



SCHOOL OF PUBLIC POLICY

PROGRAM FOR PUBLIC CONSULTATION

HEALTHCARE COSTS

- NEW YORK CD3, CD4, CD17, CD19 and NATIONAL -

Field Dates:

New York CD3, CD4, CD17, CD19: May 27 – June 24, 2026

National: February 11-26, 2026

Sample Sizes:

New York CD3: 500

New York CD4: 501

New York CD17: 500

New York CD19: 500

National: 2,509

Confidence Interval:

New York CD3: +/-6.5%

New York CD4: +/-5.5%

New York CD17: +/-6.7%

New York CD19: +/-5.6%

National: +/- 2.9%

Samples 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.

Note: Rows may not add to 100% due to rounding

[Q13-17, 37-43 previously released]

[Q9-12, 18-24, 26-36, 44-59 withheld for future release]

We are going to share with you some proposals that have been put forward that have the goal of reducing the price of drugs. For each one, please select whether you favor or oppose it.

Q1. As you may know, many drug companies charge a higher price for drugs in the US than in other developed countries. To ensure that prices are not higher in the US, it has been proposed that the federal government set maximum prices based on what the drugs are sold for in other developed countries.

	Favor	Oppose	Ref/DK
National	86%	14%	0%
Republicans	90%	10%	0%
Democrats	86%	14%	0%
Independents	76%	24%	0%
New York CD3	86%	14%	0%
Republicans	85%	15%	0%
Democrats	87%	12%	0%
New York CD4	88%	12%	0%
Republicans	94%	6%	0%
Democrats	90%	10%	1%
New York CD17	87%	13%	0%

Republicans	94%	5%	1%
Democrats	93%	8%	0%
New York CD19	89%	11%	0%
Republicans	92%	9%	0%
Democrats	93%	7%	0%

When a company develops a new drug, they can get a patent so that they are the only company that can sell the drug for up to 20 years. Some drug companies have been extending the amount of time their drug has no competition by paying other generic drug companies to hold off selling the drug, enabling the original patent holder to continue to charge higher prices.

Q2. Here is a proposal: Make it illegal for drug companies—whose patent on a drug has come to an end—to pay generic drug companies to hold off making and selling that drug.

	Favor	Oppose	Ref/DK
National	76%	24%	0%
Republicans	79%	21%	0%
Democrats	77%	23%	0%
Independents	64%	36%	0%
New York CD3	80%	20%	1%
Republicans	83%	17%	0%
Democrats	80%	19%	1%
New York CD4	76%	23%	1%
Republicans	84%	16%	1%
Democrats	78%	20%	2%
New York CD17	81%	19%	0%
Republicans	83%	16%	1%
Democrats	85%	15%	0%
New York CD19	82%	18%	1%
Republicans	83%	16%	1%
Democrats	85%	14%	1%

As you may know, some patented drugs have been developed with the aid of federal funding.

Q3. Here is a proposal: In the event the federal 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.

	Favor	Oppose	Ref/DK
National	79%	21%	0%
Republicans	83%	17%	0%
Democrats	78%	22%	0%
Independents	68%	32%	0%
New York CD3	72%	27%	1%
Republicans	78%	21%	1%
Democrats	70%	29%	1%
New York CD4	77%	22%	1%
Republicans	85%	13%	3%
Democrats	76%	23%	1%

New York CD17	84%	15%	1%
Republicans	90%	8%	2%
Democrats	83%	17%	0%
New York CD19	78%	21%	1%
Republicans	78%	20%	1%
Democrats	86%	14%	1%

Here are two proposals that would reduce the cost of health insurance for some people:

Q4. Allow people, aged 55 years or older, to purchase a Medicare plan which is now only available to those 65 and over.

	Favor	Oppose	Ref/DK
National	80%	20%	0%
Republicans	75%	25%	0%
Democrats	84%	15%	1%
Independents	83%	17%	0%
New York CD3	77%	23%	0%
Republicans	80%	20%	0%
Democrats	79%	21%	0%
New York CD4	80%	20%	1%
Republicans	83%	16%	2%
Democrats	84%	16%	0%
New York CD17	84%	16%	0%
Republicans	87%	13%	0%
Democrats	92%	8%	0%
New York CD19	83%	16%	1%
Republicans	87%	13%	0%
Democrats	89%	11%	0%

Q5. Offer a government-run public option (similar to Medicare) and allow all individuals who want to, to buy into it.

