

Health Care: The Issue of the Nineties

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Across the United States, voters vent their frustrations with a health-care system desperately in need of intensive care. Increasingly, politicians hear the demands for radical change and government action. As the 1992 elections approach, voters worry about many issues: jobs, the national deficit, their standard of living, their children's economic future, the country's general direction. Most of all—in the face of ten years of declining purchasing power and stagnant incomes—American voters worry about their pocketbooks.¹ And health care already has become the chief pocketbook issue of the nineties.

The recent recession only heightened Americans' financial concerns. In focus groups in Pennsylvania, for example, we asked people (during the height of the recession) what they would worry about most if they lost their jobs. Their overwhelming response: health insurance.² The citizens we polled felt they could get another job (albeit one which might not pay as well) but believed they probably would not be able to maintain their health coverage. Nationally, 64% of voters with group health insurance fear they will lose their insurance if they lose their job.³ Fifty-two percent worry that existing health problems would disqualify them from health insurance coverage should they change jobs.⁴

Perhaps more than any other issue currently on the agenda, health care offers an area in which we can define a broad-based public role for government. Despite certain rhetoric to the contrary, voters want the government to take an active role in controlling costs, insuring access to health care for the uninsured, and guaranteeing full coverage for the insured when they need it most. Indeed, a majority of voters (51%) look first to the federal government for solutions to the current crisis in health care, compared with 18% who turn to health insurance companies, and 9% to doctors.⁵

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1. TARRANCE/GREENBERG-LAKE, *BATTLEGROUND* 92:1 (Dec. 1991).

2. Greenberg-Lake, Pennsylvania Focus Groups (Dec. 1990) (unpublished poll, on file with author).

3. Cindy Jajich-Toth & Burns W. Roper, *Americans' Views on Health Care: A Study in Contradictions*, HEALTH AFF. 149, 151 (Winter 1990).

4. *Id.*

5. WALL ST. JOURNAL/NBC NEWS, NATIONAL TELEPHONE POLLS OF REGISTERED VOTERS (June 1991).

I. A SICK HEALTH-CARE SYSTEM

Americans see major problems in the U.S. health-care system and expect decisive government action to fix it. Judging by the results of the Tarrance/Greenberg-Lake poll, as compared with surveys conducted in other countries, we have an unpopular and expensive system. In 1988, only 10% of Americans thought our health-care arrangement was working very well, and 89% said the system needed fundamental changes.⁶ By contrast, a majority of Canadian citizens (56%) believe their system functions well.⁷

Americans believe that the market system has failed completely in the medical arena. Their disillusionment with the private health insurance industry leads them to believe that even a governmental bureaucracy would prove more efficient and provide less costly health care. In one western state, two-thirds of voters agree that health costs have surged so high that only a government health-care system can bring them under control.⁸ Almost two-thirds (62%) reject the idea that private industry will keep medical costs cheaper than would a government-run system with cost controls.⁹ Paul Starr aptly noted in *American Prospect* that national health insurance—once considered a plan for spending more money on health care—“has now evolved into a system for controlling costs.”¹⁰

Although the public debate has not yet fully unfolded, voters already entertain fairly radical solutions to the problem: 68% of Americans support requiring employers (regardless of business size) to provide health insurance; 69% support a universal government-paid system similar to the Canadian system; and 69% support guaranteeing the best affordable health care for all Americans, even if it requires an increase in taxes.¹¹ In fact, support for national health insurance has increased 15 percentage points in the last decade—from 48% to 63%.¹² As Robert Blendon and Karen Donelan, professors at the Harvard School of Public Health, have pointed out, “the public’s enthusiasm for ... [national health care] now approximates the level of support for Medicare in the year before its enactment.”¹³

The bogey man of socialized medicine no longer frightens Americans away from national health care. One participant in a Pennsylvania focus group put

6. THE HARRIS POLL, NATIONAL SURVEY (Nov. 1988).

7. *Id.*

8. Greenberg-Lake, One Western State Focus Groups (Mar. 1991) (unpublished poll, on file with author).

9. GREENBERG-LAKE, NATIONAL SURVEY (Dec. 1991).

10. Paul Starr, *The Middle Class and National Health Reform*, AM. PROSPECT, Summer 1991, at 7.

11. WALL ST. JOURNAL/NBC NEWS, *supra* note 5.

12. CBS NEWS/N.Y. TIMES, NATIONAL HEALTH INSURANCE SURVEY (1980); CBS NEWS/N.Y. TIMES, NATIONAL HEALTH INSURANCE SURVEY (Apr. 1990).

