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Opinion Survey on Health Care Reform

September, 2009

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About the Sarasota County Democratic Party

The Sarasota County Democratic Party is committed to winning elections of Democrats running for public office. That commitment is reflected in the Democratic values and ideals we promote throughout the community. While we are the official local arm of the Democratic Party, our local presence and activities are all achieved through the efforts of volunteers. 100% of our revenue is generated through local fundraising events and private donations – we receive no financial assistance from the State or National Parties. We carefully manage these grassroots resources to promote voter registration, contact and encourage Democratic voters to get out to vote, maintain a Party headquarters, create and organize activities that help foster our presence in the community, and support the campaigns of Democratic candidates. We welcome your participation and invite you to join our email list to stay informed, or ideally become involved with your local party. See us on the web at www.sarasotadems.org, visit our Sarasota headquarters, or give us a call at 941-330-9400 to join our email list, make a donation, or to volunteer.

Survey Methodology

The survey was conducted online between September 9 and September 23, 2009. Invitations to take the survey were sent via email to the Sarasota County Democratic Party's email list, an invitation to the public was posted on the sarasotadems.org web site, and a press release with an invitation was issued by the Party.

Of 1,412 responses submitted, 14 were deemed successive duplicate submissions, and 49 contained zip codes that were not in Sarasota County. Thus 1,349 responses were used as the basis for the quantitative analysis in this report.

Paid for & approved by the Democratic Party of Sarasota County PO Box 5833, Sarasota, FL 34277

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Opinion Survey on Health Care Reform
September 2009

Summary

Given the age of our county and thus its eligibility for Medicare, it is not surprising that almost half of the respondents have a government-run insurance program (34%) or both government and insurance company plans (14%). However it is quite alarming that in a county as prosperous as Sarasota County, 10% of our respondents have no insurance. Additionally, when the respondents were asked about being worried about getting health insurance, the overwhelming majority of these respondents without health insurance stated that they were worried about getting health insurance (92%). This suggests that those in Sarasota County without health insurance are seeking coverage but having difficulty getting coverage.

Generally those respondents with government-run health insurance including supplemental insurance are pleased with their health insurance. A majority of these respondents are satisfied with their health insurance. They are not worried about losing their insurance nor are they worried about getting insurance. Conversely those respondents who are insured through private plans either employer provided or purchased by the individual are not as pleased with their coverage. The majority are dissatisfied with their insurance. They are worried about losing their insurance and are worried about getting insurance.

Almost three quarters (72%) of all respondents prefer to have their insurance provided by the government while only 14% prefer to have their insurance provided through the private sector. This response pattern again suggests dissatisfaction with the private sector health insurance plans in Sarasota County.

When asked specifically about the Medicare Program, almost half (48%) of the respondents think that the Medicare budget should be balanced by reducing spending and increasing taxes and premiums. An additional 41% think that the Medicare budget should be balanced by only reducing spending.

The overwhelming majority (80%) of the respondents think that a government-run insurer should decide what treatments their insurance will cover.

Almost three quarters (72%) of the respondents think providing coverage for all Americans and reducing the cost of health care are equally important in reforming health care. Slightly more than a fifth (22%) thinks that the most important goal is providing health care for all Americans. Similarly, the vast majority (82%) of the respondents are willing to pay a little more for their health insurance in order to get universal coverage and to eliminate the restriction of pre-existing conditions. An insignificant number (0.42%) believe no health care reform is needed.

The results of this survey suggest that these respondents are supportive and pleased with government-run health insurance programs. Those respondents that are in the private insurance market are not satisfied with their insurance. Lastly, there appears to be a substantial number of respondents (10%) who are without health care insurance but would like coverage.

We welcome your feedback and comments on this report via email to info@sarasotadems.org.

Quantitative Questions

What is YOUR opinion on Healthcare Reform?

There's so much talk about Healthcare Reform, but is anybody listening?

As a Sarasota County resident, here's your chance to be heard. What are your concerns about the current healthcare system? What are your preferences among the options under discussion?

Complete this short survey and make sure our representatives in Congress know what we want..

Note that the number of survey responses is designated as N= in each figure.

1) Do you have health insurance?

Is your insurance from a Government-run program like Medicare, Medicaid or the VA? Is your insurance purchased from an Insurance Company, either through your employer, a group or on your own? You may have both, if you have Medicare and a Medicare Supplement.

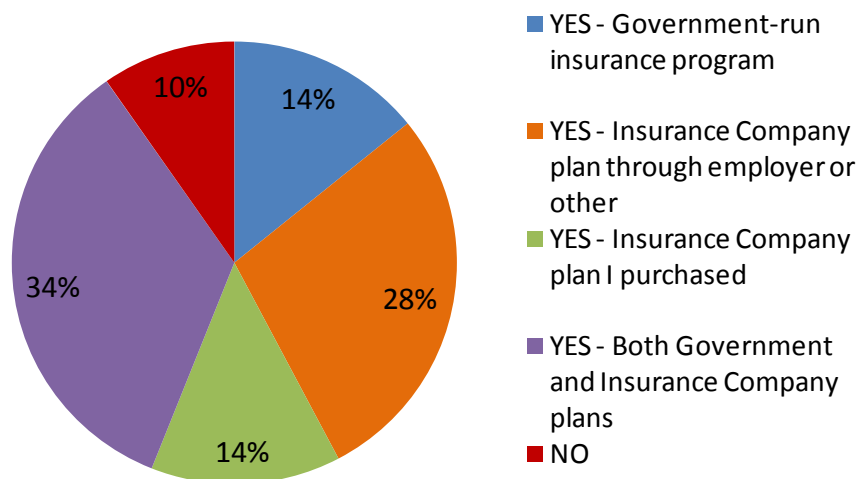
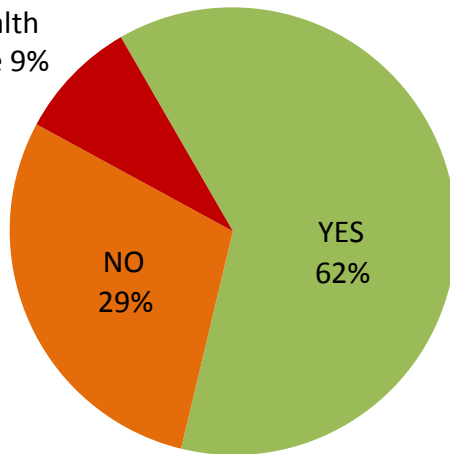


Figure 1 – Have Health Insurance? (N=1343)

Analysis / Comment: Given the age of our county and thus its eligibility for Medicare, it is not surprising that almost half of the respondents have a government-run insurance program (34%) or both government and insurance company plans (14%). However it is quite alarming that in a county as prosperous as Sarasota County, 10% of our respondents have no insurance.

2) Are you satisfied with your current health insurance?

