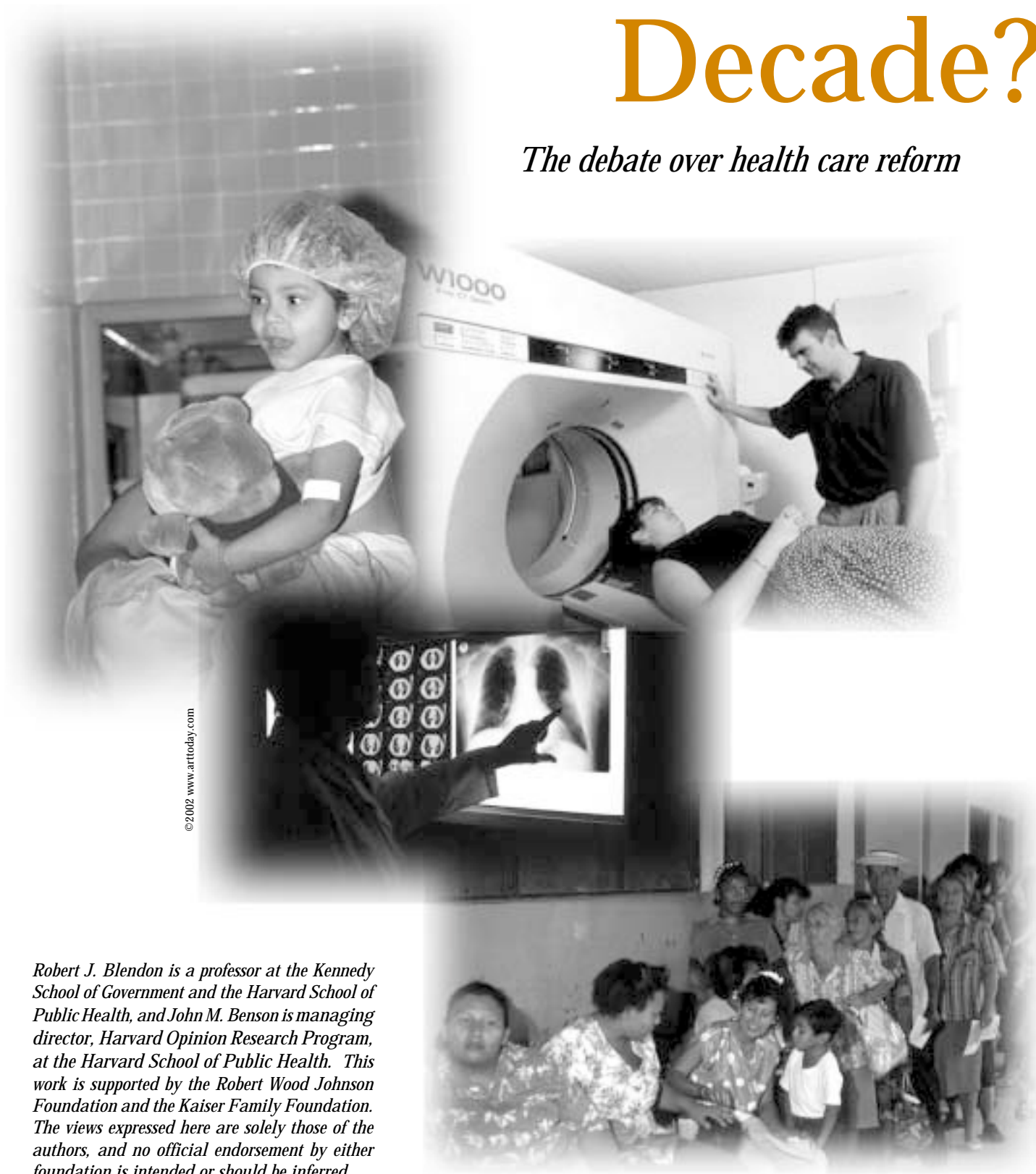


By Robert J. Blendon and John M. Benson

# Issue of the Decade?

*The debate over health care reform*



©2002 www.arttoday.com

*Robert J. Blendon is a professor at the Kennedy School of Government and the Harvard School of Public Health, and John M. Benson is managing director, Harvard Opinion Research Program, at the Harvard School of Public Health. This work is supported by the Robert Wood Johnson Foundation and the Kaiser Family Foundation. The views expressed here are solely those of the authors, and no official endorsement by either foundation is intended or should be inferred.*

In a *New York Times* article last summer, Robin Toner and Sheryl Gay Stolberg reported that many experts see the beginnings of a health care crisis in the United States. A decade after the turbulent reform debate of the early 1990s, rising health care costs, the growing number of uninsured Americans, and the problems of individual states with Medicaid expenditures have led many experts to believe that the issue will return to prominence on the public's agenda. In fact, according to Democratic pollster Mark Mellman (quoted by Noam Scheiber in the February 24 issue of *The New Republic*), health care will be the dominant issue of the next decade.

