PROGRAM FOR PUBLIC CONSULTATION
SCHOOL OF PUBLIC POLICY, UNIVERSITY OF MARYLAND

Survey on Healthcare and Drug Pricing

– NEVADA QUESTIONNAIRE –

Field Dates:	June 28- July 8, 2024		
Sample Size:	Nevada: 608 Adults	National: Q1-28: 2,404 Adults	Q29-37 801 Adults
Confidence Interval:	Nevada: +/- 4.5%	National: Q1-28: +/- 2.3	Q29-37: +/- 3.9%
Sample Provided by:	Multiple online opt-in panels, including Cint, Dynata and Prodege. Sample collection and quality control was managed by QuantifyAI under the direction of the University of Maryland's Program for Public Consultation.		

Introduction

This survey is going to address the costs of healthcare in the US, and proposals for reducing those costs.

You will be provided background information on these options, as well as arguments for and against each. This survey will take about 15-20 minutes to answer. Your answers will remain completely anonymous.

PRIVACY NOTICE: The answers to these questions and all of your personal information will be kept **completely anonymous and confidential. We are both ethically committed to protecting your privacy, and as part of the University of Maryland we are legally required to do so**.

As you may know, there is much discussion these days about the costs of healthcare and how these costs have been going up.

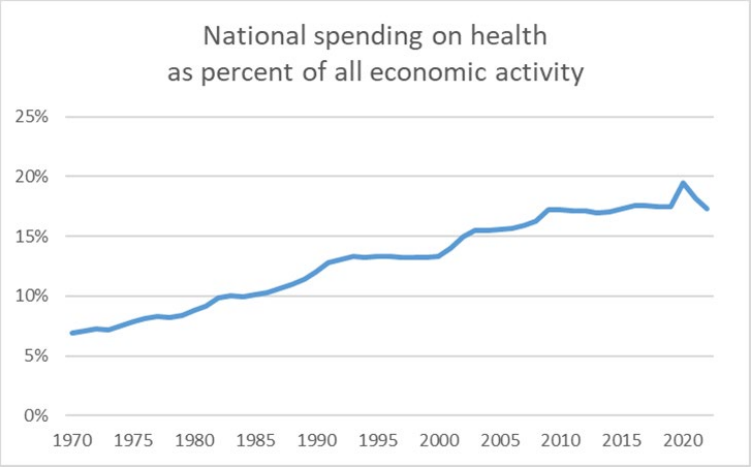
Here is some background information on healthcare spending in the US.

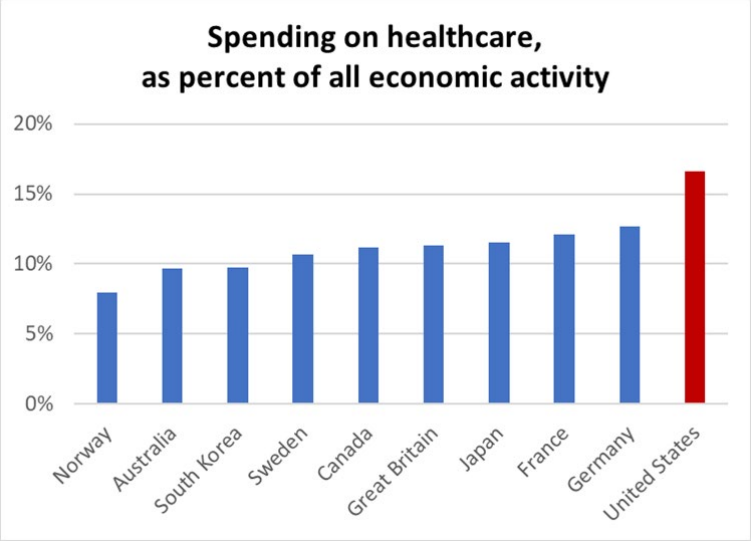
Over the last 50 years, total spending on healthcare, by households and the government, has increased from around 7% of all economic activity in the country, to around 17%.[1]

Compared to other developed countries, US spending on healthcare takes up a larger percentage of its total economic activity.[2]

Another way to look at changes in spending on healthcare is by looking at how much households spend on healthcare, as a percentage of their income. This includes payments on insurance premiums and out-of-pocket costs. From 1970 until 2020:

- lower-income households have gone from spending 10% of their income to 21%,
- middle-income households have gone from spending 5% of their income to 8%, and





[1] CMS. National Health Expenditures data: Historical.
[2] OECD. Health Spending

- among higher-income households, spending on healthcare has remained at around 3% of income[3]

One of the reasons that spending on healthcare has increased and is higher in the US than in other developed countries, is the cost of prescription drugs. Prescription drugs include those that can be purchased at a pharmacy with a prescription, as well as those provided by a healthcare professional at a hospital or other health center.

We are going to explore several proposals currently under consideration in Congress for reducing the cost of drugs.

First, here is some background information.

As you may know, the cost of drugs plays an important role in determining the cost of healthcare for all healthcare consumers, including those with insurance. Drug prices affect what people pay out-of-pocket for drugs, like for copays or coinsurance,[4] and even more if the drug is not covered by their insurance.

In 2021, twenty one percent of people reported that they did not get a prescribed drug because they could not afford it. Twelve percent reported taking less than the prescribed amount to save money.[5]

Something that impacts an even larger number of people is that the price of drugs affects the cost of health insurance premiums as health insurance companies pass the cost of drugs on to consumers. So, policies that reduce the cost of drugs will also reduce what people pay for premiums.[6]

We are now going to look at some proposals for trying to lower the cost of prescription drugs.

As you may know, the prices that drugs sell for in other developed countries are on average less than half the price that Americans pay.[7]

Thus, there is currently a proposal that goes like this:

The federal government shall set maximum prices that drug companies can charge for each prescription drug, based on what is charged for those drugs in other developed countries (including Canada, Australia, Japan and many European countries).[8]

Drug prices are lower in other countries because nearly all health insurance is regulated by the government, and they set or negotiate prices for all drugs covered by insurance. However, in some cases, if a drug is determined to be too expensive, then it will not be covered by insurance in these countries.

Drug companies are able to sell their drugs for less in other developed countries, while still making a profit, because the cost of manufacturing drugs is often very low. The larger cost for drug companies is the research and trials that are required to develop new drugs.[9]

Drug companies are opposed to the US government setting limits on how much they can charge in the US, saying that if they are required to lower the prices they charge in the US, this will: reduce the amount of revenue they have to invest in drug development, and reduce their ability to make profits so much that they will be less ready to take the risk of developing new drugs.

The Congressional Budget Office has studied this issue and concluded that, if the government limits what drug companies can charge, the number of new drugs developed could be reduced by a few percent, but there is some controversy about this assessment.[10]

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[3] BLS. (1973) Consumer Expenditure Survey, Table 6; BLS. (2020) Consumer Expenditure Survey, Table 1101

[4] Yang, E. J., Galan, E., Thombley, R., Lin, A. N., Seo, J., Tseng, C. W., Resneck, J. S., Bach, P. B., & Dudley, R. A. (2020). Changes in drug list prices and amounts paid by patients and insurers. JAMA Network Open, 3(12)

[5] KFF. (2023) KFF Health Tracking Poll July 2023; also see CDC. (2023) Characteristics of Adults Aged 18–64 Who Did Not Take Medication as Prescribed to Reduce Costs: United States, 2021

[6] CBO estimated that reducing the price of drugs would reduce premiums. CBO. (2019) Budgetary Effects of H.R. 3, the Elijah E. Cummings lower Drug Costs Now Act

[7] RAND. (2021) International Prescription Drug Price Comparisons: Current Empirical Estimates and Comparisons with Previous Studies.

[8] H.R.4215 End Price Gouging for Medications Act by Rep. Dingell; and Sen. Merkley S. 2044

[9] CBO. (2021) Research and Development in the Pharmaceutical Industry

[10] CBO analyzed the effects on drug development for the policy to allow Medicare to negotiate drug prices, and found it would likely reduce the number of new drugs by less than a percent. Limiting what drug companies can charge to no more than that charged in other developed countries would likely result in a larger reduction in new drugs. CBO. (2019) Budgetary Effects of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act

Here are arguments for and against the proposal for the government to limit what drug companies can charge, to no more than what is charged in other developed countries.

Q1. It is appropriate for the government to regulate the price of prescription drugs, which are necessary for people's survival and to live healthy lives. When drug prices are high some people can't afford them and as a result some of them will develop more serious illness or disability, or even die, unnecessarily. High drug prices also drive-up premiums for health insurance, putting it out of reach for millions.[11] Taxpayers fund a third of all research that goes into developing new drugs – which drug companies rely on – and yet many Americans can't even afford them. Americans are getting taken advantage of, and it's time for the government to step in and change that.[12]

How convincing or unconvincing do you find this argument?