I don't
have health
insurance 9%



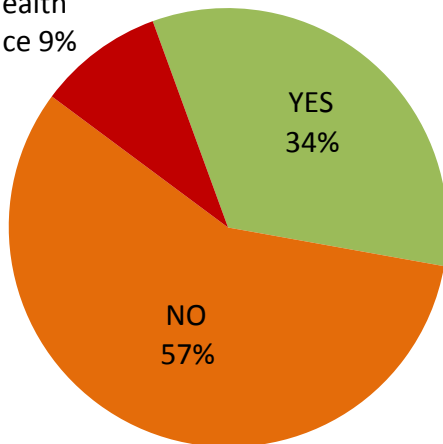
Analysis / Comment: Like many other surveys on health care, a majority of our respondents are satisfied with their health insurance (62%).

When looking at those who are dissatisfied with their insurance, the majority are insured primarily by insurance companies. Conversely, the vast majority of those respondents with government-run insurance including supplemental insurance expressed satisfaction with their insurance.

Figure 2 – Satisfied with Current Health Insurance?
(N=1339)

3) Are you worried about losing your insurance?

I don't
have health
insurance 9%



Analysis / Comment: Slightly more than a third (34%) is worried about losing their insurance.

When one looks at those who are worried about losing their insurance, it is clear that those with government-run insurance and those with combined supplemental and government-run insurance are for the most part not worried about losing their insurance.

A substantial majority of those insured by only insurance companies are worried about losing their health insurance.

Figure 3 – Worried about losing your insurance?
(N=1330)

4) Are you worried about getting insurance?

Are you concerned that you or a member of your family would have trouble getting insurance in the future?

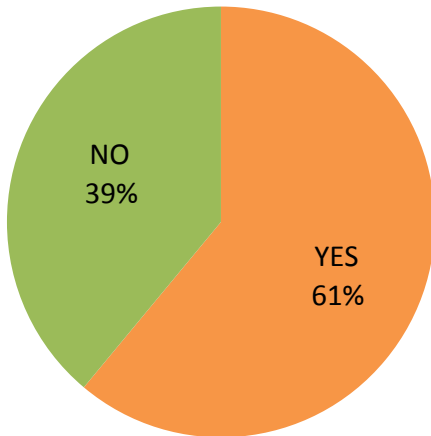


Figure 4 – Worried about getting insurance? (N=1327)

Analysis / Comment: Given that almost half of the respondents are participating in a government run insurance program, it is surprising that 61% are worried about getting insurance.

A majority of those worried about getting health insurance are insured in the private insurance market either through an employer based program or one that they purchased.

The more significant point is that of those without insurance, the overwhelming majority (119 of 130, or 92% of those without insurance) are worried about getting insurance. Thus those respondents in this survey appear to be uninsured because they are having trouble getting insurance – not because they prefer to be uninsured.

5) Which do you prefer to provide your health CARE?

Some doctors are government employees working in places like VA hospitals and county health clinics. Some doctors are in private or group practice. Some doctors work for insurance companies as part of an HMO. Which do you prefer to receive health care from?

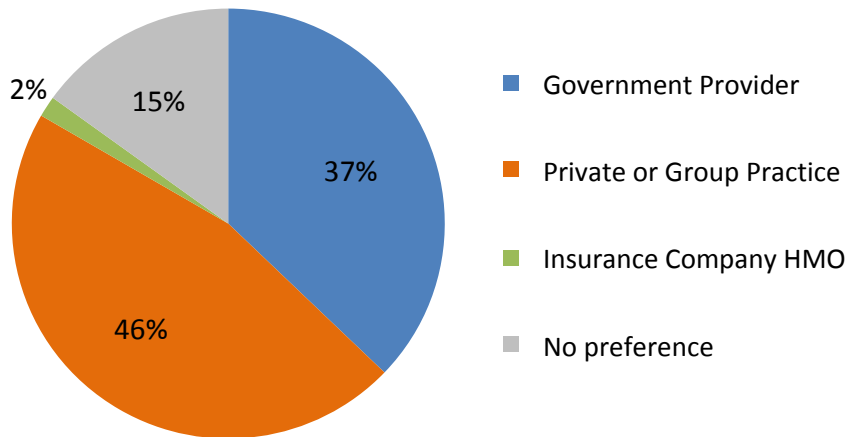
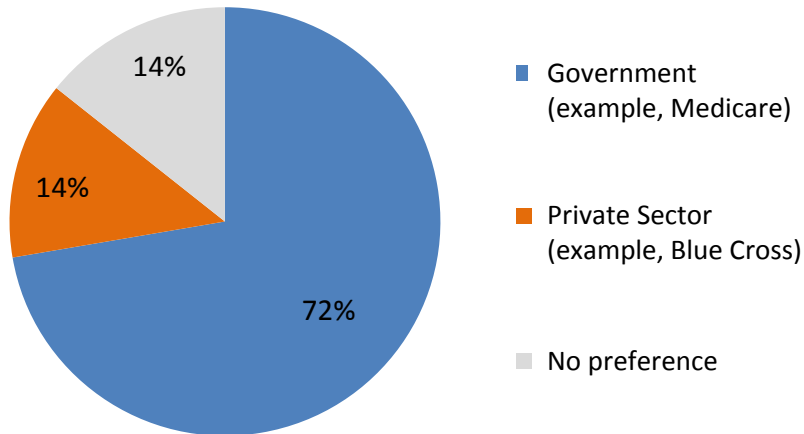


Figure 5 – Preferred Health CARE provider? (N=1333)

Analysis / Comment: A substantial number of the respondents (46%) prefer to receive their health care from private or group practice, while 37% prefer a government provider like VA hospitals or county health clinics. Only 2% prefer an insurance company HMO.

6) Which do you prefer to provide your primary health INSURANCE?

Your insurer handles your medical bills and decides how much you must pay. Some health insurance is run by the government. Examples of these are Medicare, S-CHIP for children, Federal Employees Health Insurance Plan. Some insurance is run by insurance companies like Blue Cross, CIGNA and Aetna. This is referred to as the Private Sector. Which do you prefer to handle your primary health insurance?

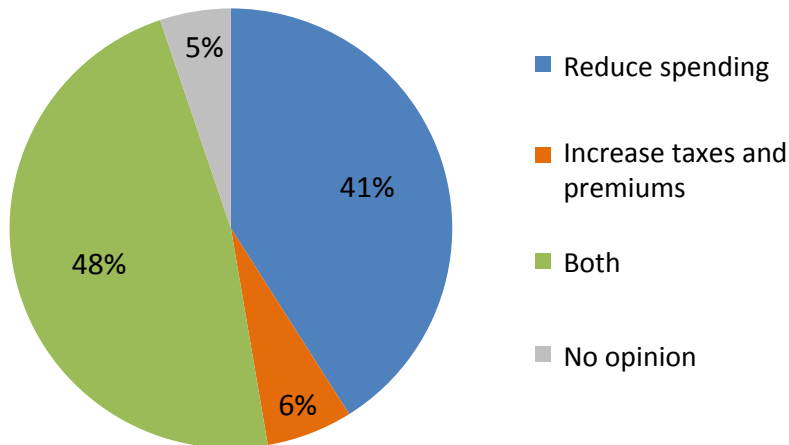


Analysis / Comment: Almost three quarters (72%) of the respondents prefer to have their insurance provided by the government while only 14% prefer to have their insurance provided through the private sector. This response pattern suggests dissatisfaction with the private sector health insurance plans.