The debate during the early years of the Clinton administration focused on major reform, that is, fundamental change in the nation's health care system, initiated by the federal government. What do trends in public opinion tell us about the likelihood of renewed debate about major health care reform, and what form might that debate take?

At the time of the November 2002 congressional elections, public opinion data would not

have provided a strong case that health care was emerging as a dominant issue. In January 1993, shortly after Bill Clinton's election, about one-third (31%) of Americans in a Harris survey named health care (excluding Medicare) as one of the two most important issues for the government to address (see Figure 1). By October 1993, the percentage had peaked at 55%. By contrast, in the last measure taken before the 2002 election, only 7% cited health care as one of the top two issues, positioning it far behind the economy/jobs and terrorism.

In a March 1994 NBC News/*Wall Street Journal* poll, 60% of Americans said they were very (30%) or somewhat (30%) dissatisfied with the health care system in the US. Only 37% said they were very or somewhat satisfied. An April-June 2002 survey by the Kaiser Family Foundation, the Harvard School of Public Health, and ICR (KFF/HSPH/ICR), using the same wording as the earlier poll, found 54% expressing satisfaction with the health care system, while only 45% said they were dissatisfied.

Since 1982 Harris has asked Ameri-

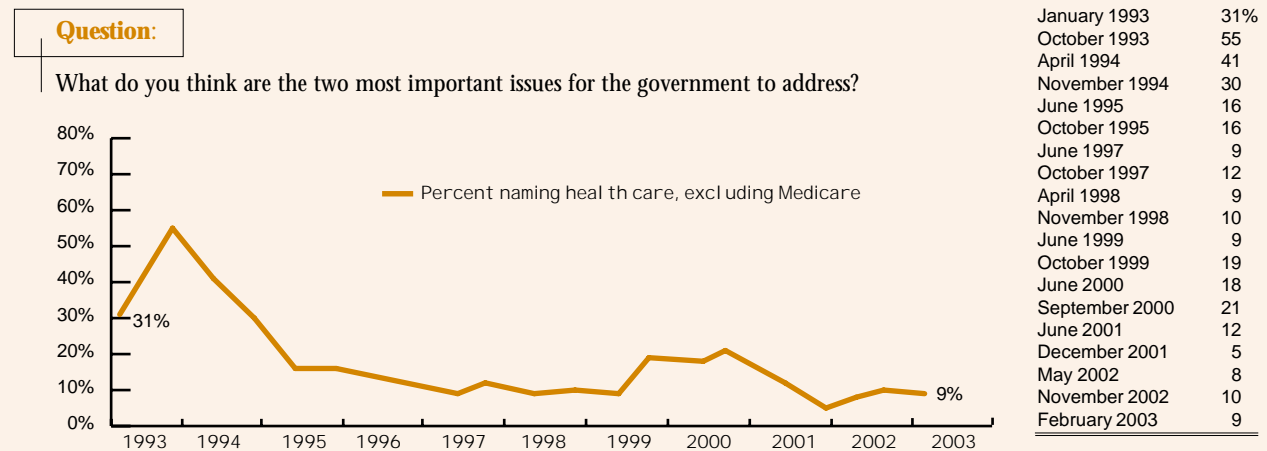
cans how well they think the health care system works and how much change is needed. At no time during the past two decades has a majority in this trend line been completely satisfied with the health care system. On the other hand, a majority has never supported developing an alternative system, either.

The public was most positive in 1987, when 29% in the Harris series believed the health care system was working pretty well and only minor changes were needed to make it work better. In 1991—often seen as the starting point of the last great health reform debate—only 6% expressed this favorable view.

In that year, Democrat Harris Wofford won a special Senate election in Pennsylvania on a platform calling for national health insurance. In the same poll, 42% of Americans said the health care system had so much wrong with it that we would need to rebuild it completely, the highest level ever recorded.