13. Robert Blendon & Karen Donelan, *The Public and Emerging Debate over National Health Insurance*, 323 NEW ENG. J. MED. 208 (1990).

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it this way: “socialized medicine—we are the only country in the world that does not have socialized medicine now.”¹⁴ In one western state, voters gave the American health-care system an average rating of 51 degrees (neutral) on a feeling thermometer scaled from 0 degrees (very cold) to 100 degrees (very warm).¹⁵ At the same time, voters familiar with the Canadian health-care system (two-thirds of those polled) gave that system an average rating of 62 degrees.¹⁶ Meanwhile, participants in California focus groups¹⁷ aired now-familiar frustrations with the present U.S. system:¹⁸

The cost is just going up too high, even within the medical field itself.... It is going to have to go into a national-type system.

That’s about it. Without a national health insurance, it’s [health care] doomed. Whether that’s going to work or not, that’s something else. But there has to be some guideline established.

While voters agree on the need for substantial health-care reform, they have not yet thrown their support to a coherent plan for change. Most people have a difficult time distinguishing among different proposals. Moreover, ideological rhetoric continues to cloud the real issues. For instance, most Americans want government to intervene and fix the cost and access problems, but they do not want to attend a “government health-care clinic.” Advocates of major reform therefore must take special care in communicating their plans to the electorate. Otherwise, the reformers’ efforts are likely to get coopted or diminished in the first stages of this political debate.

II. THE DISEASE—THE HIGH COST OF HEALTH CARE

Voters’ greatest concern about health care amounts to this: medical costs have spun out of control. Even middle-class and upper-middle-class Americans fear that spiralling costs and increasingly arbitrary insurance regulations jeopardize their access to quality care. Most voters therefore have come to regard health-care reform as a pocketbook issue, not a compassion issue: 55% mentioned high cost as the health-care problem that concerned them most, while only 32% said no insurance for the uninsured, and 9%, access to quality care.¹⁹

14. Greenberg-Lake, *supra* note 2.

15. Greenberg-Lake, *supra* note 10.

16. *Id.*

17. Focus groups are discussion groups of 10-12 people chosen randomly from voting lists. These were groups of swing voters, ticketsplitters, who were not involved in the health or insurance industries. Greenberg-Lake conducted separate focus groups of men and women ranging in age from 25 to 55.

18. Greenberg-Lake, California Focus Groups (June 1991) (unpublished poll, on file with author).

19. WALL ST. JOURNAL/NBC NEWS, *supra* note 5.

Focus group participants expressed this point best:²⁰

Affordability is the biggest problem. If you speak of access, you should be able to afford it. Something could be there, available. But if you can't afford it, what good is it?

[Health care] is good, but over the years, the cost increases and the benefits decrease. That's my opinion of health care as it's been. It costs four times as much as it did 20 years ago and the benefits are limited.

When you go to the hospital, you get sent to the x-ray room for things you really don't need.... You are sent to the x-ray room almost constantly. Then you have an x-ray technician bill, you have the x-ray lab bill, as well as the doctor who saw you, as well as the emergency room. You're stuck with four bills for one visit.

Insurance plans pay less now. Years ago we'd get 80, 90 percent coverage and it was whatever the doctor charged. Now the plans are running anywhere from 60 to 80 percent and they're set on a predetermined fee that they allow.

No American feels completely secure under the present system. People with insurance doubt they truly are covered. They suspect that when they really need health insurance they will fall through some loophole, find that they have reached the ceiling of their coverage, need long-term care, lose their job, or change jobs only to find they no longer are covered due to a "pre-existing condition." These easily imaginable contingencies make many insured Americans feel uninsured. People in Pennsylvania and California expressed these concerns:

I can't believe how they can charge you so much to pay for hospitalization and then they fight with you when you go to the emergency room or when you apply to do your major medical. For every puny little penny that they have to come back and contradict and round and round you go with papers.²¹

I think they have to do something about the insurance. It's out of control. They don't have any regulation. They drop people. If somebody gets cancer, they drop them. I can't believe I hear those stories. That's what you have insurance for. It's just unconscionable to me what they get away with. And there's absolutely no regulation.²²

Polls on the subject read like a catalogue of doubts. Half of all Americans believe they will be unable to afford quality medical care if they become critically ill;²³ two-thirds report having postponed or foregone medical

20. Greenberg-Lake, *supra* note 7.

21. Greenberg-Lake, *supra* note 2.

22. Greenberg-Lake, *supra* note 7.

23. L.A. TIMES, POLL NO.212: HEALTH CARE IN THE UNITED STATES (Jan. 1990).

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treatment at some point for financial reasons;²⁴ 29% worry that they have insufficient coverage for their needs now;²⁵ and one in six report having had their benefits reduced in the last two years.²⁶ In short, the highly charged nature of the health-care reform debate stems from naked fear—fear grounded in experience.