Figure 6 – Preferred Health INSURANCE provider? (N=1329)

7) How should Medicare keep from going broke?

Medicare is currently paying more for medical care than it is collecting in taxes and premiums. How should it balance its budget? Should it reduce spending by eliminating fraud, waste and coverage of ineffective treatments? Should it increase Medicare taxes paid by working people and premiums paid by senior citizens? Should it do both?

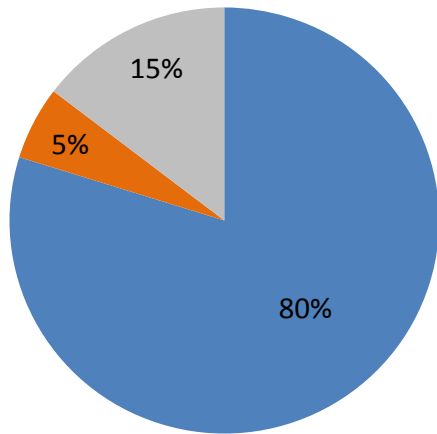


Analysis / Comment: Almost half (48%) of the respondents think that the Medicare budget should be balanced by reducing spending and increasing taxes and premiums. Another 41% think that the Medicare budget should be balanced by only reducing spending.

Figure 7 – How to keep Medicare from going broke? (N=1327)

8) Who should decide what treatments insurance will pay for?

Health insurance cannot afford to cover every treatment that medical science has developed. When insurance doesn't cover a very expensive treatment, people with enough money will pay for these treatments themselves. Which type of insurer would you prefer to have deciding which treatments your insurance will cover?

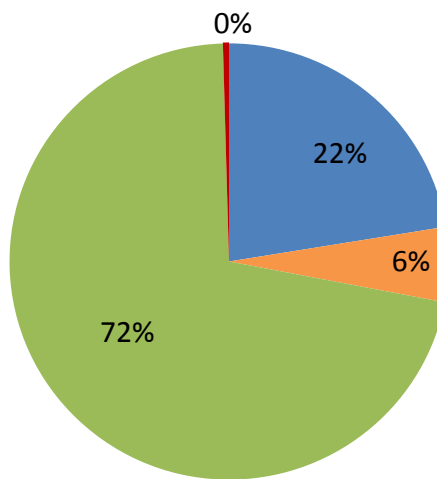


- Government-run insurer, based on what treatments taxpayers are willing to cover
- Private Sector insurer, based on need to generate profits for investors
- No opinion

Analysis / Comment: The overwhelming majority (80%) of the respondents think that a government-run insurer should decide what treatments their insurance will cover.

Figure 8 – Who decides treatments insurance will pay for? (N=1296)

9) In reforming health care, which goal should be more important?



- Providing coverage for all Americans
- Reducing the cost of health care
- Both equally
- No reform is needed

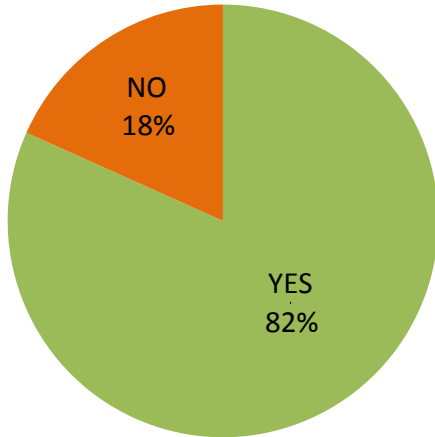
Analysis / Comment: Almost three quarters (72%) of the respondents think providing coverage for all Americans and reducing the cost of health care are equally important in reforming health care. Slightly more than a fifth (22%) thinks that the most important goal is providing health care for all Americans.

Only 6 out of 1,340 respondents (0.45%) believe no reform is needed.

Figure 9 – Goal for health care reform? (N=1340)

10) Are you willing to pay for better health insurance coverage?

Many people have health insurance they are happy with. They wonder "What will I get out of Healthcare Reform?" Suppose all Americans were guaranteed an affordable health insurance policy regardless of their health, a policy that could not be cancelled if they got sick and that would not exclude "pre-existing conditions." Would you be willing to pay a little more than you now pay for health care?



Analysis / Comment: The vast majority (82%) of the respondents are willing to pay a little more for their health insurance in order to get universal coverage and to eliminate the restriction of pre-existing conditions.

Although 18% of the respondents stated that they were not willing to pay more for their health insurance, many of these same respondents used the open comment question to explain that they cannot afford to pay more because their current premiums are already too costly.

Figure 10 – Goal for health care reform?
(N=1323)

Survey Comments

Overview

Respondents were offered a 1,500 character space (approximate 270 words) for comments after Question 10. A total of 797 comments were received from 57% of the respondents.

Five broad subject areas were covered by the comments:

- The current system of health care and health insurance 8.8%
- Healthcare reform 63.0%
- Respondents' personal stories 9.2%
- The political process surrounding healthcare reform..... 9.0%
- This survey 9.7%

Almost all the comments supported the reforms outlined by the President.

Some comments were simple statements, such as "Healthcare is a moral obligation." or "We need reform NOW!" Many of the comments addressed several topics. With those, an attempt was made to identify the main point of the comment and assign it to that category.

Personal stories which primarily listed the respondents' current health care expenses were assigned to the category concerned with those costs. Comments listed in the category of personal stories generally describe how the respondents' healthcare situations affected their lives.

Consequently, the number of comments in the individual categories – and the categories themselves – should not be considered indicative of their relative importance to the survey responders.

Summary of comments on the current system (N=70)

Comments on the current system followed two major themes: the high cost of care (both the cost of insurance and out-of-pocket costs of co-pays and uncovered expenses) and perceived abuses by one or more segments of the industry (insurers, drug companies and care providers). A few comments praised care or insurance they currently receive from government-run providers, indicated they were satisfied with the current system, or reflected on how the high cost of health care reduced America's global competitiveness.

Summary of comments on healthcare reform (N=502)

The survey's multiple choice questions did not ask respondents' opinions on reform proposals under discussion. Many used the comment section to express:

- General support for reform 96
- Support for reform because "health care is a right" or a moral imperative "for Christians" 33
- Opposition to reform plan(s) 20
- Support for President Obama and the reform outlined by him 29
- Support for a single payer plan or a public option 158
- Suggestions of specific items reform should include 158
- Concerns that projected savings won't be realized 8

Summary of Personal Stories (N=73)

These stories fall into three categories:

- Requests for help with a current healthcare crisis
- Anecdotes illustrating that the need for reform is urgent
- Anecdotes illustrating specific items that need to be reformed

The second category includes:

- Individuals who are dying because of problems with the current system who hope reform will spare the lives of others
- Parents whose children will be denied insurance coverage as adults because of “pre-existing conditions”

Summary of comments on the Political Process (N=72)

Many of the comments in this category expressed anger or frustration with the political process that appears to be preventing, rather than implementing, healthcare reform. The targets of the anger were many:

- Politics in general
- Congress — both sides of the aisle
- Democrats — for not pushing past GOP obstruction
- Republicans and other opponents of reform — for spreading misinformation and sacrificing the health of Americans to diminish the President

Other comments expressed hopelessness that reform would happen, sought details on the plan(s) under consideration, or recommended starting the process over.