An April-May 2002 Harris Interactive poll showed a significantly lower proportion giving this unfavorable assess-

Figure 1  
**Health Care Moves to Back Burner**



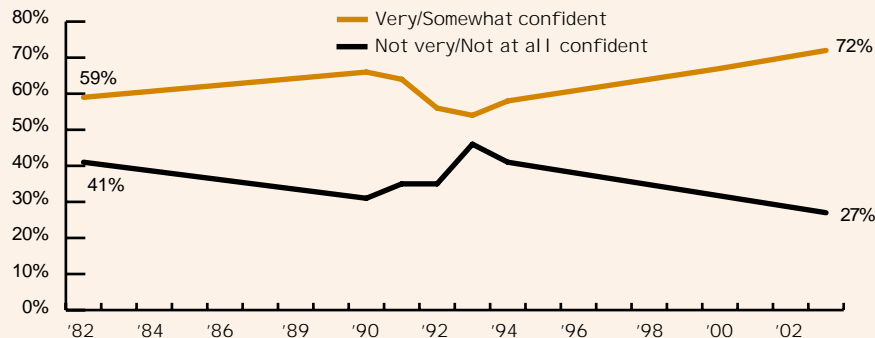
**Note:** Health care here includes some health care-related items coded separately from "health care" in the Harris releases, such as "prescription drug prices" in the late 2002 and 2003 polls. Medicare is excluded from the health care total because before October 1995, it was coded as part of "programs for the elderly." In each year, the polling result closest to May and November is shown.  
**Source:** Surveys by Louis Harris & Associates and Harris Interactive, latest that of February 12-16, 2003.

Figure 2

## Worries Over Major Medical Bills Subside

**Question:**

How confident are you that you would have enough money or health insurance to pay for a major illness—are you very confident, somewhat confident, not very confident, or not at all confident?



	Very	Somewhat	Not very	Not at all
1982	25	34	23	18
1990	34	32	16	15
1991	30	34	17	18
1992	28	27	21	24
1993	22	32	20	26
1994	28	30	20	21
2000	39	28	16	17
2003	40	32	12	15

**Source:** Surveys by Kane, Parsons/American Medical Association, 1982; the Gallup Organization/American Medical Association, 1990-1994; Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, 2000; Harvard School of Public Health/ICR, February 19-23, 2003.

ment: 31% said that the system needed to be rebuilt completely.

A third trend, starting in January 1993, has found a majority of Americans consistently dissatisfied with the availability and affordability of health care in this country. However, the proportion reporting they were not at all satisfied declined from 45% in a 1993 Gallup/CNN/*USA Today* poll to 22% in a November-December 2001 poll by the Harvard School of Public Health, Robert Wood Johnson Foundation, and ICR (HSPH/RWJ/ICR).

Many Americans today are worried about their health care costs. Nearly half of respondents in a February 2003 study by the Kaiser Family Foundation, the Harvard School of Public Health, and Princeton Survey Research Associates said they were very (25%) or somewhat (23%) worried that during the next six months they might not be able to get the health care they needed because they could not afford it. But the political effect of this finding is mitigated by the fact that most Americans believe they will be able to pay for the sort of very large bills that result from a serious illness.

Nearly three-fourths (72%) of respondents in a February 2003 HSPH/ICR

poll said they were very or somewhat confident that they would have enough money or health insurance to pay for a major illness (see Figure 2). This figure is significantly higher than it was at the time of the last health care reform debate. In 1992 and 1993 surveys conducted by Gallup for the American Medical Association, not much more than half of Americans (55% and 54%, respectively) felt very or somewhat confident.

Trend data through the time of the 2002 elections suggested, then, that renewed public debate about major health care reform was unlikely during the next few years. Fewer Americans than in the early 1990s expressed strong dissatisfaction with the system or saw a need to rebuild it completely. More Americans than in the early 1990s thought they would be able to pay for a serious illness. Their satisfaction with their own health care arrangements also provided a brake against reforms that might affect those relationships. In a February 2003 HSPH/ICR poll, nine in ten Americans (91%) said they were satisfied with the medical care they received during their last visit to a doctor.

Even so, updates to these trends hint that things may have started to change after the election. Public dissatisfac-

tion with the availability and affordability of health care, which had been about half (48%) in November-December 2001, rose to nearly two-thirds (64%) in December 2002 (HSPH/RWJ/ICR).

Since 1980, the CBS News/*New York Times* poll has asked a standard question about national health insurance, a concept that has been discussed in past debates. Support for national health insurance, financed by tax money and paying for most forms of health care, stood at 66% shortly before Bill Clinton defeated George Bush in the 1992 presidential election, and at 63% at the time of Clinton's inauguration. In 1995, after the failure of the Clinton health reform plan, support for such a plan dropped to 53%. But in a February 2003 HSPH/ICR poll, it had rebounded to 61%.

