**	0.5%
GOP	51.0%	34.0%	**85.0%**	9.1%	5.6%	**14.7%**	0.3%
Dem.	27.0%	41.9%	**68.9%**	18.0%	12.5%	**30.5%**	0.6%
Indep.	33.3%	44.0%	**77.3%**	14.6%	7.4%	**22.0%**	0.7%
Cook's PVI (D-R)							
Very red	41.0%	38.2%	**79.2%**	12.5%	7.5%	**20.0%**	0.8%
Red	40.6%	39.4%	**80.0%**	11.7%	7.8%	**19.5%**	0.5%
Lean red	37.3%	40.2%	**77.5%**	12.4%	10.0%	**22.4%**	0.1%
Lean blue	41.0%	37.8%	**78.8%**	12.5%	8.7%	**21.2%**	0.0%
Blue	39.5%	36.6%	**76.1%**	14.9%	8.8%	**23.7%**	0.1%
Very blue	27.5%	41.7%	**69.2%**	18.7%	10.8%	**29.5%**	1.3%

Q8: Copper plans are a bad idea. They'll always look like a better deal on the surface than they really are. The very people attracted to those plans are ones with low incomes who cannot afford the $7,150 deductible, especially when they get sick and are less able to work. Also, research shows that people on plans with very high deductibles tend to avoid visiting the doctor. They wait until illness or accident forces them to. Often they end up going to the emergency room, which is inefficient; since many cannot afford to pay, the hospital often eats the cost. The ACA exchanges should not be offering these plans, which are bad for low-income people and for society.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Ref. / Don't know
National	23.5%	33.1%	**56.6%**	25.5%	17.4%	**42.9%**	0.5%
GOP	17.6%	31.9%	**49.5%**	27.3%	23.0%	**50.3%**	0.2%
Dem.	29.3%	34.4%	**63.7%**	23.9%	11.7%	**35.6%**	0.7%
Indep.	22.2%	32.1%	**54.3%**	25.6%	19.4%	**45.0%**	0.7%
Cook's PVI (D-R)							
Very red	20.8%	34.5%	**55.3%**	24.0%	19.9%	**43.9%**	0.8%
Red	18.1%	33.8%	**51.9%**	22.5%	25.6%	**48.1%**	0.0%
Lean red	25.0%	29.7%	**54.7%**	30.8%	14.1%	**44.9%**	0.3%
Lean blue	24.9%	33.7%	**58.6%**	24.5%	17.0%	**41.5%**	0.0%
Blue	27.3%	34.5%	**61.8%**	23.5%	14.5%	**38.0%**	0.1%
Very blue	25.5%	32.2%	**57.7%**	26.4%	14.5%	**40.9%**	1.4%

Q9: So, now do you favor or oppose making "copper plans," a choice available in the ACA exchanges to anyone seeking individual insurance, including people over the age of 30.

	Favor	Oppose	Ref./Don't know
National	60.1%	39.1%	0.8%
GOP	68.2%	31.2%	0.6%
Dem.	53.9%	45.1%	1.0%
Indep.	57.2%	42.0%	0.7%
Cook's PVI (D-R)			
Very red	60.5%	38.6%	0.9%
Red	64.4%	34.7%	0.9%
Lean red	61.7%	37.8%	0.5%
Lean blue	60.3%	38.5%	1.2%
Blue	57.2%	42.1%	0.7%
Very blue	57.3%	42.1%	0.6%

Q10-12. Held for future release
Q13-15. Previously released