Summary of comments on the Survey (N=77)

Close to two-thirds of the comments in this category elaborated on their answers in questions 8 and 10, dealing with rationing and willingness to pay more under reform, respectively. The rest either offered criticism or praise for the survey. Many comments (both in this category and others) ended “Thanks for letting me vent.”

Comments on the Current System

Comments on the current system followed two major themes:

The high cost of care (both the cost of insurance and out-of-pocket costs of co-pays and uncovered expenses) was the focus of 28 comments. (A representative sample of comments follows. The numbers in brackets following each comment is a unique timestamp identifying the comment by when it was received.)

I currently pay almost \$1500 PER MONTH for Blue Cross/ Blue Shield PPO coverage! On top of that, I pay \$800 in yearly deductibles for myself and my wife BEFORE the Insurance Company pays ONE DIME! That's almost \$19,000 per year and you ask if I would be willing to pay EVEN MORE? This is plain crazy! I have been retired for almost 10 years and am 64 years old. In that time with premiums, co-pays and deductibles.... I have paid in almost \$225,000 out-of-pocket money that I thought I would have to use for enjoyment in my retirement! Boy, was I wrong!
[09/09/09 : 23:02:33]

Our insurance benefits have eroded over the years and what used to be normal aging is now a series of pre-existing conditions. Too little preventative care is covered. If I did not have disposable income, I would not be able to afford to maintain my body properly. I had four kidney stone procedures last year and paid nearly \$2,000.00 a pop even with 'good' insurance. I had periodontal surgery that cost \$7,500.00 - who can afford that? We need to change the system - it's broken.
[21/09/09 : 13:56:51]

Perceived abuses by one or more segments of the industry (insurers, drug companies and care providers) was the focus of 26 comments.

I pay a fortune for a single policy for myself with a large deductible and yet the insurance company pays for very little. The one time I needed serious surgery for cancer the insurance company refused to pay. My surgeon spent hours on the phone with insurance company employees who had never examined me or any of my test results and was able to get me a little toward my treatment but most of the expense was out of pocket. I tremble that I might need to ask the insurance company for care of a serious condition in future.
[09/09/09 : 22:21:30]

The paperwork and hassle of filing an insurance claim is a nightmare. I have had some experience with this. It is beyond my comprehension how a single and seriously incapacitated person could manage these issues. The excessive pressure and poor administrative service makes it overwhelming for the average American. Insurance companies hope you give up and stop pursuing your claim. More \$\$\$ in their posckets. It's all about the weathy and greed.
[10/09/09 : 03:55:14]

A few comments praised care or insurance they currently receive from government-run providers (6),

I have been under government sponsored health care since 1961 when I married my Air force husband. When he died on active duty in 1977, I was guaranteed health care for life. Now I am on Medicare. All these government run systems have been great. I have been 100% satisfied for 48 years!
[09/09/09 : 21:24:37]

indicated they were satisfied with the current system (5),

Although Medicare is now my primary insurance, I continue to pay full coverage to my former employer subsidized private insurance company. The employer was the U.S. Government which pays about half the cost. Like other government agencies, this is a group policy through a private insurer that is administered by employee Directors elected at large. Once per year we have an open season during which time we can choose our preferred plan from all those offered to government employees. Thus, I have never had to worry about being dropped and our employee Board negotiates with the insurers to keep premiums as low as possible. Frankly, I do not understand why we cannot use a similar system nation-wide.
[10/09/09 : 22:06:07]

or reflected on how the high cost of health care reduced America's global competitiveness (5).

America has always led by being a world class innovator the PC, Windows, the Internet and Google were all invented here. We need to use that innovative spirit to insure that America plays a leading role in the development of next generation products. Making and selling products profitably is a sure way to insure economic stability. Our healthcare system is getting in the way of our economic stability. For one thing, it is stifling innovators who wants to take a chance and go out on a limb to create the next new thing if they risk losing health care coverage if they change jobs? Increasingly, we are finding that we cant compete in the international market place with Made in America products because our health care costs are making us non-competitive. Its no secret that our health care costs are higher than almost all other developed countries. That high cost gets passed on to every service we provide and every product we make .Fix healthcare in America and we will be well on our way to our position as a world leader. Continue with the status quo and we will continue to flounder in our home and world markets with the status quo you can kiss Made in America goodbye.
[09/09/09 : 19:29:08]

Comments on Healthcare Reform

The survey's multiple choice questions did not ask respondents' opinions on reform proposals under discussion. Many used the comment section to express:

General support for reform (96)

All Americans deserve to have affordable health care. We can argue forever on the best way to get there but the primary goal is to provide affordable health care to all Americans. We must do something to move toward that goal. We may not get it exactly right the first time but if we achieve 75% of our goal, that's a start. Then we can work on achieving the other 25%. To stonewall the effort is not acceptable.
[10/09/09 : 11:41:44]

I am a 59 year old female who has not been able to afford health care for over 20 years. I think this county needs to just buck up and come out with a health care proposal, esp. the public option for those of us who need it. It is a disgrace that we are soooo behind a lot of places in the rest of the world. Enough of the scare tactics. What the hell is wrong with you?
[09/09/09 : 21:30:18]

Support for reform because "health care is a right" or a moral imperative "for Christians" (33)

I have been trying to get 'Health Care for All' since Harry Truman was President! I was a nursing student in his hometown (Independence, Mo.) at that time. Health Care is a civil right....if one is not healthy, one cannot learn or work well. Health Care for all-First Education for all- Second. When we have a healthy and

educated society, we will know real freedom!
[09/09/09 : 20:02:53]

Universal access to quality health care is a MORAL issue. It is the new civil rights issue we ought to be marching on Washington for. Socialized medicine? Give me a break. We don't call universal access to quality education 'socialized education'! Depriving the poor of medical care is parallel to depriving blacks access to education (Brown v. the Board of Education) or the polling booth. My mother died in 1959 at the age of 54 of liver cancer, but the real cause of her early death was POVERTY. She was too poor to afford an operation on her gall bladder that would have easily caught the cancer before it spread. Fifty years later, citizens of the USA are still dying from the disease called poverty. This is unconscionable! Equal access to health care ought to be a moral, and constitutional, right!
[09/09/09 : 21:30:32]

We have to think about the whole, just like we would our families; Jesus once ask 'are we our brother's keeper' And the answer is yes.
[20/09/09 : 19:13:46]

Opposition to reform plan(s) (20)