If this is the start of an upward trend rather than a short-term blip, support for some sort of national health care reform may be increasing. But what would such a national system look like? It is not at all clear that the public is picturing a government-run "single-payer" system like Canada's, or that "national health insurance" signifies to the public the same sort of comprehensive change it implies for

experts. In fact, single-payer initiatives in California in 1994 and Oregon in 2002 received only 29% and 21% support, respectively, even though ever since 1981 majorities have consistently favored “national health insurance” as described in the CBS News/*New York Times* polls.

Recent polling data suggest that the public prefers incremental approaches to reform that do not involve large tax increases. Most Americans want the government to help the uninsured get health insurance. But once a tax *increase* enters the equation and alternative approaches are offered, the public is split on how much the government should do.

Less than half of respondents (45%) in the December 2002 HSPH/RWJ/ICR poll favored government making a major effort which might require a tax increase to provide insurance for most uninsured Americans. About one-third (35%) preferred making a limited effort to provide insurance for some of the uninsured even if it meant more government spending. Fifteen percent favored keeping things the way they were.

When presented in the February 2003 HSPH/ICR poll with different ways to guarantee health care for more Americans, about three-fourths of the public favored each of four incremental approaches, including plans requiring businesses to offer private health insurance to their employees (76%) and offering uninsured Americans income tax deductions, tax credits and other financial assistance to help them purchase private health insurance of their own (74%; see Figure 3). A national health plan, financed by taxpayers, in which all Americans would get their insurance from a single government plan, was favored by a far smaller majority (51%).

A February 2003 Harris Interactive poll offers further evidence of

public reluctance to pay increased taxes for a national health care plan. A majority (52%) disagreed with the statement, “If the only way to make sure that everyone can get the health care services they need is to have a substantial increase in taxes, we should do it,” while 43% agreed. In a time of increasing federal budget deficits, public unwillingness to pay increased taxes for a national health plan makes the financing of such a large-scale reform problematic.

If large-scale reform, like national health insurance, appears unlikely, what form would a renewed health care debate take? Since a majority of the public expresses dissatisfaction with the availability and affordability of health care, individual health care issues reflecting these concerns are likely to emerge and have great political importance.

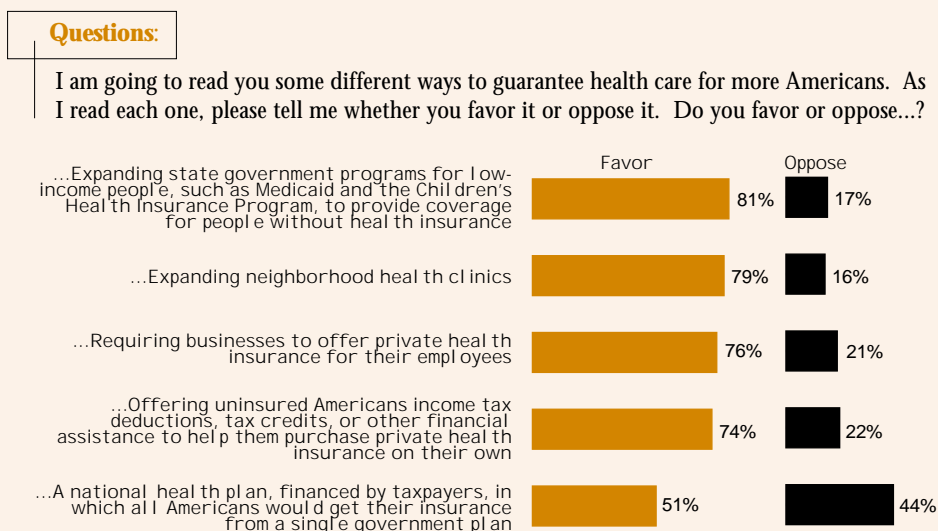
The past decade provided an example of how an individual health care issue could become important politically. A rise in dissatisfaction with managed care was probably partly responsible for the debate over a pa-

tients’ bill of rights that started in the late 1990s. Between 1997 and May 2002, the proportion of Americans believing that HMOs and other managed care companies do a good job serving their consumers dropped from 51 to 33%, according to Harris Interactive (see Figure 4).

In the coming decade, important health care issues are likely to include not only the uninsured, but also prescription drug costs and the lack of long-term care coverage for older Americans. When asked in the December 2002 HSPH/RWJ/ICR poll what they thought were the two most important health care issues for the government to address, the public ranked lack of insurance or inadequate coverage first (named by 29%), followed by prescription drugs, including for the elderly (18%), and issues directly relating to Medicare and health care for the elderly, excluding prescription drugs (15%).