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	40.1%	46.9%	**87.0%**	6.1%	3.3%	**9.4%**	3.5%
GOP	29.0%	54.1%	**83.1%**	7.3%	5.5%	**12.8%**	4.1%
Dem.	51.9%	39.7%	**91.6%**	4.1%	0.6%	**4.7%**	3.7%
National	41.9%	41.6%	**83.5%**	7.8%	3.4%	**11.2%**	5.3%
GOP	38.7%	44.2%	**82.9%**	7.7%	4.6%	**12.3%**	4.8%
Dem.	51.3%	36.4%	**87.7%**	5.5%	1.8%	**7.3%**	4.9%
Indep.	26.8%	48.0%	**74.8%**	13.5%	4.4%	**17.9%**	7.3%

Q2. Companies take huge risks when they invest in developing new drugs, because most of those investments won't work out. It can cost up to two billion dollars to develop one new successful drug, and there's no certainty that they will make their money back, let alone make a profit. If we lower their revenues, and lower what they can expect to earn on future investments, they will make less investment and ultimately there will be fewer new drugs. This hurts everyone's health and some people will die who could have been saved.[13]

How convincing or unconvincing do you find this argument?

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	18.6%	42.7%	**61.3%**	26.8%	10.5%	**37.3%**	1.3%
GOP	22.5%	41.9%	**64.4%**	24.8%	8.9%	**33.7%**	1.8%
Dem.	17.5%	43.3%	**60.8%**	25.9%	12.9%	**38.8%**	0.5%
National	20.9%	40.3%	**61.2%**	27.0%	9.7%	**36.7%**	2.1%
GOP	22.1%	43.4%	**65.5%**	24.0%	8.1%	**32.1%**	2.5%
Dem.	22.2%	35.7%	**57.9%**	29.3%	11.3%	**40.6%**	1.4%
Indep.	14.8%	44.2%	**59.0%**	28.5%	9.8%	**38.3%**	2.7%

Q3. Large drug corporations have far higher profits than any other industry. The idea that they are not going to invest in developing new drugs because they might instead make more ordinary levels of profits does not make sense. They will still make lots of money. They are not going to stop. Threatening to hold back on developing drugs is just a ploy to try to hold the health of the American people hostage. The real health concern here is not that drugs won't be developed, but that people do not get the drugs they need because of their high cost and some of them die unnecessarily.[14]

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[11] CBO estimated that reducing the price of drugs would reduce premiums. CBO. (2019) Budgetary Effects of H.R. 3, the Elijah E. Cummings lower Drug Costs Now Act; NIH. (2014) Are Specialty Drug Prices Destroying Insurers and Hurting Consumers?

[12] GAO. (2023) National Institute of Health: Better Data Will Improve Understanding of Federal Contributions to Drug Development; CBO. (2021) Research and Development in the Pharmaceutical Industry; Cleary, E. G., Jackson, M. J., Zhou, E. W., & Ledley, F. D. (2023). Comparison of Research Spending on New Drug Approvals by the National Institutes of Health vs the Pharmaceutical Industry, 2010-2019. JAMA Health Forum, 4(4), e230511. Note: Historical government drug R&D includes both NIH and DARPA.

[13] PhRMA. (2018) PhRMA Statement on HHS Speech and Part B Proposal

[14] NBER. (2021) Higher Prescription Drug Cost-Sharing Raises Mortality among Medicare Beneficiaries; CIDSA. (2020) High Drug Prices and Patient Costs: Millions of Lives and Billions of Dollars Lost; Gallup (2019). Millions in U.S. Lost Someone Who Couldn't Afford Treatment.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	43.8%	39.2%	**83.0%**	11.3%	5.4%	**16.7%**	0.3%
GOP	32.9%	46.6%	**79.5%**	13.3%	6.7%	**20.0%**	0.5%
Dem.	61.0%	29.6%	**90.6%**	6.9%	2.1%	**9.0%**	0.3%
National	42.0%	38.9%	**80.9%**	13.3%	4.3%	**17.6%**	1.6%
GOP	36.9%	41.7%	**78.6%**	14.6%	5.0%	**19.6%**	1.9%
Dem.	52.0%	34.5%	**86.5%**	9.8%	2.6%	**12.4%**	1.1%
Indep.	30.0%	42.7%	**72.7%**	18.7%	6.6%	**25.3%**	2.0%

Q4. As much as it would be great for drug companies to charge lower prices and keep investing the same amount in drug R&D, the government's own estimates have found that will not happen.[15] You can only drive down their profits so much. Companies have a responsibility to their investors who have taken a big risk by investing a lot of money in developing drugs. Many of them don't end up working, but still cost the company a lot of money. This proposal will leave us with fewer lifesaving medicines, because it's based on a misunderstanding of how businesses actually work.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	15.6%	37.1%	**52.7%**	34.4%	11.6%	**46.0%**	1.3%
GOP	17.7%	41.4%	**59.1%**	29.5%	9.9%	**39.4%**	1.5%
Dem.	17.7%	29.8%	**47.5%**	37.7%	13.4%	**51.1%**	1.4%
National	19.2%	37.1%	**56.3%**	31.2%	11.0%	**42.2%**	1.5%
GOP	18.6%	40.4%	**59.0%**	31.0%	8.3%	**39.3%**	1.7%
Dem.	21.3%	32.8%	**54.1%**	30.9%	13.8%	**44.7%**	1.2%
Indep.	15.6%	39.8%	**55.4%**	32.4%	10.7%	**43.1%**	1.6%

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

The federal government shall set maximum prices that drug companies can charge for each prescription drug, based on what is charged for those drugs in other developed countries (such as Canada, Australia, Japan and many European countries).[16]

Q5. How acceptable do you find this proposal on a scale of 0-10, where 0=Not at all acceptable, 5=Just tolerable and 10=very acceptable?

	(0-4)	5	(6-10)	Refused / DK
Nevada	18.9%	22.9%	58.1%	0.0%
GOP	18.6%	23.0%	58.4%	0.0%
Dem.	17.8%	19.2%	62.9%	0.1%
National	21.1%	18.8%	59.7%	0.4%
GOP	23.6%	17.7%	58.2%	0.4%
Dem.	15.5%	15.0%	69.2%	0.4%
Indep.	28.6%	30.5%	40.5%	0.4%

Q6. In conclusion, do you favor or oppose this proposal?

	Favor	Oppose	DK/Ref
Nevada	76.9%	22.9%	0.2%
GOP	72.3%	27.3%	0.4%
Dem.	84.3%	15.7%	0.0%
National	78.3%	21.4%	0.3%
GOP	74.9%	24.8%	0.3%

[15] CBO analyzed the effects on drug development for the policy to allow Medicare to negotiate drug prices and found it would likely reduce the number of new drugs by a few percent. Limiting what drug companies can charge to no more than that charged in other developed countries would likely result in a larger reduction in new drugs. CBO. (2019) Budgetary Effects of H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act

[16] H.R.4215 End Price Gouging for Medications Act by Rep. Dingell (D), cosponsors 0; and Sen. Merkley S. 2044

Dem.	86.5%	13.1%	0.4%
Indep.	66.5%	33.5%	0.0%

Demographic Results for Nevada				
		Favor	Oppose	DK/Ref
Race	White	80.5%	19.2%	0.3%
	Hispanic	77.4%	22.6%	0.0%
Gender	Men	75.5%	24.5%	0.0%
	Women	78.4%	21.3%	0.3%
Age	18-29	79.2%	20.8%	0.0%
	30-49	75.8%	24.2%	0.0%
	50-64	79.3%	20.0%	0.7%
	65 or older	74.0%	26.0%	0.0%
Income	Less than $50,000	75.6%	23.9%	0.5%
	$50-100,000	70.5%	29.5%	0.0%
	$100-150,000	88.2%	11.8%	0.0%
	More than $150,000	75.1%	24.9%	0.0%
Education	High School or less	76.0%	23.7%	0.4%
	Some college	79.0%	21.0%	0.0%
	College degree	75.9%	24.1%	0.0%

[Q. 7-9 *National sample only*]

An important factor that affects drug prices is the amount of competition in the drug market.

Something that affects the amount of competition is patents on drugs.

Here is what patents are:

When a company develops a new product, such as a new drug, they can get a patent from the federal government. In that case, other companies are legally prohibited from making that product for several years. For drugs, it is for up to 20 years.

Because there is no competition during those first years, the company with the patent can charge a price that is higher than if they had competition.