Health care needs reform, but the government is part of the problem and is certainly not the solution. Incremental change is certainly better than train wreck that congress is currently engineering. Start with tort reform and a secure computerized data system. Don't extend the sweetheart deal with the pharmsudical industry that is included in the current proposals in congress. Allow standardized national private health care plans. which can be compared and openly compete with each other. reduce the monopoly of the AMA and require meaningful peer review of doctors without fear of legal reprisal from incompetant doctors. And expand the number of care givers. if we add the number of people to the system that are supposedly without current care without expanding the capability everyones health care will supper
[16/09/09 : 18:36:39]

Support for President Obama and the reform outlined by him (29)

I hope that a better system can be in place to ensure better health care for all while reducing the amount of unnecessary costs and fraud. It is a big challenge to overcome but I have faith in Obama's leadership. Thank you for giving this problem the needed attention.
[13/09/09 : 05:27:13]

Support for a single payer plan or a public option (158)

I trust the government to do what is best for the people more than I trust corporations to do so. Corporations' mandate to enhance shareholder profits fundamentally conflicts with people's needs. I support single payerI support a plan with a strong public option. I do not support plans with no strong public option.
[21/09/09 : 09:02:02]

Not enough has been said nor stressed regarding the basic conflict: Americans who have invested their money in the insurance and drug companies expect profits to pour down on them, the stockholders. Their dividends are more important to them than their concern for the millions of their fellow Americans who suffer because they cannot afford health insurance. Money and greed are at the root of the conflict, and the health of all Americans should not be based on a profit-making basis or concept. There must be a Public Option for those who so choose--and it is too bad if the insurance and drug companies do not like it.
[10/09/09 : 08:27:11]

A public option is critical to the success of reform. Private insurers routinely deny, delay or diminish payment for subscribers' needed medical services in order to pump up their profits. If reform stops them from refusing or rescinding coverage for people who are ill or have pre-existing conditions, they will simply increase

premiums in order to maintain the value of their stocks. If a public option is available as an alternative, private insurance will be forced to keep premiums reasonable in order to keep their businesses viable. Without a public option, I fear that costs will continue to increase.

[09/09/09 : 21:29:52]

I support a public option on health care, I believe private insurance and public insurance can coexist successfully, promote improved coverage, lower pricing and better health care. It is incumbent upon Americans to realize that we cannot leave our options solely in the hands of insurers or corporate America. We need to protect Americans right to fair and affordable insurance by providing an option outside the insurance industries profit driven control. All too often small business's, self-employed and under-employed who do not have or cannot afford insurance are left out of the considerations of those who have insurance.

[10/09/09 : 02:51:30]

If we went to a single payer government plan (which I prefer) the savings in administrative fees alone would probably be enough to cover the uninsured. Any plan MUST cap the amount of out-of-pocket expenses, not depend upon the person's health or age (pre-existing conditions), not have a lifetime limit, be available everywhere, stipulate everyone must participate in the plan and stipulate that doctors must participate in the plan.

[09/09/09 : 18:31:58]

'Current health care system', what 'system'? All one can see is the dark abyss that is ruining individuals and families. This has to change! Let's join the rest of the world in true 'health care for everyone'. Let's not waste any more time...I was born and raised in Europe. IT WORKS! I cannot believe that the debate and scare tactics still goes on in the US about health care reform. Why is it so hard to grasp reality? Let the President do his job.

[09/09/09 : 21:52:42]

I want to see a single payer program. So long as we are paying for advertizing, stock profits, doctors' cruises for training, etc. we are not going to get costs down. We patients are not in a position to shop and bargain in healthcare the way we are in groceries, cars, etc. I used to work for the Social Security Administration and saw people get disability benefits because they could not afford the health services that would have made them well before their condition got out of hand.

[11/09/09 : 00:36:45]

Concerns that projected savings won't be realized (8)

There is no way to decrease cost while people want better care - the 2 don't match - there must be some increase in cost to the insured or decrease in benefits to match decrease in cost - people have to accept that they may have to pay some of their own costs - rationing is happening now according to what everyone's pocketbook will allow or the choices they make.

[22/09/09 : 10:48:45]

Health care reform has to be enacted. My primary concern is payment How in the world can we do this and not force the debt on our children and grandchildren, The mandate for reform exists only the insufferable do not agree.. but we do need to find ways to pay for it. What will the Bush tax giveaways to the wealthy provide?

[11/09/09 : 15:40:02]

Suggested Reforms

Over 30% of the comments in this category offered suggestions of specific items that reform should include (158).

Suggestions Concerning Health Insurance Plans

- Standard coverage should be defined by the federal government, not individual states
- Coverage should be portable across state lines
- Simplify the coverage options, for example, define “Good,” “Better” and “Best” plans for Individuals and “Good,” “Better” and “Best” plans for Families
- Establish a 2-Tier system: basic coverage for all and supplemental plans for those willing and able to pay more
- Offer “cafeteria-style” plans
- Health Insurance should not be a for-profit business; it should be either non-profit or a public utility
- There should be no cap on what the policy will pay out – neither annually nor lifetime
- Include Congress in whatever national plan is devised

Suggestions Concerning Health Insurance Premiums and Co-Pays

- Premiums and co-pays should be “sliding-scale” based on income
- Co-pays for prescription drugs should be affordable, especially for chronic conditions
- Women should not be charged higher premiums than men
- Everyone – regardless of income – should be subject to a co-pay
- Health care providers’ prices should be available upfront, so people can shop around

Suggestions Concerning Items to be Covered

- Preventative care, e.g., regular check-ups and screenings
- Programs for a healthy lifestyle, e.g., smoking cessation, exercise programs, nutrition education
- Dental care
- Treatment for mental illness
- Catastrophic care

Suggestions to Focus on Health – Not Illness

- Provide incentives for following a healthy lifestyle, e.g., tax sugary soft drinks
- Penalize “risky” behavior, e.g., pay more for smoking, not wearing a seat belt
- Educate populace to make healthy choices

Suggestions to Improve How Medicine is Practiced

- Learn from the Mayo and Cleveland Clinics
- Publish guidelines of standard practice
- Monitor quality – even down to the physician-level
- Change is needed in physician's culture so they will report bad doctors

Suggestions Concerning Tort Reform

- Eliminate unnecessary tests and high cost of malpractice insurance with tort reform
- When a medical provider is guilty of malpractice, the penalty should be placement on a public list and suspension of their license. This will improve treatment more than a private financial settlement.
- A provider guilty of malpractice should have to pay for ongoing care of the injured person

Suggestions to Exclude/Include Illegal Immigrants

- Exclude illegal immigrants, even from treatment in ERs. This will incent them to go back home.
- Illegal immigrants are human beings with a right to medical care – but not free
- Don't lose sight of the national security issue of untreated infectious diseases

Suggestions Concerning the Implementation of Healthcare Reform

- Allow Americans 50-64 to buy into Medicare early
- During phase-in, provide care to children and mothers first
- More primary care providers will be needed
- Establish neighborhood clinics with Physician's Assistants linked electronically to MDs
- Provide free Medical School education in exchange for a period of service in government-run clinics

Suggestions Concerning Employer-Provided Health Insurance

- Employer-provided health insurance should not be part of the plan – health insurance should not be tied to jobs, so workers won't be tied to a particular job
- Small businesses and the self-employed don't have the bargaining power large companies have in obtaining employee health insurance. This must be corrected.