	Favor	Oppose	Ref/DK
National	80%	20%	0%
Republicans	76%	24%	1%
Democrats	86%	14%	0%
Independents	79%	21%	0%
New York CD3	78%	21%	1%
Republicans	84%	16%	0%
Democrats	79%	20%	1%
New York CD4	80%	19%	0%
Republicans	78%	22%	0%
Democrats	84%	16%	0%
New York CD17	86%	14%	0%
Republicans	82%	18%	0%
Democrats	93%	7%	0%
New York CD19	82%	17%	1%
Republicans	82%	17%	1%
Democrats	86%	15%	0%

Now, we are going to look at treatment for drug and alcohol misuse and addiction, also known as substance use disorder.

Q6. 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	Ref/DK
National	50%	38%	88%	9%	3%	12%	0%
Republicans	46%	40%	86%	11%	4%	15%	0%
Democrats	58%	35%	93%	5%	1%	7%	0%
Independents	42%	42%	84%	11%	5%	17%	0%
New York CD3	49%	41%	90%	9%	2%	10%	0%
Republicans	45%	46%	91%	8%	1%	9%	0%
Democrats	53%	39%	92%	8%	1%	8%	0%
New York CD4	47%	42%	89%	7%	2%	9%	1%
Republicans	38%	51%	89%	9%	1%	10%	1%
Democrats	56%	36%	91%	7%	0%	7%	2%
New York CD17	48%	44%	91%	6%	3%	9%	1%
Republicans	47%	47%	94%	2%	2%	4%	2%
Democrats	55%	39%	94%	5%	1%	6%	0%
New York CD19	53%	37%	91%	6%	4%	9%	0%
Republicans	47%	42%	89%	8%	3%	11%	0%
Democrats	62%	33%	95%	5%	0%	5%	0%

Q7. Here is a proposal: Increase government spending on substance use disorder by \$13 billion which would mean nearly all people who want and need treatment would get it.

	Favor	Oppose	Ref/DK
National	75%	25%	0%
Republicans	69%	31%	0%
Democrats	83%	17%	0%
Independents	70%	30%	0%
New York CD3	70%	30%	0%
Republicans	75%	25%	0%
Democrats	68%	32%	0%
New York CD4	79%	20%	1%
Republicans	74%	26%	0%
Democrats	84%	15%	1%
New York CD17	84%	15%	1%
Republicans	91%	9%	0%
Democrats	89%	12%	0%
New York CD19	85%	15%	0%
Republicans	83%	17%	0%
Democrats	91%	9%	0%

Q8. As you may know, a law was passed in 2021 which temporarily increased subsidies for health insurance in the ACA marketplace. Recently, those increased subsidies were ended, thus raising the healthcare costs (premiums and deductibles) for households on ACA insurance.

Here is a proposal: Renew the increased subsidies for ACA health insurance, so that low- and middle-income households on ACA will not have a major increase in health insurance costs.

	Favor	Oppose	Ref/DK
National	81%	19%	0%
Republicans	73%	27%	0%
Democrats	90%	10%	0%
Independents	80%	20%	0%
New York CD3	82%	18%	0%
Republicans	76%	24%	0%
Democrats	90%	10%	0%
New York CD4	84%	15%	1%
Republicans	83%	17%	0%
Democrats	88%	11%	1%
New York CD17	84%	16%	0%
Republicans	79%	21%	0%
Democrats	87%	12%	0%
New York CD19	86%	13%	1%
Republicans	85%	14%	0%
Democrats	93%	7%	0%

Q25. There has been a debate about how much the Federal government spends on Medicaid, the program for people with low incomes. If spending on Medicaid is reduced, this would result in fewer people being covered by Medicaid. If spending on Medicaid is increased, this would allow more people to be covered by Medicaid.