The idea behind patents is that the drug company should be given enough time to sell the product without competition, so they can cover the costs of developing that product and make some profits.

Once the patent expires, other drug manufacturers can start making that drug, such as "generic" drug companies which charge lower prices. This increases competition and prices come down.[17]

Q10. How familiar are you with the idea of patents?

	Very familiar	Somewhat familiar	Very – Somewhat Familiar	A little familiar	Not at all Familiar	A little – Not at all Familiar	Refused / Don't know
Nevada	29.9%	39.4%	**69.3%**	18.6%	11.9%	**30.5%**	0.2%
GOP	34.7%	40.2%	**74.9%**	16.8%	8.4%	**25.2%**	0.0%
Dem.	28.8%	39.2%	**68.0%**	20.7%	10.8%	**31.5%**	0.5%
National	26.9%	43.4%	**70.3%**	18.7%	10.7%	**29.4%**	0.2%
GOP	29.2%	42.7%	**71.9%**	18.5%	9.4%	**27.9%**	0.2%
Dem.	27.9%	45.4%	**73.3%**	17.1%	9.4%	**26.5%**	0.3%
Indep.	19.1%	40.1%	**59.2%**	23.4%	17.4%	**40.8%**	0.0%

[17] FDA. (2019) Generic Competition and Drug Prices: New Evidence Linking Greater Generic Competition and Lower Generic Drug Prices

Some drug companies have been extending the amount of time their drug has no competition, after their patent expires. Here is one way they do this:

When the patent on their drug is about to expire, and a generic drug company wants to start making that drug, the drug company pays the generic drug maker to hold off on making and selling that drug for a period of time, so that it can continue to charge the higher price without competition.

In 2000, courts ruled that these deals violated anti-competition laws and were banned. Then in 2005, courts over-ruled that decision and allowed drug companies to start making these deals again. Since then, the number of these agreements has continued to increase.[18]

A proposal has been put forward to pass a law that would make these deals illegal.[19]

Here is an argument in favor:

Q11. Patent law already gives companies that develop new drugs many years to charge high prices and make back their costs of developing a new drug, plus a profit. After that, it is in the public interest to have competition so that consumers can get the best deal. These deals may cost consumers and the government tens of billions of dollars a year.[20] We should not let drug companies effectively skirt that law by paying off generic drug companies to prevent competition so they can keep charging high prices.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	44.4%	38.5%	**82.9%**	12.1%	4.5%	**16.6%**	0.5%
GOP	46.0%	42.7%	**88.7%**	7.6%	3.7%	**11.3%**	0.0%
Dem.	47.2%	32.0%	**79.2%**	15.7%	3.8%	**19.5%**	1.3%
National	42.7%	39.8%	**82.5%**	11.5%	5.1%	**16.6%**	0.9%
GOP	41.1%	41.6%	**82.7%**	11.1%	5.3%	**16.4%**	0.9%
Dem.	49.1%	37.2%	**86.3%**	9.4%	3.6%	**13.0%**	0.8%
Indep.	30.9%	41.7%	**72.6%**	17.8%	8.3%	**26.1%**	1.3%

Here is a counter argument:

Q12. It is not the government's place to tell private businesses what agreements they can and cannot make. If a generic drug company feels that it is more profitable for them to enter into this agreement than to start manufacturing that drug, then that is their business. It should be up to these companies how they conduct their business, not the government.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	14.5%	34.1%	**48.6%**	29.8%	20.7%	**50.5%**	1.0%
GOP	18.6%	31.8%	**50.4%**	31.8%	16.4%	**48.2%**	1.4%
Dem.	14.1%	31.4%	**45.5%**	30.5%	23.1%	**53.6%**	0.9%
National	17.3%	32.5%	**49.8%**	28.6%	20.6%	**49.2%**	1.0%
GOP	18.1%	36.2%	**54.3%**	27.6%	17.3%	**44.9%**	0.8%
Dem.	18.3%	26.9%	**45.2%**	28.0%	25.7%	**53.7%**	1.1%
Indep.	13.0%	36.9%	**49.9%**	32.7%	16.2%	**48.9%**	1.2%

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

When a drug company's patent is about to expire, make it illegal for that drug company to pay generic drug companies to hold off on making and selling that drug.

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[18] Senate Judiciary Committee. (2013) Pay-for-delay deals: Limiting competition and costing consumers.

[19] S. 192 Preserve Access to Affordable Generics and Biosimilars Act by Sen. Klobuchar (D); H.R. 6275 Protecting Consumer Access to Generic Drugs Act by Rep. Marie Glusenkamp (D)

[20] 2022 UC Hasting study estimated a range of annual costs of $6.2 to $37.1 billion: Feldman, Robin. (2022) The Price Tag of "Pay-for-Delay". University of California, Hastings College of the Law; FTC estimated $3.5 billion a year in 2010: FTC. (2010) Pay-for-Delay: How Drug Company Pay-Offs Cost Consumers Billions.

Q13. How acceptable do you find this proposal?

	(0-4)	5	(6-10)	Refused / DK
Nevada	23.5%	18.3%	57.6%	0.6%
GOP	26.9%	16.8%	56.1%	0.2%
Dem.	21.3%	16.1%	62.6%	0.0%
National	25.6%	15.7%	58.3%	0.5%
GOP	25.9%	15.6%	58.0%	0.5%
Dem.	22.5%	13.3%	63.9%	0.4%
Indep.	32.4%	21.7%	45.4%	0.6%

Q14. Do you favor or oppose this proposal?

	Favor	Oppose	DK/Ref
Nevada	71.9%	28.0%	0.1%
GOP	71.3%	28.7%	0.0%
Dem.	78.1%	21.9%	0.0%
National	70.8%	28.8%	0.4%
GOP	70.3%	29.4%	0.3%
Dem.	74.5%	24.9%	0.6%
Indep.	62.9%	37.0%	0.2%

Demographic Results for Nevada				
		Favor	Oppose	DK/Ref
Race	White	74.5%	25.5%	0.0%
	Hispanic	65.4%	34.2%	0.4%
Gender	Men	72.9%	27.1%	0.0%
	Women	70.9%	28.9%	0.2%
Age	18-29	68.6%	31.4%	0.0%
	30-49	77.7%	22.0%	0.3%
	50-64	68.1%	31.9%	0.0%
	65 or older	69.6%	30.4%	0.0%
Income	Less than $50,000	65.5%	34.5%	0.0%
	$50-100,000	72.0%	28.0%	0.0%
	$100-150,000	79.6%	19.9%	0.4%
	More than $150,000	72.8%	27.2%	0.0%
Education	High School or less	64.8%	35.2%	0.0%
	Some college	73.9%	26.1%	0.0%
	College degree	81.0%	18.6%	0.4%

Another proposal has been put forward to lower the price of some very high-priced drugs by increasing the amount of competition in the drug market.

As mentioned, drug patents are issued by the federal government that allow a company to be the sole producer of the drug for 20 years.

Under federal law it also has the authority to override patents on drugs developed with the aid of federal funds, under certain circumstances, and allow other selected companies to produce the product. One of these circumstances is if the patent is causing a product, which is necessary for public health or safety, to be inaccessible for a significant number of people who need it. However, this has never been invoked for drug patents.

As you may know, there have been some cases in which the price of some new drugs has been so high that some insurance companies have refused to cover them. This happens in other developed countries as well.

This has led the government to consider invoking its power to override certain drug patents, as follows:

In the event that the government determines the price of a patented drug is not accessible to some or most of the people that need it, and that drug was developed with the aid of federal funding and is necessary for public health and safety, the federal government will override the drug company's patent, and license other companies to produce the drug as well.[21]

The government is now asking for comments on this proposal.