Concern about rising prescription drug costs has already led to serious debate about drug coverage for seniors. As prices have risen, the pro-

Figure 3  
**Incremental Approaches Preferred**



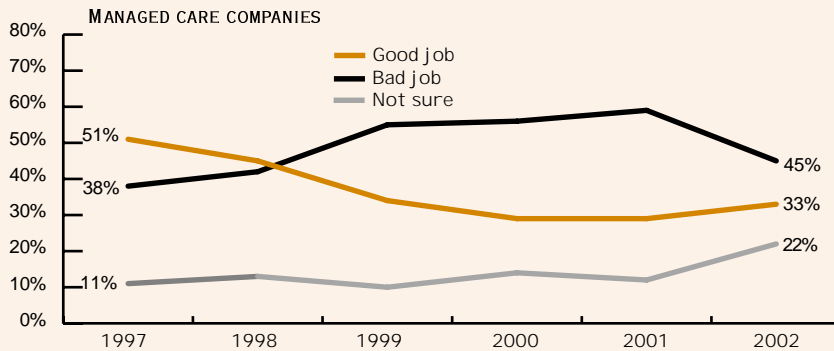
Source: Survey by Harvard School of Public Health/ICR, February 21-25, 2003.

Figure 4

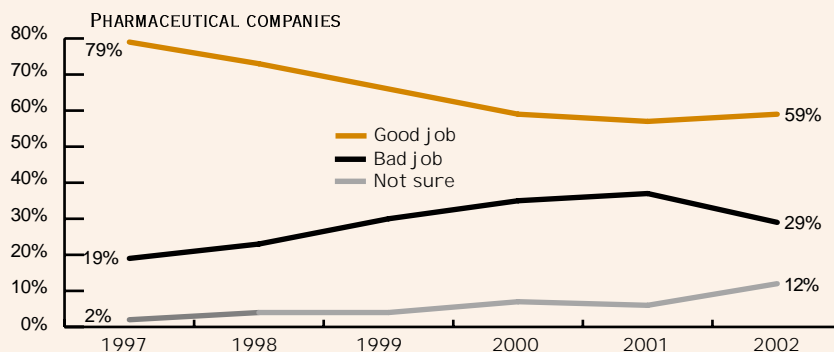
## Support Sags as Controversies Arise

### Questions:

Do you think ...[managed care companies/pharmaceutical and drug companies such as HMOs] ...generally do a good or a bad job serving their consumers?



	Good job	Bad job	Not sure
1997	51%	38%	11%
1998	45%	42%	13%
1999	34%	55%	10%
2000	29%	56%	14%
2001	29%	59%	12%
2002	33%	45%	22%



	Good job	Bad job	Not sure
1997	79%	19%	2%
1998	73%	23%	4%
1999	66%	30%	4%
2000	59%	35%	7%
2001	57%	37%	6%
2002	59%	29%	12%

Source: Surveys by Louis Harris & Associates and Harris Interactive, latest that of May 22-28, 2002.

portion of Americans believing that pharmaceutical companies do a good job serving their consumers has fallen 20 percentage points (from 79 to 59% between 1997 and 2002 in surveys by Harris Interactive). Rising prescription drug prices may eventually lead to calls for increased government regulation of the pharmaceutical industry or for government involvement in negotiations with pharmaceutical companies to obtain discounts for various groups in the population.

Medicare is also likely to be an important issue during the coming decade. In a January-February 2003 ABC News/ *Washington Post* poll, more than two-thirds thought Medicare was either in crisis (18%) or had major problems but was not in crisis (52%). The

relatively small proportion that thought Medicare was in crisis suggests that while most Americans are concerned, they do not see the program as needing major changes immediately. The debate about what role private health plans should play in Medicare will continue during the coming years and could become a major voting issue, as it was in 1996.

So what do polling trends tell us about the role of health care as an issue in the coming decade? The recent rise in support for a national health plan may indicate the start of a renewed interest in health care reform. But at the moment, health care (cited by only 9% in the February 2003 Harris Interactive poll, if prescription drug prices are included in

the total) lags far behind war/Iraq, the economy/jobs, and terrorism on the public agenda for government action. Given the probable long-term nature of international tensions and the terrorist threat, health care is unlikely to attain the same visibility it had as an issue in the early 1990s.

In any case, health care as a political issue is likely to take one or both of two forms: debate about a national health plan modest in both scope and cost, or consideration of a series of individual health care issues, any one of which could have political significance, but which do not coalesce into a broad discussion of overhauling the health care system.