Suggestions Concerning Medicare

- Eliminate the extra subsidy of Medicare Advantage plans
- Don't eliminate Medicare Advantage plans
- More oversight is needed to reduce excessive and inappropriate treatment and billing
- There should be severe penalties (jail time) for Medicare fraud
- Government employees responsible for oversight should be penalized for failing to catch fraud
- Save money by eliminating the excessive paperwork
- Medicare shouldn't write small refund checks; instead an electronic credit should be made
- Place restrictions on the number of doctor visits allowed
- Implement electronic medical records – to coordinate sharing of information among an individual's doctors, to reduce the costs of paper handling, and to eliminate duplication of testing
- Stop cutting reimbursements; too many doctors have stopped accepting Medicare already
- Make investment income subject to the Medicare tax

Suggestions on How to Pay for Reform

- End the wars in Iraq and Afghanistan
- End the Bush tax cuts for the wealthy
- Cut excess paperwork, especially the requirement that medical providers pay staff just to deal with their patients' insurance
- A focus on healthy lifestyles and prevention will reduce the need for costly treatments
- Eliminate or raise the cap on FICA while lowering the rate
- Tax a portion of employer-provided health insurance as income
- Banning advertising of prescription medications to the public will lower drug costs
- Make other countries shoulder some of the R&D costs of new drugs
- Make clinics the first choice for treatment of the underinsured – not ERs
- Hospitals can reduce costs if they could return all unused implants (e.g., obsolete, opened) to manufacturers for a full refund
- Expensive medical equipment (e.g., MRI) should be federally-funded and shared by medical providers in the community.
- Doctors who order expensive tests (e.g., MRI) should not be allowed to own the equipment

Personal Stories

The following is a representative sample of the personal stories submitted.

I currently am on Cobra with those benefits about to run out. My husband is an architect and had to take a job over seas, which does not cover insurance in the US for my children and I. I am a one year survivor of breast cancer. I will never be able to get health insurance again after Cobra and I will have to pray if the cancer comes back I will live long enough to finish raising my girls. With little prospects for my husband to find work in the US for years to come I am facing a certainty of no insurance before long. My children are on the Healthy Kids program now. I am pleased that the doctors here like this insurance better than Blue Cross Blue Shield, so they are getting good care from the same doctors they have always had since birth.
[09/09/09 : 20:37:25]

We need reforms, I am scared to have my knees looked at because it would become a preexisting condition and might have to wait for treatment if I change insurance. I can't afford to have them treated now because of my co-pays, the 20% of hospitalization, and don't have the money to cover that. My son did not have insurance for over a year and this isn't the first time he didn't have insurance. Now he has a basic policy but a doctor's visit is too expensive to do unless he is 'dying'. So he still hasn't had his rectal bleeding checked out (we go by the thought process, 'He is too young for colon CA.') There are people I work with who won't take a pay raise because that puts them over the limit for Medicaid for their child who needs extensive medical care and our insurance would be too expensive with all the co-pays, family plan cost, etc. She doesn't marry this child's father for the same reason. In my job, I see people not being able to see a specialist because no one will take Medicaid until the patient is in the hospital and they have to see them when they become an inpatient. I see people not getting care because they can't afford the cost of the visit or the emergency room is their primary care provider.
[09/09/09 : 20:38:43]

I am a single parent & small retail business owner. I am 60 years old & I have pre-existing conditions. I am paying a little over \$500 per mo. for Blue Cross Blue Shield for just myself. I, of course, also have deductibles & co-pays on Dr.s & RX's. I am going into debt every month. I cannot afford to pay \$500- much less, more! But I am holding on, as I have high blood pressure & other conditions which might make it impossible for me to get a different policy in the future. My 23 year old daughter was diagnosed with ADHD when she was a child. When I had her on my policy, anything (including depression) was excluded because of the ADHD diagnosis. For years I had to pay for her psychiatric care out of pocket. My older daughter also has mental health issues. They both now have to use state & local clinics for all their medical needs, as there is no way I can help them. State budget cuts have diminished these services tremendously. Mental health care is pitiful in this country.
[10/09/09 : 00:34:03]

In 1997 my ex-wife was in an automobile accident, which was the other driver's fault. Our HMO refused to pay for the treatment saying her problems were pre-existing. We fought, we took them to court, but in the end we lost our home we paid cash for; we lost all our savings and all of our money we put aside for retirement. We declared bankruptcy, my wife had a nervous breakdown, we were divorced and our family of 5 was scattered to the 4 winds, AND WE HAD INSURANCE!! Two of my children moved from the US, to Canada and Australia and vowed never to return to a country that thinks so little of its citizens. Before we came to the US we lived in Canada and had wonderful healthcare. I have seen both sides of this issue and I feel that I can speak with a bit of authority on this subject. Private health insurance isn't the cure IT IS THE PROBLEM. Why does everything in America have to be about money??????
[10/09/09 : 09:29:47]

My husband's employer decided to switch this year to a cheaper insurance plan and we are now stuck with a new ins. co. that cost us more. (Last year we paid over \$15,000 in insurance costs just for 3 people).

Starting Sept 1st we will now pay almost \$800 per month, not including prescriptions. On top of that, we will have a \$20K deductible which pays 50% after that. We cannot afford to drop it because my son has Tourette's Syndrome. I have Medicare due to disability plus a plan that pays 100% of what Medicare doesn't (I have chronic kidney disease). We have no money left each week and we lost our home to foreclosure. Something has to be done. I have hope that if President Obama stays on target with this we can get quality, more affordable medical insurance and care for all. We are existing (not living). It's becoming a slippery slope and we need reform. You have all my support. Thank you for trying so hard!!! I won't give up if the Democrats don't.

[10/09/09 : 11:34:42]

I have been a type 1 diabetic for 52 years. Complications from this disease are non-stop and debilitating. My kidneys are in acute failure and It could be a couple years b4 I can get a transplant. I have private ins and medicare. I will loose the private after the kidney transplant. Medicare does little to adequately cover anything leaving large out of pocket that a person on disability cannot pay for. How will my medical needs be met after I loose the private ins? I NEED UNIVERSAL COVERAGE LIKE IN THE UK and FRANCE and GERMANY

[10/09/09 : 12:57:09]

As a person with no health insurance at all, for financial reasons, for over 30 years, I am aware how much this lack of adequate health coverage has cost me. I now have both Bulbar Onset ALS and untreated breast cancer that has spread throughout my body, causing me total disability, unrelenting pain, financial hardship, and impending death. After an emergency trip to the hospital, with astounding medical bills I couldn't pay for, an indepedent agency finally helped me apply for Disability and Medicare/Medicaid, which I am now receiving to cover Hospice pallative services only, since it's too late to save my life. And through free programs with the MDA, my ALS was finally diagnosed and I'm getting medical and augumentative devices. However, all this pain and destress might have been stopped if I could have had affordable health insurance and regular wellness exams. I am 61 years old, worked hard all my life, always had jobs but no health insurance, and am now I'm painfully dying long before my time. I think our American form of healthcare is long overdue for reform, and I totally support all of President Obama's proposed policies. As a middle class, responsible and patriotic American, I sincerely believe our healthcare system is a disgrace, and that I'm dying because of it. WHILE THE INSURANCE COMPANIES, HOSPITALS, AND DOCTORS ARE PRIMARILY CONCERNED WITH MAKING A PROFIT, OUR CITIZENS ARE IN PAIN, SUFFERING AND DYING NEEDLESSLY. SOMETHING MUST BE DONE TO CHANGE THIS -- NOW!