Here is an argument in favor of the proposal:

Q15. Drug companies are relying on taxpayer funded research to make their drugs, then making huge profits by charging absurdly high prices. This has made some lifesaving drugs unaffordable–costing thousands of dollars–and either insurance plans refuse to cover any of the cost or cover only a small share of the cost. This leaves many unable to afford them. This proposal will lower the price of these drugs by introducing more competition into the market. Corporations will still be able to make profits, but more people will be able to afford the medicines they need.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	42.7%	38.4%	**81.1%**	12.2%	4.1%	**16.3%**	2.5%
GOP	43.4%	37.7%	**81.1%**	10.4%	5.4%	**15.8%**	3.1%
Dem.	48.0%	36.8%	**84.8%**	9.7%	2.6%	**12.3%**	2.9%
National	40.2%	40.2%	**80.4%**	12.8%	4.4%	**17.2%**	2.4%
GOP	38.6%	40.8%	**79.4%**	12.1%	5.2%	**17.3%**	3.3%
Dem.	47.3%	37.8%	**85.1%**	10.2%	3.3%	**13.5%**	1.4%
Indep.	27.1%	44.4%	**71.5%**	20.8%	5.0%	**25.8%**	2.7%

Here is an argument against:

Q16. When a company invests millions of dollars into developing a drug it is on the understanding that it will be protected by a patent so that it can recoup those costs. The government revoking patents is an extreme measure that will discourage drug companies from investing in drug development in the future. They will never be sure whether the government will override their patent, just because they used a federally funded research paper, and are charging what the government decides is "too much." They may even refuse to use federally funded research and instead spend more on their own research, which will further increase the price of drugs.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	12.7%	35.3%	**48.0%**	32.8%	16.2%	**49.0%**	3.0%
GOP	13.5%	39.0%	**52.5%**	30.1%	16.2%	**46.3%**	1.2%
Dem.	13.9%	33.6%	**47.5%**	30.5%	17.0%	**47.5%**	5.1%
National	17.1%	37.0%	**54.1%**	29.8%	14.4%	**44.2%**	1.8%
GOP	16.1%	40.1%	**56.2%**	29.5%	12.2%	**41.7%**	2.1%
Dem.	19.3%	33.0%	**52.3%**	28.9%	17.4%	**46.3%**	1.4%
Indep.	14.3%	39.0%	**53.3%**	32.7%	12.1%	**44.8%**	1.9%

So, here again is the proposal:

In the event the government determines the price of a patented drug is unaffordable to some or most of the people that need it, and that drug was developed with the aid of federal funding, the federal government will override the drug company's patent and license other companies to produce the drug.[22]

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[21] White House. (2023) FACT SHEET: Biden-Harris Administration Announces New Actions to Lower Health Care and Prescription Drug Costs by Promoting Competition; NIST. (2023) Request for Information Regarding the Draft Interagency Guidance Framework for Considering the Exercise of March-In Rights

[22] White House. (2023) FACT SHEET: Biden-Harris Administration Announces New Actions to Lower Health Care and Prescription Drug Costs by Promoting Competition; NIST. (2023) Request for Information Regarding the Draft Interagency Guidance Framework for Considering the Exercise of March-In Rights

Q17. How acceptable do you find this proposal?

	(0-4)	5	(6-10)	Refused / DK
Nevada	17.5%	21.6%	60.9%	0.0%
GOP	21.5%	20.6%	57.9%	0.0%
Dem.	13.1%	16.0%	70.9%	0.0%
National	20.4%	19.3%	59.8%	0.5%
GOP	21.2%	19.0%	59.2%	0.5%
Dem.	16.9%	16.8%	65.8%	0.5%
Indep.	26.7%	26.2%	46.6%	0.4%

Q18. In conclusion, do you think the government should or should not go forward with this proposal?

	Favor	Oppose	DK/Ref
Nevada	75.1%	24.8%	0.2%
GOP	75.0%	25.0%	0.0%
Dem.	80.1%	19.9%	0.0%
National	72.7%	26.4%	0.9%
GOP	71.9%	27.1%	1.1%
Dem.	79.0%	20.4%	0.6%
Indep.	59.4%	39.6%	1.0%

Demographic Results for Nevada				
		Favor	Oppose	DK/Ref
Race	White	78.2%	21.4%	0.4%
	Hispanic	71.6%	28.4%	0.0%
Gender	Men	74.0%	26.0%	0.0%
	Women	76.1%	23.5%	0.4%
Age	18-29	71.9%	28.1%	0.0%
	30-49	74.4%	25.1%	0.5%
	50-64	76.7%	23.3%	0.0%
	65 or older	77.2%	22.8%	0.0%
Income	Less than $50,000	66.7%	32.7%	0.6%
	$50-100,000	79.8%	20.2%	0.0%
	$100-150,000	81.0%	19.0%	0.0%
	More than $150,000	73.7%	26.3%	0.0%
Education	High School or less	68.3%	31.3%	0.5%
	Some college	80.3%	19.7%	0.0%
	College degree	79.5%	20.5%	0.0%

Now let's turn to a different topic: the amount that people pay for health insurance.

As you may know, the Federal government currently has a financial aid program that helps reduce the cost of health insurance for low- and middle-income households. Households can only get this financial aid if they cannot get insurance through their job, or from a government insurance plan like Medicaid (for households under the poverty line) or Medicare (for older adults).

This program reduces household spending on healthcare, by:

lowering the amount that households pay for premiums so they do not pay over a certain percent of their income (premiums are the amount that must be paid every month to continue to have insurance)

lowering their insurance deductible (the amount of healthcare costs that must be paid first before the insurance company starts to help cover the costs)

In 2021, in response to the Covid pandemic, Congress passed a law that increased this financial aid. To lower health insurance premiums and deductibles even more. It also expanded this financial aid to include more middle-income households, which resulted in about two million more people getting this aid.[23]

According to the Congressional Budget Office, this law has increased government spending by about $5 billion a year.[24]

However, this law is temporary and will expire in 2026, at which point the financial aid levels will go back down to what they were before 2021.
A proposal has been put forward to make this law permanent.[25]

We will now look at exactly how this law lowered premiums and deductibles, and what they will be if the law expires.

First, the law lowered the maximum percentage of income that households have to pay for premiums.[26]

Under the new law, very low-income households pay nothing for premiums, and middle-income households do not have to pay more than 8.5% of their income.

Also, it expanded the number of people that can receive this aid, to include individuals who make over about $60,000 (families of four that make over about $125,000).

The chart outlines the current maximums, and what they will be if the law expires, for a one-person and a four-person household for each income level.[27]

Household Size and Income		Maximum percent of income that people can pay for premiums	
1-person	4-person	Current	If law expires
$15,060	$31,200	0.0%	2.0%
$20,030	$41,496	1.0%	3.0%
$22,590	$46,800	2.0%	4.2%
$30,120	$62,400	4.0%	6.5%
$37,650	$78,000	6.0%	8.4%
$45,180	$93,600	7.0%	9.9%
$60,240	$124,800	8.5%	9.9%
Above $60,240	Above $124,800	8.5%	No maximum

Second, the law lowered the amount of the deductible. Unlike premiums, deductibles vary according to a number of factors. The chart outlines what the average deductibles are currently and what the average deductibles will be if the law expires.[28]

[23] CBO. (2022) Federal Subsidies for Health Insurance Coverage for People Under 65: 2022 to 2032, p.4
[24] CBO. (2022) Federal Subsidies for Health Insurance Coverage for People Under 65: 2022 to 2032, table A-2; CBO. (2019) Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2019 to 2029, table 2-1
[25] S.8 Improving Health Insurance Affordability Act by Sen. Shaheen (D); and H.R. 1692 Health Care Affordability Act by Rep. Underwood (D).
[26] Lower the cost of ACA premiums by capping them at no more than 8.5% of income. Improving Health Insurance Affordability Act by Sen. Shaheen, cosponsors 14D; and Health Care Affordability Act by Rep. Underwood (D), cosponsors 25D; also part of Biden's agenda.
[27] Congressional Budget Office. (2018) Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2018 to 2028, Box 1, adjusted for inflation.
[28] Urban Institute. (2018) Healthy America Program, which the Biden healthcare plan links to in the passage: "Additionally, the Biden Plan will increase the size of tax credits by calculating them based on the cost of a more generous gold plan, rather than a silver plan. This will give more families the ability to afford more generous coverage, with lower deductibles and out-of-pocket costs." Numbers adjusted for inflation.