On what do Americans blame the spiralling costs of medical care? Most blame high prices on insurance overhead (47% list it as the first or second cause), doctors' fees (43%), and hospital fees (29%).²⁷ And *whom* do they blame for driving up health costs? In many other cost debates (on issues like auto insurance) voters blame the "users and abusers." But in the case of health care, voters blame the profiteers: insurers, malpractice lawyers, doctors, and hospitals. Over three-fourths favor government limits on doctors' fees (77%, 53% strongly), and 81% favor (56% strongly) government limits on hospitals.²⁸

III. QUALITY—THE BEST HEALTH CARE MONEY CAN BUY

What do the polls tell us with regard to quality in medical care? Americans seem satisfied with the health care they receive (68% very satisfied),²⁹ even if they are dissatisfied with the health-care system that delivers it. Although most Americans have had first-hand experience with rising costs and byzantine insurance procedures, their experience with declining quality—up to this point—has come second hand. While 42% believe the overall quality of health care has worsened, and only 59% say the quality of health care overall has improved or stayed the same, 89% of Americans say the quality of their own care has improved or stayed the same in the last few years.³⁰

The data on quality are deceptive. Although fewer than one in ten Americans worry about the quality of their care *today*, 60% do worry about their ability to continue receiving such quality care *in the future*.³¹ Most voters want to ensure that this country continues to offer the highest possible quality in medical care to all of its citizens. At the same time, Americans want to maintain their own choice of doctor and health-care facility. They have deep reservations about health-care rationing, long waits, and cut-backs on services that may affect treatment.

24. THE HARRIS POLL, *supra* note 8.

25. WALL ST. JOURNAL/NBC NEWS, NATIONAL POLL (Jan. 1990).

26. L.A. TIMES, *supra* note 23.

27. WALL ST. JOURNAL/NBC NEWS, *supra* note 5.

28. *Id.*

29. GALLUP ORG., NATIONAL POLL (1989).

30. WASHINGTON POST, NATIONAL POLL (1989).

31. NORTHWEST LIFE COS., HEALTH CARE POLL (1990).

IV. QUALITY—AN OBSTACLE TO NATIONAL REFORM?

Opponents of national health-care reform use a line of attack certain to lower popular support for the program: tell voters that quality will suffer in the new system. Only 48% of the public supports changing the health-care system if quality would suffer.³² More specifically, only 43% support national health insurance if they have to travel farther to see a doctor; only 36% are willing to wait longer for services; and only 29% favor national insurance if it restricts the choice of provider.³³ Americans also oppose (by a margin of 52% to 42%) limiting the types of tests, procedures, and health care now available under insurance and other government programs as a way of holding down costs.³⁴

Regulating technology appears to be the one exception to this pattern. Americans believe technology is overused, and they support regional technology allocation (in contrast to local) for non-emergency equipment.³⁵

Ironically, experience with the private health-care system daily increases support for—and reduces voters' fear of—national health care. Many Americans already have begun to experience restrictions on choice of health care and access to services under present insurance regulations. A majority of voters (60%) believes these regulations, together with the lack of coverage and rising costs, already restrict health-care choices.³⁶ Increasingly, they find themselves "waiting" for health care until they can afford it. Despite their ambivalence about sacrificing choice and quality to make the system more efficient, the bottom line is this: most Americans (69%) believe we can reduce health costs without reducing quality.³⁷

V. MEDICARE—A MODEL PROGRAM

Choice and quality of medical care matter greatly to American voters; yet many believe that a national health insurance program can maintain both choice and quality while reducing costs. In fact, they believe they have had first-hand experience with a public health-care system that provides all the components they want: Medicare. Medicare services people of all income levels, allows patients to choose their own doctors and health-care facilities, contains costs, maintains a role for private insurance, and combines public and private funds

32. THE HARRIS POLL, NATIONAL SURVEY (1989).

33. GALLUP ORG., *supra* note 29.

34. WALL ST. JOURNAL/NBC NEWS, *supra* note 5.

35. Greenberg-Lake, Two Western States and One Northeastern State (1990-91) (unpublished poll, on file with author).

36. Greenberg-Lake, *supra* note 10.

37. L.A. TIMES, NATIONAL POLL (Mar. 1990).

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to promote affordable health care. Voters strongly support a national health-care system that mirrors or expands Medicare and see no reason why such a system cannot be established.