[10/09/09 : 15:45:45]

We are on COBRA as my husband lost his job Jan 08. Once the stimulus support runs out we will no longer be able to afford the \$800 a month payment. We see no options but to go without insurance. This is not what we expected about a 30 yr career of us both working. My employer does not provide insurance so we are unclear about the future. I explored private pay but they denied coverage based on preexisting conditions and we couldn't afford it anyway. We have lost our home, our savings and now we will be losing access to healthcare. This IS NOT the America we were raised to love and honor, the land of opportunity! No one care about the lower middle class as it disappears even though we have been the backbone. We are very discouraged and disappointed in what our country has become, only greed and the wealthy survive.

[11/09/09 : 10:50:22]

I am a physician, age 63, in excellent health taking only preventative medication for two age related changes: mild loss of bone (osteopenia) and elevated (not dangerous) cholesterol. I have been denied health insurance by two major FL carriers and received offers with expensive premiums and a long list of exclusions from three other providers which would make them literally 'non-insurance' policies. I work for the Sarasota Dept. of Health am appalled by all the hardworking citizens we have as patients who have been denied health insurance because of pre-existing conditions or cannot afford health insurance. The

private companies need extensive regulation and I will be among the first to sign up for a government plan.
[11/09/09 : 13:35:52]

We as Americans need help. I know I am fortunate having medicare for a disability and cobra from my husbands previous employer of which he got laid off from in banking. But still I struggle weekly and spend many a hours on the phone with insurance co. and medicare regarding my health coverage. I have AIDS and my medications cost \$3000 a month out of pocket. With part D and my private plan the costs are reduced significantly but still very expensive even with the low subsidy I qualified for since my husbands job loss. I fear if I can't pay for my cobra I will lose by cobra and not be able to get private coverage back due to the pre existing condition. Thank you President Obama for the stimulus help in reducing the cost the employee pays for cobra. Before that our Cobra was \$1000 and now it is \$300. That has helped us alot but I am afraid the the reduced rate will expire before my husband is employed. It would seem that having Medicare A B & D plus Cobra would be an advantage but I seem to be caught in the middle all the time and this costs us more and cases more stress. I wish these plans would work together smoother. Please Please Please pass the Health care reform and help provide a Healthier People.
[16/09/09 : 21:55:51]

Recently I was insured be Blue Cross of Florida. I am a 59-year-old female small business owner, who is only responsible for myself and my partner for self employed medical insurance coverage. I was told that my rates were going up again (35%). I contacted Blue Cross and was told that I could switch to a cheaper plan, which would leave me under insured, but that I could afford. There was a lapse in the payment for the old policy before the new policy began. Blue Cross took this opportunity to review me as a new client application. They took an error in my medical records and dropped me as a client. I was told that I could appeal their decision if I spend thousands of dollars on tests to prove there is an error in my medical records, but candidly, I was advised that at my age they are unlikely to take me back on and provide me insurance coverage. We need a public option! After all the years I have paid for health care coverage, I am unable to any now when I may need it the most. I am terrified to go from age 59-65 with no available coverage. As a small business owner, I am one illness away from losing everything I have worked all my life to build. Please include a public option so people like me can once again be insured at a reasonable cost
[18/09/09 : 21:45:25]

We are on Medicaid, with a 1350.00 a month per person sepdn down per month. Our income is only 1400.00 per month. So we have NO insurance at all. We can't afford ANY eve if it's mandated we will NOT be able to afford it. It will be the local ER as it has always been.
[20/09/09 : 19:35:38]

I just lost my job in which I also paid into the health care and dental as well. The cobra will be over 483.00 a month...My un-employment is only 269.00 per wk. rent is 700, phone is 77, car ins. is 87 per month and that doesn't include groceries, clothes, cleaners,or any entertainment. I stay home and live a recluse life..I'm afraid to use the gas in my car and I can't go out with friends to dinner or even for a visit.. I need help, I'm 59 yr old woman and I pray for continued good health..but you never know what tomorrow will bring. I don't have life ins. either. I just need a job to cover all expenses. Please help me
[20/09/09 : 19:40:46]

I could not afford to continue my health insurance through cobra when became unemployed after the school year ended. My husband who is an Urban Planner also lost his job almost a year ago, and could not get insurance coverage due to a pre-existing condition. Now we are both without health insurance. We were denied medicaid this week because we have two daughters in college both on full merit based scholarships who need cars. However, since the titles to their vehicles are in my name we failed to qualify for medicaid.
[20/09/09 : 21:07:28]

We are concerned about the lack of attention that's been paid to the independent contractors that have to pay for their own insurance. That's the first expense that gets cut when times are tough. We were caught in

that crack when my husband had a stroke. We paid the whole bill out of pocket. That huge sucking sound in the background is our financial house of cards going down a vortex from which we'll probably never totally recover. 'Affordable' is relative to folks that have lost and not replaced their jobs. In Florida, there's a huge population of Realtors in that situation (both my husband and I are in that group). We've paid our taxes, been good citizens and now, can't collect unemployment, have no insurance and certainly no benefits from the government coming in. These type of situations are not unusual and should be addressed and brought to the table and discussed loudly for all to hear. To date, we've heard or read nothing to that end.
[22/09/09 : 09:43:46]

Comments on the Political Process

Many of the comments in this category expressed anger or frustration with the political process that appears to be preventing, rather than implementing, healthcare reform. The targets of the anger were many:

Politics and politicians in general (8)

An equitable health insurance program, uniform and moderate is needed for a healthier nation. How to accomplish this goal? A tough assignment. A start would be if political parties would work together for a program benefitting the people, not the party, the insurance companies, or the professional associations.
[10/09/09 : 16:22:24]

Congress – both sides of the aisle (9)

It is a crime against the rest of us that the senate and congress have voted themselves exempt from universal coverage. YOU should get the same level of care WE get. Period. If you have to take a lesser program like the rest of us, so be it.
[10/09/09 : 21:02:06]

will our representatives truly represent us? Anyone can vote 'no' for every new issue. In fact, give me the job (and the perks and the health care insurance) and I will follow in Vern Buchanan's steps. NO NO NO. How easy and mindless.
[12/09/09 : 17:09:13]