Household Size and Income		Average Deductible	
1-person	4-person	Current	If law expires
$15,060	$31,200	$315	$375
$20,030	$41,496	$315	$375
$22,590	$46,800	$375	$375
$30,120	$62,400	$375	$3,600
$37,650	$78,000	$650	$3,600
$45,180	$93,600	$1,900	$4,500
$60,240	$124,800	$1,900	$4,500
Above $60,240	Above $124,800	$1,900	$4,500

Here is an argument in favor of making permanent this increased financial aid for health insurance:

Q19. This law has been a step in the right direction, by lowering costs for millions of families, and increasing the number of insured people.[29] It has saved families money – around $2,300 a year according to one study[30] – and is good for society overall. More people can afford to get care immediately when they get sick or injured, which means fewer long-term illnesses and disabilities. So, fewer people take sick days off work, or quit the labor force due to a disability. A healthier population means a stronger economy, and so this financial aid more than pays for itself. Making this law permanent benefits everyone.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	36.4%	43.1%	**79.5%**	11.1%	5.4%	**16.5%**	4.0%
GOP	25.8%	50.3%	**76.1%**	12.8%	7.0%	**19.8%**	4.2%
Dem.	50.7%	32.7%	**83.4%**	8.8%	3.3%	**12.1%**	4.4%
National	39.7%	39.8%	**79.5%**	13.0%	4.9%	**17.9%**	2.6%
GOP	34.2%	41.8%	**76.0%**	15.9%	5.7%	**21.6%**	2.3%
Dem.	49.4%	36.6%	**86.0%**	8.2%	3.4%	**11.6%**	2.4%
Indep.	29.6%	42.4%	**72.0%**	17.2%	6.8%	**24.0%**	4.0%

Here is an argument against:

Q20. This law has many problems, and it should not be made permanent, especially since it was in response to the Covid pandemic which is over. The government should not keep giving assistance to households making over $100,000 a year – that is going too far. This financial aid also doesn't tackle the root of the problem which is that insurance companies charge such high premiums and deductibles. When insurance companies know that the government will continue to cover the costs, they will just keep charging more. So, the government will just keep spending more money, without fixing the underlying problem.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	27.6%	40.7%	**68.3%**	20.8%	7.1%	**27.9%**	3.9%
GOP	35.2%	37.2%	**72.4%**	20.5%	4.5%	**25.0%**	2.6%
Dem.	22.7%	43.1%	**65.8%**	18.8%	9.3%	**28.1%**	6.1%
National	26.7%	38.8%	**65.5%**	21.2%	10.8%	**32.0%**	2.5%
GOP	31.9%	37.8%	**69.7%**	19.0%	8.6%	**27.6%**	2.7%
Dem.	24.0%	37.4%	**61.4%**	23.1%	13.7%	**36.8%**	1.8%
Indep.	20.7%	44.8%	**65.5%**	22.2%	8.8%	**31.0%**	3.5%

So, here again is the proposal:

[29] Urban Institute. (2021) What if the American Rescue Plan's Enhanced Marketplace Subsidies Were Made Permanent? Estimates for 2022Urban Institute. (2021) What if the American Rescue Plan's Enhanced Marketplace Subsidies Were Made Permanent? Estimates for 2022Urban Institute. (2021) What if the American Rescue Plan's Enhanced Marketplace Subsidies Were Made Permanent? Estimates for 2022

[30] Center for American Progress. (2022) The Inflation Reduction Act Will Save Families Thousands of Dollars

Make permanent the law which has:

- **increased financial aid for lower- and middle-income households to reduce the amount that they pay for health insurance premiums and deductibles, and**
- **expanded financial aid for health insurance to include individuals making over $60,000 and families of four making over $125,000**.

Q21. How acceptable do you find this proposal?

	(0-4)	5	(6-10)	Refused / DK
Nevada	24.8%	21.8%	52.6%	0.9%
GOP	31.8%	21.9%	45.5%	0.8%
Dem.	17.5%	19.9%	62.6%	0.0%
National	25.5%	20.8%	53.2%	0.6%
GOP	32.0%	22.0%	45.5%	0.6%
Dem.	17.4%	16.6%	65.4%	0.5%
Indep.	29.2%	28.0%	42.0%	0.8%

Q22. In conclusion, do you favor or oppose this proposal?

	Favor	Oppose	DK/Ref
Nevada	61.5%	38.3%	0.1%
GOP	55.0%	45.0%	0.0%
Dem.	72.7%	26.9%	0.4%
National	67.1%	32.3%	0.7%
GOP	58.5%	40.5%	1.0%
Dem.	79.3%	20.6%	0.2%
Indep.	58.2%	40.7%	1.0%

Demographic Results for Nevada				
		Favor	Oppose	DK/Ref
Race	White	62.5%	37.5%	0.0%
	Hispanic	60.4%	39.0%	0.6%
Gender	Men	62.1%	37.6%	0.3%
	Women	60.9%	39.1%	0.0%
Age	18-29	63.4%	36.6%	0.0%
	30-49	62.1%	37.9%	0.0%
	50-64	65.4%	34.6%	0.0%
	65 or older	54.7%	44.6%	0.7%
Income	Less than $50,000	67.1%	32.9%	0.0%
	$50-100,000	56.7%	42.8%	0.5%
	$100-150,000	61.4%	38.6%	0.0%
	More than $150,000	59.6%	40.4%	0.0%
Education	High School or less	59.6%	40.1%	0.3%
	Some college	65.8%	34.2%	0.0%
	College degree	59.1%	40.9%	0.0%

[Require price transparency]
One factor that can affect the price of healthcare is whether people know the cost of the healthcare they need or want before they get it.

It is often difficult for many people to find out the price that they will pay for a healthcare treatment or prescription before they decide to get it.

Some experts believe that if these prices were made more available to the public – known as **price transparency** – it could lower prices for, and spending on, healthcare. Here is how they say this works:

- When people know the price for healthcare products and services, they can better shop around to find the best deal.
- When consumers are better able to shop around for the best deal, this will force healthcare providers and insurance companies to compete more with each other and offer lower prices.

Since 2020, the White House – under both Presidents Trump and Biden – has put in place price transparency policies that require healthcare providers and insurance plans to publish the costs of most healthcare services and products.

However, because these policies were put in place by the White House, they can be overturned by a future President.

A proposal has been put forward in Congress to make these price transparency policies permanent.[31]

Here is an argument in favor of the government requiring healthcare price transparency:

Q23. Knowing the price of a product is necessary for consumers to be able to shop around for the best deal, which will force healthcare providers to actually compete with each other. And people will be better able to decide whether a treatment is worth the cost, rather than just ending up owing a large amount of money after it has happened. This is how prices work in every other market, and healthcare should be no different.[32]

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	41.5%	43.2%	**84.7%**	9.4%	4.0%	**13.4%**	1.9%
GOP	38.9%	46.0%	**84.9%**	9.4%	3.9%	**13.3%**	1.7%
Dem.	49.0%	35.2%	**84.2%**	9.6%	4.5%	**14.1%**	1.8%
National	42.9%	40.3%	**83.2%**	11.6%	3.9%	**15.5%**	1.3%
GOP	41.5%	41.5%	**83.0%**	11.8%	3.8%	**15.6%**	1.5%
Dem.	49.5%	37.3%	**86.8%**	9.5%	2.9%	**12.4%**	0.9%
Indep.	30.6%	44.6%	**75.2%**	16.3%	6.6%	**22.9%**	2.0%

Here is an argument against:

Q24. The government forcing healthcare providers and insurance to do this will have an unintended consequence: When healthcare providers are forced to compete on prices, they will focus more on providing the lowest cost service, rather than the best quality one. This will end up hurting everyone's health.[33]

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	12.8%	37.0%	**49.8%**	30.4%	19.5%	**49.9%**	0.3%
GOP	13.5%	36.9%	**50.4%**	31.7%	17.2%	**48.9%**	0.6%
Dem.	13.9%	37.0%	**50.9%**	29.8%	19.3%	**49.1%**	0.0%
National	18.2%	34.2%	**52.4%**	29.6%	16.3%	**45.9%**	1.7%
GOP	17.9%	35.4%	**53.3%**	29.9%	14.5%	**44.4%**	2.4%
Dem.	21.2%	30.5%	**51.7%**	29.1%	18.2%	**47.3%**	1.0%
Indep.	11.6%	40.2%	**51.8%**	30.3%	16.3%	**46.6%**	1.6%

Here is a counter argument in favor of the proposal:

Q25. If a healthcare provider starts providing worse service, then people will stop going to them and another healthcare provider will provide better service. This is the benefit of market competition. For too long competition in healthcare has been almost non-existent, in

[31] H.R. 5378 Lower Costs, More Transparency Act by Rep. McMorris Rodgers (R); H.R. 3561 PATIENT Act of 2023 by Rep. McMorris Rodgers (R); H.R. 4905 Health Insurance Price Transparency Act by Rep. Fitzpatrick (R).
[32] Newsweek. (2023) Health Care Price Transparency—A Golden Opportunity for Real Change | Opinion; AMA Journal of Ethics. (2022) Necessity for and Limitations of Price Transparency in American Health Care.
[33] AMA Journal of Ethics. (2022) Necessity for and Limitations of Price Transparency in American Health Care; AHA. (2023) Fact Sheet: Hospital Price Transparency

large part because they haven't had to post their prices. Price transparency is necessary for healthy competition. It also allows people, the media, and politicians to put pressure on healthcare providers that charge too much.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	36.0%	42.4%	**78.4%**	14.6%	6.2%	**20.8%**	0.8%
GOP	32.7%	46.1%	**78.8%**	14.9%	5.5%	**20.4%**	0.8%
Dem.	44.0%	39.6%	**83.6%**	9.7%	5.6%	**15.3%**	1.1%
National	35.7%	43.3%	**79.0%**	14.3%	4.4%	**18.7%**	2.2%
GOP	34.6%	45.4%	**80.0%**	13.4%	4.9%	**18.3%**	1.7%
Dem.	41.0%	40.7%	**81.7%**	12.5%	3.8%	**16.3%**	1.9%
Indep.	25.6%	44.8%	**70.4%**	20.8%	4.6%	**25.4%**	4.2%