National health-care reformers would do well to talk in terms of expanding Medicare. Just mentioning the words “Medicare-like system” increases voters’ support for any described system by about 10%.³⁸ Framing the issue this way increases support across all age groups and solidifies support among seniors.³⁹ Seniors typically resist proposals for national health insurance programs that appear to alter or jeopardize Medicare.

Voters also favor a system modeled on Medicare because many would like to preserve a role in the system for private insurers, both as a safety net and as a watchdog on government. If government programs have to operate alongside private programs, they believe, the tension will insure that government keeps costs down and quality up. Today, 46% of Americans favor a universal public plan, and 33% support a mixed private and public plan.⁴⁰ That compares with 27% support for a universal public plan in 1976 and 38% for a mixed plan, which again shows the shifting public agenda for national health care over the last 15 years.⁴¹

VI. HEALTH CARE, NOT WELFARE

Americans support radical change in their health-care system because they want affordable, quality care that grants genuine access to the average family. They worry, however, that some health-care reforms—particularly those emphasizing access—will amount to another welfare program. They want to make sure the reforms will help *them*. Researchers report that 51% of the public strongly endorses increasing government spending to ensure access to adequate health care to all below-poverty citizens; but only 31% supports an increase in Medicaid to make this endorsement a reality.⁴² Similarly, we found in focus groups and surveys done in one western state that voters strongly support a national program that includes long-term health care, in part, because of reassurances that this program includes them.⁴³

Voters like employer-based systems because they attach to jobs (and therefore to “working” Americans) and do not amount to welfare. Ironically, in focus groups in Pennsylvania we found that voters resent welfare in part

38. *Id.*

39. *Id.*

40. THE HARRIS POLL, NATIONAL SURVEY (1990).

41. OPINION RESEARCH CORP., NATIONAL POLL (1976).

42. Blendon & Donelan, *supra* note 15.

43. Greenberg-Lake, *supra* note 10.

because welfare recipients—but not workers—are guaranteed health coverage.⁴⁴ Voters also may reject progressive funding mechanisms for national health care (e.g., personal income tax increases) because such taxes tend to make the programs sound like welfare programs, rather than a health insurance or a health-care system.⁴⁵ Conversely, voters often favor trust funds and payroll taxes, which suggest that the money raised will not get “lost” in the overall budget.

VII. CONCLUSION

The health-care issue presents us with the greatest opportunity to reinvigorate the public sector since the 1960s. If poorly handled, however, it could further erode voters’ already meager faith in government. After Harris Wofford’s stunning election victory in Pennsylvania, which propelled health-care reform (for a fleeting moment) to the top of the national agenda, many pundits predicted that the health-care issue would dominate the 1992 presidential campaign. So far it has not, although voters seem anxious for the health-care debate to begin in earnest.

Current polls most of all indicate that widespread confusion exists with regard to health-care reform. Voters show overwhelming support for government intervention—a strong plurality (44%) favors a Canadian-style plan⁴⁶—but they want to keep some competitive role for insurance companies in the new system. Americans get nervous at the thought of government health care, but they want government-sponsored health *insurance*. They want to leave intact choice and quality of care—values that tend to be associated with the private market—but expect government to lead the way to reform.

Despite the confusion, however, Americans understand the magnitude of change required to fix our ailing health-care system. Even those Americans who today are satisfied with their personal medical care worry about future rising prices and declining access; even they understand that comprehensive reform must occur.

What must the reformers now do? First, inform voters about the massive—yet often hidden—costs of current medical care. Then tell them how a national health system would work, so that their support will be robust against attack. Today’s voters accept the need for aggressive cost-control measures and an expansion of Medicare. They yearn for comprehensive reforms that would set into motion (albeit gradually) a national health-care system. They want to see

44. Greenberg-Lake, *supra* note 2.

45. Greenberg-Lake, *supra* note 10.

46. GREENBERG-LAKE, NATIONAL SURVEY (Feb. 1992).

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an “American Health Care” system, uniquely designed to take advantage of our strengths with provisions that improve upon our weaknesses.

The voters have made clear their desire for some type of national health-care reform. Now it is up to the policymakers to design—and forge consensus on—a workable plan.