Thinking about federal spending on Medicaid over the last few years, do you think spending should be:

	Increased a lot	Increased some	Increased a little	Increase	Kept the same	Reduced	Reduced a little	Reduced some	Reduced a lot	Ref/DK
National	28%	27%	15%	70%	21%	9%	4%	1%	3%	0%
Republicans	19%	24%	16%	59%	28%	13%	6%	2%	5%	0%
Democrats	39%	32%	13%	83%	14%	3%	2%	1%	1%	0%
Independents	24%	25%	21%	69%	22%	9%	5%	1%	4%	0%
New York CD3	23%	33%	17%	73%	20%	7%	3%	2%	2%	0%
Republicans	19%	34%	16%	69%	24%	7%	3%	1%	4%	0%
Democrats	28%	35%	18%	81%	12%	7%	4%	2%	1%	0%
New York CD4	22%	37%	20%	79%	15%	6%	2%	2%	2%	1%
Republicans	13%	34%	22%	69%	18%	13%	5%	2%	6%	0%
Democrats	26%	40%	21%	87%	11%	2%	0%	2%	0%	0%
New York CD17	23%	39%	17%	78%	13%	9%	5%	0%	4%	0%
Republicans	25%	42%	11%	78%	17%	4%	2%	0%	2%	1%
Democrats	27%	41%	20%	88%	8%	4%	4%	0%	0%	0%
New York CD19	23%	37%	19%	79%	11%	9%	4%	2%	3%	1%
Republicans	15%	24%	31%	70%	14%	15%	4%	4%	7%	0%
Democrats	29%	42%	14%	85%	8%	6%	5%	1%	1%	0%

Methodology

Fielding and Sample Size: The surveys were fielded by the Program for Public Consultation (PPC) at the University of Maryland's Civic Innovation Center, with representative non-probability samples obtained from multiple online panels, including Cint, Dynata and Prodege.

National

Field Dates: February 11-26, 2026 Total Sample Size: 2509 Response Rate: 7.6%
Four-fifth Sample Sizes: 1991 to 2020

New York CD3

Field Dates: May 27 – June 23, 2026 Sample Size: 500 Response Rate: 8.5%

New York CD4

Field Dates: May 28 – June 23, 2026 Sample Size: 501 Response Rate: 8.1%

New York CD17

Field Dates: May 28 – June 24, 2026 Sample Size: 500 Response Rate: 7.3%

New York CD19

Field Dates: May 27 – June 24, 2026 Sample Size: 500 Response Rate: 7.9%

Pre-Stratification and Weighting: The samples were pre-stratified and weighted by age, race, ethnicity, gender, educational attainment, household income, and home ownership. Benchmarks were obtained from the Census Bureau's 2024 and 2025 American Community Surveys, as well as the 2024 Current Population Survey's Annual Social and Economic Supplement.

The national sample was also weighted by Census region and partisan affiliation. In the New York samples, the distribution of partisan affiliation was weighted to be within expectations, based on voter registration data for non-leaners and/or Cook's Partisan Voting Index for leaners.

National

Confidence Interval of Four-fifth Samples: +/-2.9% Min Weight: 0.25 Max Weight: 2.51 Mean Weight: 1.0

New York CD3

Confidence Interval: +/-6.5% Min Weight: 0.09 Max Weight: 5.00 Mean Weight: 1.0

New York CD4

Confidence Interval: +/-5.5% Min Weight: 0.13 Max Weight: 5.16 Mean Weight: 1.0

New York CD17

Confidence Interval: +/-6.7% Min Weight: 0.12 Max Weight: 5.00 Mean Weight: 1.0

New York CD19

Confidence Interval: +/-5.6% Min Weight: 0.14 Max Weight: 5.00 Mean Weight: 1.0

Confidence Intervals were calculated using the sample variance of the weights using the following formula:

CI = Square root ((1+variance)/sample size)

Sample Collection: Sample collection was managed by Quant-E 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 Qualtrics platform. Only respondents with a provided link could take the survey, using their computer, laptop, tablet, or mobile phone.

Privacy and security measures were taken to ensure that data was 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.