Here is another argument against:

Q26. Price transparency only works if people actually have options and can shop around, but that is not the case with healthcare. Most Americans have few choices, especially when it is an emergency. And most Americans have no choice over their insurance because their employer picks it or they're on government insurance. This is why studies on price transparency have found it has no significant effect on healthcare spending.[34] This is a superficial fix that won't fix the underlying problem.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	17.8%	40.5%	**58.3%**	29.0%	11.9%	**40.9%**	0.8%
GOP	17.5%	44.6%	**62.1%**	29.2%	8.0%	**37.2%**	0.7%
Dem.	19.9%	34.3%	**54.2%**	29.8%	14.8%	**44.6%**	1.3%
National	21.3%	41.8%	**63.1%**	25.7%	9.5%	**35.2%**	1.7%
GOP	21.2%	44.8%	**66.0%**	23.8%	8.3%	**32.1%**	1.9%
Dem.	24.1%	39.2%	**63.3%**	25.3%	10.4%	**35.7%**	1.0%
Indep.	15.2%	41.0%	**56.2%**	31.2%	9.9%	**41.1%**	2.8%

So, here again is the proposal: **Congress passing a law to make permanent the policies that require hospitals and other health centers, and insurance plans, to make public the costs of healthcare services and products.**

Q27. How acceptable do you find this proposal?

	(0-4)	5	(6-10)	Refused / DK
Nevada	17.2%	20.1%	62.2%	0.5%
GOP	16.9%	21.8%	60.1%	1.2%
Dem.	17.2%	15.3%	67.5%	0.0%
National	17.0%	18.9%	63.4%	0.7%
GOP	17.5%	18.7%	63.3%	0.5%
Dem.	13.8%	15.8%	69.6%	0.7%
Indep.	23.8%	26.6%	48.5%	1.1%

Q28. In conclusion, do you favor or oppose this proposal?

	Favor	Oppose	DK/Ref
Nevada	74.7%	24.4%	0.9%
GOP	76.6%	23.4%	0.0%
Dem.	76.4%	21.6%	2.0%
National	77.1%	22.0%	0.9%
GOP	77.9%	21.1%	1.0%
Dem.	82.1%	17.4%	0.5%
Indep.	62.9%	35.6%	1.5%

[34] JAMA. (2019) Price Transparency in Health Care Has Been Disappointing, but It Doesn't Have to Be

Demographic Results for Nevada				
		Favor	Oppose	DK/Ref
Race	White	79.3%	20.0%	0.7%
	Hispanic	64.7%	34.3%	1.0%
Gender	Men	71.7%	27.4%	1.0%
	Women	77.7%	21.5%	0.8%
Age	18-29	66.3%	33.7%	0.0%
	30-49	74.0%	25.7%	0.3%
	50-64	78.6%	20.0%	1.4%
	65 or older	79.0%	18.9%	2.0%
Income	Less than $50,000	67.2%	31.7%	1.1%
	$50-100,000	73.4%	25.8%	0.8%
	$100-150,000	83.6%	15.2%	1.3%
	More than $150,000	78.9%	21.1%	0.0%
Education	High School or less	66.2%	32.5%	1.2%
	Some college	79.2%	19.7%	1.1%
	College degree	82.9%	17.1%	0.0%

Now we are going to look at a specific type of healthcare: treatment for drug and alcohol misuse and addiction, also known as substance use disorder.

As you may know, there are many Americans who want and need treatment for substance use disorder but are not able to get it. One of the biggest reasons is the cost.

Proposals have been put forward to make treatment more affordable, so that more people who want and need treatment can get it.

First, here is some background information:

A person has a substance use disorder if they meet some of the following criteria:[35]

- The substance (drug or alcohol) is often used in a manner that is physically harmful, psychologically harmful and/or results in failures to fulfill major obligations at work, school, or home, and giving up on social activities or hobbies.
- The substance (drug or alcohol) is often taken in larger amounts or over a longer period than the person originally intended.
- A number of negative symptoms occur when substance use is cut back or stopped (i.e. withdrawal symptoms).
- Larger amounts of the substance are needed to get the intended feeling or prevent withdrawal.
- The person desires to cut down on using the substance, but has not succeeded.

There are millions of Americans who have a substance use disorder.

The last two decades have seen an increase in substance misuse and addiction. Since the covid pandemic began, it is estimated that the number of people misusing alcohol and drugs has increased further.

Q29. Do you know anyone who misuses drugs or alcohol, whether or not they have been officially diagnosed?

	Yes	No	DK/Ref
Nevada	54.5%	45.4%	0.1%
GOP	55.0%	45.0%	0.0%
Dem.	58.4%	41.3%	0.3%
National	56.7%	43.3%	0.0%
GOP	61.5%	38.5%	0.0%
Dem.	58.5%	41.5%	0.0%
Indep.	39.4%	60.6%	0.0%

[35] SAMHSA. (2021) 2020 NSDUH: Methodological Summary and Definitions

There are various ways that people start using substances before developing a substance use disorder or an addiction to the substance. They may start by drinking alcohol in an ordinary fashion, occasionally taking drugs for recreational purposes, or taking prescribed pain killers.

Some people may use substances to deal with underlying problems such as depression or anxiety for which they are not getting treatment. This is sometimes called self-medication.

Most people do not become addicted when they use such substances. Some people are born with a genetic tendency to become addicted. Traumatic experiences, such as childhood abuse or military combat, can also increase the tendency to addiction.

For people who become addicted, the substance has an impact on their brain functioning, making it harder for them to resist using the substance and difficult to stop without treatment.

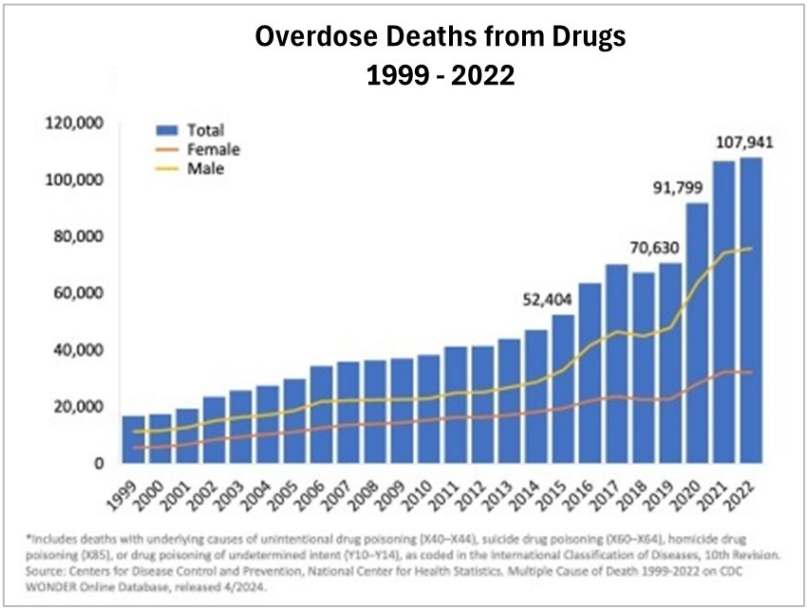
In recent years, as opioids were prescribed more liberally, there was a significant increase in the number who became addicted and started using unprescribed drugs once their prescriptions ran out. As a result, opioids are now prescribed in a more limited way. However, there are still large numbers of people still dealing with their resulting opioid addiction.[36]

Another side effect of substance misuse and addiction is its negative effect on people's health, including serious effects on people's heart, lungs, liver and other vital organs. These effects can even be fatal over time.

People can also catch lifelong diseases, such as HIV and Hepatitis, when they share needles or other tools used to take drugs.

People can also overdose from drugs or alcohol, which can result in death. Over the last couple decades, there has been a large increase in the number of deaths from drug overdoses. In the year 2022, around 100,000 people died from drug overdoses, five times what it was in 2000.[37] Three quarters of those overdose deaths are from the use of opioids.