In my limited work with politics I found I was turned off by the egos, infighting and self importance of the people I worked with on projects. A certain amount of this is to be expected and endured in situations such as this but when one volunteers to work together with others for the good of the whole, cooperation should be center stage. But worse than that by a long shot is the purposeful, long term tactic by republicans of stalling every attempt by Democrats get something positive done. Even worse than that the lying and distortion of facts by republicans without retribution by the media or the people or other elected officials of both parties is inexcusable and can only go on so long before the electorate loses all hope of ever having a government that works. We're almost there now. The hate, the greed, the fear and the lies being casually thrown around in politics today is sickening and scary. While we burn....the politicians fiddle.....
[09/09/09 : 19:41:16]

If Obama's plan does not pass, I think Medicare should be eliminated, VA health benefits removed, and lets go ahead and eliminate social security as well. After all it would be hypocritical to vote against Obama's plan and still keep Medicare, Va benefits and social security! Get it? I am sick and tired of those who think only of themselves and fail to see the big picture. Can you sleep at night? It is time to do the right thing. Thank you.
[10/09/09 : 20:50:02]

Democrats – for not pushing past GOP obstruction (21)

We need Health Care reform badly. I am in favor of a single payer option, or public option. I am against the co-opts as I think they only make money for the Ins. Companies. I don't believe that you can require insurance from the public and then put the 'for profit' companies in charge. I also believe Obama should not give in to the Republicans and the insurance companies they support. If they continue to refuse his bi-partisen efforts he should strip out any concessions he gave them. Grow a backbone people. We voted for a change.

[16/09/09 : 18:35:26]

Health care reform is not reform without a public option. The democrats need to worry less about retaining their seats and stand their ground and demand a public option. If they are able to implement health care reform with a public option successfully, it seems that reelection would be easier with this legislation in their portfolio. Unfortunately those who are screaming the loudest are those ones being heard by our representatives and the media. However, they do not represent the opinions of the majority.

[20/09/09 : 19:23:37]

When FDR initiated social programs he did not agonize over political consequences (as Lyndon Johnson also exemplified by having the courage to defend and promote civil rights over political gains), but steadfastly pushed through the needed legislation. So Pres. Obama must develop the political muscle to bring the US into the civilized group of world nations by affording medical coverage for all citizens. If we could afford the hideous waste of treasure and lives in Iraq by an unpopular president, there surely must be a way for a popular president to garner the votes to do the decent and humane thing by covering all our citizens.

[23/09/09 : 10:34:11]

Republicans and other opponents of reform – for spreading misinformation and sacrificing the health of Americans to diminish the President (24)

The Republicans are obstructionists and are doing the bidding of the insurance companies since they receive monetary support from them.....and they do it with such gall. What a country!! [10/09/09 : 10:09:33]

Please do not let the republicans undermine the desperately needed reform of our health program. These wallet worshipers do not care about the people at all, just their wallets. The republicans did not want medicare or medicaid, nor did they want Social Security. Please , Please do not let them control our health care.

[10/09/09 : 13:21:33]

I am for healthcare reform...it has been a long time coming. I have been very disturbed by the ugliness that this issue has generated. I think some people just want to oppose whatever the president/government tries to do...regardless of how it might benefit the nation as a whole. These times are so uncertain that I am afraid of possible violence in our communities....similar to to 60's and 70's. I thought we had progressed beyond this where an open civil debate was possible. It appears we still have a ways to go.

[20/09/09 : 18:54:09]

We are tired of the Republicans spreading lies and hate and not contributing any ideas to help get this country health care reform. We want Obama to stop trying to work with them and just, excuse my language, rip them a new one. We are so proud of the Obamas and the way they have conducted themselves. What a wonderful example they have given our country. They are forgiving and full of grace. The republican party has treated them like dirt and there is no excuse for that. We finally get a president in there that truly cares about the American people and the Republicans want to do nothing but trash him. They do not care about the American people. They want to regain all the power they have lost. They are the party of nuts and crazies. We have nothing but respect for President Obama. If anyone can turn this mess around. He can.

Turn Rhom Emanuel lose on some of the weirdo's. We want you to get tough and get this health care bill passed.

[23/09/09 : 20:02:11]

Other comments expressed hopelessness that reform would happen (3), sought details on the plan(s) under consideration (5), or recommended starting the process over (2).

Comments on the Survey

Close to two-thirds of the comments in this category elaborated on their answers in questions 8 and 10, dealing with rationing and willingness to pay more under reform, respectively. Comments concerning question 7, dealing with how to keep Medicare solvent, were grouped and summarized with other suggestions for reform.

Comments on Q8: Who should decide what treatments insurance will pay for? (18)

I prefer that my doctor make the decisions on my care - but not on a fee for service plan that pays him/her more for added procedures. I think they should get a flat fee - like a salary per patient - for all care.

[10/09/09 : 11:41:07]

The bottom line is that I think it should be decided by my doctor, but under guidelines that government and private sector insurers agree on. Obviously, some private plans may cover more than a public plan (higher cost to the insured) and some may cover less than a public plan. As long as there is choice, and an option for all Americans, even a free option for those that can't afford to pay for health insurance.

[14/09/09 : 19:28:40]

Comments on Q10: Are you willing to pay for better health insurance coverage? (32)

My husband and I are both on Medicare and we have no problems, however our supplement insurer United health is raping us for an additional \$6,000 per year and that is supplemented by my husband ex employer. I would prefer to give the Gov. half of that sum and get the hell out of UHC. We are scare of a major illness because we don't know what UHC will do and they only cover 20%.

[10/09/09 : 10:12:48]

I have a \$5,000 deductible policy for my family for which I pay \$8,000 per year. This means I have to pay the first \$13,000 per year BEFORE they pay out \$.01! You're damn right I'm willing to pay more taxes to get better health care. What am I getting now? If I get sick and need my health care, chances are they'll find some reason to cancel my policy. By the way I purchased coverage that was guaranteed to not increase for the first two years. Sure! At the end of the second year they increased my premiums by 47.5% I sent a letter to Barack regarding this and I believe he was talking about my letter in his recent speech in Minneapolis! Cool.

[20/09/09 : 17:55:23]

Yes, I am willing to pay more for my medical coverage, BUT, the most productive way to pay for Health Insurance is to get out of Iraq, Afghanistan and Pakistan.

[20/09/09 : 18:41:13]

We don't need to pay more if the Medicare waste is controlled. My friend in New York needed a procedure that took one day. Medicare was billed \$17,000 and paid the bill without a challenge. Let's look carefully at Medicare expenditures. I don't want Insurance company executives to be paid ridiculously high wages. Every 'legal' resident of the U.S. should have health care! Let's find out why most other countries are able to

cover all their citizens.

[20/09/09 : 22:33:58]

I am not willing to pay more for my private insurance that I now have, but I am willing to be taxed to fund a government run program. There is no way on earth that any tax would come close to what I pay in premiums, and will shortly have to let go because of the cost.

[22/09/09 : 18:49:30]

The rest (27) either offered criticism or praise for the survey. Many comments (both in this category and others) ended "Thanks for letting me vent."