In addition, each year about 90,000 people die from alcohol abuse.[38]



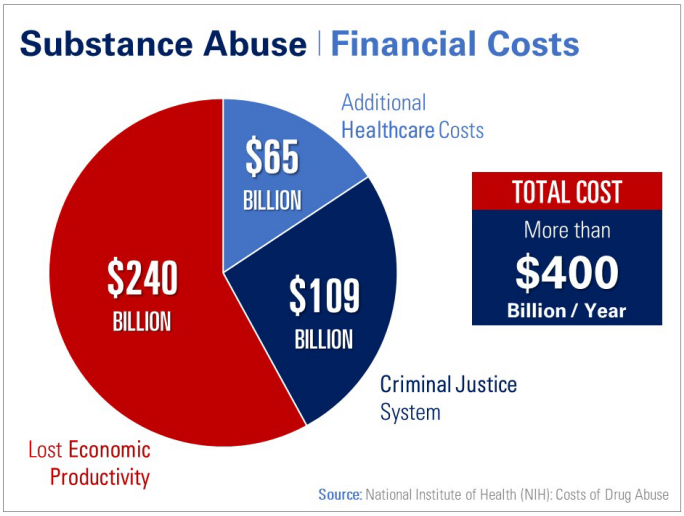
Q30. Have you personally known someone who died from a drug overdose?

	Yes	No	DK/Ref
Nevada	40.7%	59.0%	0.3%
GOP	48.6%	51.1%	0.4%
Dem.	35.1%	64.6%	0.4%
National	43.8%	56.2%	0.0%
GOP	46.2%	53.8%	0.0%
Dem.	43.8%	56.2%	0.0%
Indep.	37.4%	62.6%	0.0%

[36] CDC. Prescription Opioids; CDC. (2017) Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015
[37] CDC. (2021) NCHS: Drug Overdose Deaths in the U.S. Top 100,000 Annually
[38] CDC. (2021) Deaths and Years of Potential Life Lost from Excessive Alcohol Use - 2011-2015

Substance use disorders also cost society as a whole – over $400 billion a year according to the National Institute of Health. This includes:[39]

- $65 billion in added healthcare costs
- $109 billion in costs to the criminal justice system, primarily dealing with illegal drugs, dealing with people being under the influence of drugs or alcohol while driving, and crimes committed for the purpose of financing a substance abuse addiction.
- $240 billion of costs due to lost economic productivity from people failing to work effectively, missing work, or from being in prison on drug charges.



In addition to these costs, the deaths from overdoses have substantial economic consequences.

Now let's turn to a way to address substance use disorder: **providing treatment**.

Treatment may involve counseling, medication, and possibly staying in a rehabilitation (or 'rehab') center for intensive treatment.

Research finds that the majority of people who go through a treatment program reduce or stop abusing drugs and alcohol, and improve their ability to function in their social lives and remain employed.[40]

Treatment, however, is often an ongoing process. About half of the people who enter treatment start misusing substances again and need to return to treatment or receive additional treatment.[41]

To help increase the amount of treatment available, the federal government provides cities and states with money to develop and operate treatment programs, and to train healthcare workers in substance use disorder treatment.

Spending money on treatment has proven to be cost-effective. The National Institute of Health estimates that for every dollar spent on treatment, there are $7 in savings related to healthcare, criminal justice, and economic productivity.[42]

Despite the spending on treatment, there are still many people who need and want treatment, but cannot get it.

There are about 1.5 million people who need and want treatment, or more treatment, but are not getting it.[43]

There is currently a debate about whether government spending on treatment should be increased so that all people who need and want treatment can get it.

Here is an argument in favor of increased government spending for treatment:

Q31. Treatment is an effective and relatively inexpensive way to treat substance misuse and addiction. An abundance of research shows that treatment is very cost effective. Think about it: spending one dollar on treatment results in seven dollars of savings to society. Some studies put it at twelve dollars. Clearly, it is the sensible thing to do.

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[39] American Journal of Preventive Medicine. (2015) 2010 National and State Costs of Excessive Alcohol Consumption, DOJ. (2011) National Drug Threat Assessment, and (2016) The Economic Burden of Prescription Opioid Overdose, Abuse and Dependence in the United States, 2013 (minus $3 billion spent on treatment), all cited by NIH. Costs of Drug Abuse. The figures cited do not include estimated cost from loss-of-life.

[40] NIDA. (2022) Principles of Drug Addiction Treatment: A Research-Based Guide. How effective is drug addiction treatment?

[41] NIDA. (2022) Drugs, Brain and Behavior: The Science of Addiction

[42] NIH. (2006) Benefit–Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"?

[43] SAMHSA. (2023) NSDUH 2022, Table 5.35A. Figure of 1.5 million is slightly lower than the 1.8 million figure reported, to account for people who perceived a need for treatment but did not seek it for reasons other than ability (cost, availability, transportation, childcare), such as worries about what others would think, and did not think treatment would help them.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	34.4%	47.2%	**81.6%**	9.6%	8.0%	**17.6%**	0.8%
GOP	31.3%	48.9%	**80.2%**	10.3%	8.3%	**18.6%**	1.2%
Dem.	45.0%	42.9%	**87.9%**	5.8%	5.5%	**11.3%**	0.8%
National	43.7%	45.9%	**89.6%**	6.5%	3.6%	**10.1%**	0.2%
GOP	39.6%	48.7%	**88.3%**	7.4%	4.2%	**11.6%**	0.0%
Dem.	50.3%	44.4%	**94.7%**	3.3%	1.8%	**5.1%**	0.3%
Indep.	38.5%	42.2%	**80.7%**	12.2%	6.3%	**18.5%**	0.8%

Here is an argument against:

Q32. Taxpayers should not be paying to fix the problems that people knowingly got themselves into. If a person decides to start using dangerous and addictive drugs, that is their responsibility. They should be the ones to get their life back on track. When they are ready to change they will find a way.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	23.2%	28.8%	**52.0%**	27.0%	20.8%	**47.8%**	0.2%
GOP	28.1%	30.2%	**58.3%**	28.1%	13.6%	**41.7%**	0.0%
Dem.	19.4%	26.2%	**45.6%**	23.4%	30.5%	**53.9%**	0.5%
National	23.0%	34.9%	**57.9%**	25.5%	16.5%	**42.0%**	0.1%
GOP	27.2%	37.3%	**64.5%**	25.9%	9.6%	**35.5%**	0.0%
Dem.	19.2%	31.1%	**50.3%**	27.8%	21.9%	**49.7%**	0.0%
Indep.	21.0%	38.2%	**59.2%**	19.0%	21.3%	**40.3%**	0.5%

Here is another argument in favor:

Q33. We know that addiction is a physical and a mental disorder that many people cannot fight on their own, just like diabetes or asthma. But many that want and need professional treatment can't get it. They want to be productive members of society and have healthy relationships, and we should help them do that. Remember, many of these people developed an addiction just by taking the opioids they were prescribed.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	37.5%	38.8%	**76.3%**	16.6%	7.1%	**23.7%**	0.0%
GOP	31.2%	39.1%	**70.3%**	19.4%	10.1%	**29.5%**	0.1%
Dem.	51.7%	33.1%	**84.8%**	12.8%	2.3%	**15.1%**	0.0%
National	40.2%	43.9%	**84.1%**	13.1%	2.7%	**15.8%**	0.1%
GOP	38.5%	44.2%	**82.7%**	14.2%	2.9%	**17.1%**	0.1%
Dem.	43.6%	46.4%	**90.0%**	8.8%	1.0%	**9.8%**	0.2%
Indep.	36.3%	36.5%	**72.8%**	20.8%	6.4%	**27.2%**	0.0%

Here is another argument against:

Q34. Giving people drug treatment won't really solve the problem of drug addiction because the real source of the problem is moral weakness in our society. That is one of the reasons so many people relapse after treatment. It is not the proper role of government, but religious and charitable organizations, to solve this fundamental problem.

	Very convincing	Somewhat convincing	Total convincing	Somewhat unconvincing	Very unconvincing	Total unconvincing	Refused / Don't know
Nevada	17.3%	26.7%	**44.0%**	26.4%	29.0%	**55.4%**	0.6%
GOP	20.9%	23.7%	**44.6%**	30.5%	24.5%	**55.0%**	0.3%
Dem.	17.4%	27.6%	**45.0%**	18.6%	35.2%	**53.8%**	1.2%
National	17.2%	29.4%	**46.6%**	26.0%	27.1%	**53.1%**	0.2%

GOP	21.2%	32.6%	**53.8%**	28.1%	17.7%	**45.8%**	0.4%
Dem.	18.1%	24.2%	**42.3%**	23.0%	34.7%	**57.7%**	0.0%
Indep.	4.2%	34.1%	**38.3%**	28.0%	33.2%	**61.2%**	0.5%

Q35. So now, how high a priority should it be for the government to ensure that every person who needs and wants treatment for their substance use disorder is able to get it?

	Very high priority	Somewhat High priority	Very - somewhat high priority	Low priority	Not at all a priority	Low - not at all a priority	Refused / Don't know
Nevada	31.2%	45.8%	**77.0%**	16.8%	5.4%	**22.2%**	0.9%
GOP	24.3%	43.2%	**67.5%**	24.2%	7.5%	**31.7%**	0.7%
Dem.	40.3%	48.2%	**88.5%**	8.7%	2.3%	**11.0%**	0.4%
National	40.1%	44.0%	**84.1%**	12.0%	3.4%	**15.4%**	0.6%
GOP	37.0%	44.0%	**81.0%**	13.8%	4.1%	**17.9%**	1.1%
Dem.	45.7%	44.4%	**90.1%**	9.1%	0.8%	**9.9%**	0.0%
Indep.	34.5%	42.8%	**77.3%**	14.3%	7.9%	**22.2%**	0.5%

Demographic Results for Nevada								
		Very high priority	Somewhat High priority	Very - somewhat high priority	Low priority	Not at all a priority	Low - not at all a priority	Refused / Don't know
Race	White	29.0%	48.0%	**77.0%**	18.7%	4.3%	**23.0%**	0.0%
	Hispanic	37.7%	44.5%	**82.2%**	11.2%	6.0%	**17.2%**	0.7%
Gender	Men	29.9%	43.4%	**73.3%**	18.5%	7.1%	**25.6%**	1.1%
	Women	32.4%	48.2%	**80.6%**	15.2%	3.6%	**18.8%**	0.6%
Age	18-29	31.6%	44.9%	**76.5%**	13.4%	8.5%	**21.9%**	1.5%
	30-49	35.1%	46.9%	**82.0%**	14.1%	2.3%	**16.4%**	1.6%
	50-64	33.5%	41.2%	**74.7%**	20.2%	5.0%	**25.2%**	0.0%
	65 or older	21.8%	49.6%	**71.4%**	20.6%	7.9%	**28.5%**	0.0%
Income	Less than $50,000	36.6%	42.9%	**79.5%**	17.1%	3.4%	**20.5%**	0.0%
	$50-100,000	28.8%	46.7%	**75.5%**	16.7%	4.9%	**21.6%**	2.8%
	$100-150,000	33.3%	45.9%	**79.2%**	16.3%	4.6%	**20.9%**	0.0%
	More than $150,000	21.7%	49.5%	**71.2%**	17.4%	11.5%	**28.9%**	0.0%
Education	High School or less	29.4%	46.8%	**76.2%**	18.2%	5.6%	**23.8%**	0.0%
	Some college	33.4%	45.1%	**78.5%**	15.6%	4.7%	**20.3%**	1.2%
	College degree	31.0%	45.0%	**76.0%**	16.1%	5.9%	**22.0%**	1.9%

Currently, the federal government spends around $25 billion a year on substance abuse treatment.[44] This is about 1.5% of all federal spending on healthcare.

There is a proposal in Congress to increase federal spending on substance abuse treatment, by providing an additional:

- $11 billion a year to local and state governments to:
  - expand existing treatment programs and build new treatment centers to increase the number of openings and reduce waiting lists
  - offer free or low-cost treatment for people who can not afford it because they do not have insurance, have used up their coverage or cannot afford the copays that many health insurance plans require.
- $2 billion a year to research substance abuse and train healthcare professionals in best-practices to treat substance abuse and to deal with overdoses.[45]

[44] Office of National Drug Control Policy, National Drug Control Budget FY2024 Funding Highlights

[45] Comprehensive Addiction Resources Emergency (CARE) Act by Sen. Elizabeth Warren and Rep. Jamie Raskin

Experts estimate that increasing spending by this amount would likely enable nearly all people who need and want substance abuse treatment to get it.[46]

Q36. Please select how acceptable this would be to you on the scale below.

	(0-4)	5	(6-10)	Refused / DK
Nevada	23.5%	18.0%	58.2%	0.3%
GOP	28.9%	20.0%	50.4%	0.7%
Dem.	18.5%	11.3%	70.1%	0.0%
National	18.0%	19.8%	62.1%	0.2%
GOP	18.8%	20.3%	61.0%	0.0%
Dem.	15.0%	15.6%	69.2%	0.2%
Indep.	23.1%	29.0%	47.4%	0.5%

Q37. Finally, do you favor or oppose this proposal?

	Favor	Oppose	DK/Ref
Nevada	65.3%	33.7%	1.0%
GOP	56.4%	41.7%	1.9%
Dem.	76.5%	22.9%	0.6%
National	79.7%	20.0%	0.3%
GOP	77.2%	22.5%	0.3%
Dem.	85.9%	13.6%	0.4%
Indep.	71.0%	29.0%	0.0%

Demographic Results for Nevada				
		Favor	Oppose	DK/Ref
Race	White	65.4%	34.2%	0.4%
	Hispanic	70.6%	29.4%	0.0%
Gender	Men	61.6%	38.4%	0.0%
	Women	69.0%	28.9%	2.1%
Age	18-29	69.0%	29.5%	1.5%
	30-49	74.7%	24.1%	1.2%
	50-64	60.2%	38.5%	1.3%
	65 or older	52.6%	47.4%	0.0%
Income	Less than $50,000	70.5%	27.1%	2.3%
	$50-100,000	62.9%	36.1%	1.0%
	$100-150,000	69.0%	31.0%	0.0%
	More than $150,000	53.8%	46.2%	0.0%
Education	High School or less	58.9%	39.3%	1.7%
	Some college	70.1%	29.9%	0.0%
	College degree	69.7%	29.1%	1.2%

Methodology

Fielding and Sample Size

The survey was fielded online June 28th through July 8th, 2024 by the Program for Public Consultation (PPC) at the University of Maryland's School of Public Policy, with a representative non-probability sample of 608 adults in Nevada. Sample was obtained from

[46]Author's calculation based on: Time. (2017) Here's What It Would Cost to Fix the Opioid Crisis, According to 5 Experts; total number who received treatment for drugs and/or alcohol (SAMHSA NSDUH Table 5.28A); $25 billion appropriated by federal government for treatment (National Drug Control Budget FY 2024 Funding Highlights); estimates of national expenditures ($44 billion projected for 2020, per Health Affairs, 2014 and SAMHSA, 2014)

multiple online opt-in panels, including Cint, Prodege and Dynata. The confidence interval is +/- 4.5%. The overall response rate was 3.3%

Pre-Stratification and Weighting

The sample was pre-stratified and weighted by age, race, ethnicity, gender, education, household income, and metro/non-metro status, using benchmarks from the Census Bureau's 2022 American Community Survey and 2023 Current Population Survey Annual Social and Economic Supplement. The sample was also weighted by partisan affiliation, using benchmarks from the state's party registration records. The maximum weight applied was 4.6.

Sample Collection

Sample collection was managed by QuantifyAI with oversight from PPC. Samples were drawn from multiple large online panels, including Cint, Prodege, and Dynata, whose members are recruited using non-probability sampling methods. The selected sample was invited to participate via email invitation, push notification, or SMS for cell phone users. Respondents were offered cash or cash-equivalent incentives to participate in the survey.

Data Collection and Privacy

Survey responses were collected directly on the Alchemer platform. Only respondents with a provided link could take the survey, using their computer or mobile phone.

Alchemer ensures that data is collected in adherence to the European Union's General Data Protection Regulation policies for data privacy and security, as well as the California Consumer Privacy Act (CCPA).

Quality Control

Quality control measures in the sample collection process to disqualify duplicate respondents and survey bots included:

- checking respondents' IP addresses to determine if there are duplicate respondents
- employing an "operating system & Web browser check" to determine if there are any cross-panel duplicates
- using hCaptcha to detect and disqualify survey bots.

Quality control measures within the survey to disqualify dishonest or mischievous respondents, as well as survey bots, included:

- an attention-check question, e.g. Select the word that does not belong. [Tuesday]; [Friday]; [April]; [Wednesday]
- an honesty question, e.g. What have you done in the past week? Select all that apply. [Won a gold medal at the Olympics]; [Watched TV]; [Got a license to operate a Class SSGN submarine]; [Read a book]
- a speed limit, which disqualified respondents who moved through the first quarter of the survey at a pace roughly triple the average reading speed.

Lastly, respondents were removed from the sample who answered less than half the substantive questions, or who engaged in straight-lining.