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The Health Care Agenda for the New President and Congress Barbara Jordan Conference Center January 15, 2009

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DREW ALTMAN, Ph.D.: Thanks for coming. It's good to see you all. Hopefully we are a familiar trio to at least most of you, Drew Altman, Molly Brodie, and Bob Blendon from my favorite university.

As many of you know, we do this poll together after every election to take the pulse of the public of the public on the health agenda ahead for the new President and Congress, as Bob and Molly and I have been doing these polls together since 1992 and hope that if we continue to do polls like this forever, eventually the public will get it right.

Before we begin, I do want to say one very serious thing, kind of a personal comment. This is the first health reform debate that I will have been part of without Robin Toner writing from her familiar perch at the New York Times and calling all of us frequently on the telephone and I think all of you know Robin passed away in December. It was December 12th.

I will miss her and the country will miss the bright light that she certainly would have shined on this next, we think, great health reform debate and the great insights she would have brought to this next debate. On August 29' 1994, Robin, along with her colleagues, Robert Pear, Adam Clymer wrote though unfinished, the history of health care legislation is a striking measure of the complexity of legislating major change in an era of intense partisanship with a public that

distrusts Washington, a campaign technology applied to whipping around voters' opinions, and news reports that emphasize conflict not explanation.

I thought it was a perfect summary of what happened last time around. I also hope that this summary of what happened in that last great debate, which I think many but not all of you, looking around the room, will remember is not a prophecy of what will happen in this next great debate if indeed we do have a next great debate, which is something I think we'll talk about today.

Underlying all the results that we'll show you today, that sort of is our, one of if not our really big question for today. Are we seeing something different this time and especially are we seeing anything that's fundamentally different in public opinion this time as compared with all the other times that we have sat before you to report on poll results particularly before a new President and Congress sit down to work.

Just to be unbelievably newsworthy this morning, the answer to that question, I think sorry about this, is yes and no. Yes because there really is an historic window of opportunity for health reform, which is brought about in part by the public's concerns in a deep recession, about paying for health care and paying for health insurance.

And this is the important thing; I think the transformation of health care into a bread and butter economic issue for working people and the middle class, which has given our issue a different kind of political traction than it has often had in the past. But then again no, not all that different because there also are familiar underlying tensions in public opinion that can be exploited especially if there is a protracted debate, the kind of debate that we've seen in the past that could bring those tensions to the surface. We'll be talking about what those tensions are as we go through the morning today.

So what I want to do is I want to give you a very quick summary of just for context of where I think things stand today, just to set up our poll results and show you a few slides and then Molly and Bob are actually going to show you all of the new results. I'm not going to do that.

So I'm going to start with this. This is my very quick overview of where things stand. I'm going to use that famous health reformer and former Mayor of Carmel, California, Clint Eastwood to provide framework using his famous spaghetti Western, "The Good, the Bad, and the Ugly," as my organizing theme but without the even more famous soundtrack that you may remember because it's just at 9:30 in the morning and 6:30 in the morning California time. I couldn't do that to myself let alone to you.

To start, health reform has several things going for it right now, which do create an opportunity. Clearly the President-Elect has made it a top priority and it does absolutely take presidential leadership for anything significant to happen. Key leaders in the Congress and especially so far, in the Senate and you know who they are, have done the same. This is critical because it creates the possibility of a consensus legislative vehicle, the administration could then join with that legislative vehicle; House as well, really a critical development.

The public is worried about health care costs, about paying for health care, about the affordability of health care. That really is the issue. That is what has put health care back on the agenda. We will be going through that this morning. The key interest groups are all the way, I've put it, was talking a good game.

We are at the early rah-rah stage of health reform and this could change still at least with regard to some of the interest groups but it has certainly added momentum to the effort. So far, the role of business is key and business seems to be in a different place this time than they have been in previous health reform debates.

So if you put all this together, it really does create what looks like, feels like, and smells like an historic opportunity for significant action on health reform, a window

of opportunity but a time-limited one I think between action on the stimulus package and the beginning of serious campaigning for the mid-term election.

At the same time, and I think you all know this, there are serious challenges as well. I'll just mention two of them. One of them is certainly bridging the policy and partisan divide on key issues and that remains a challenge. As you've noticed already, there is real skirmishing on one big issue, this idea of a public plan. It's only one issue and there are many, many other issues, whether it's an individual mandate or an employer mandate or the tax preference or I could list many more.

We don't have strong agreement on a lot of the big issues on health reform and so too paying for health reform remains a very, very big challenge.

One of the issues is that many of the things that the CBO will score big savings for, which leaders need to pay for their plans are the things which are toughest to reach agreement on. Then there is, since this is my framework today, I suppose the worst case scenario, and it is that there is an historic opportunity but there also is the danger of missing that window of opportunity that delay or a protracted debate could sap momentum and public support as opponents exploit the underlying tensions in public opinion that we will show you.

So it's just a quick summary of where I think we are at the moment. There's obviously a lot more that I could say about this and that we may say about this when we get to the discussion later on, certainly an historic opportunity but also certainly not a slam-dunk by any means.

I want to show you a few more charts particularly on the theme of why we are where we are and then turn it over to Molly and Bob to show you the new findings. I want to start with this. This is a familiar result that you probably have seen in many polls that are variations on this theme.

This one is from the 2008 exit poll and it shows you health tied for third among the issues that influence people's vote by a whopping, doing the math, 54 points behind the dominant issue of the day, which is the economy. Okay, absolutely fair enough. There isn't anyone in this room that doesn't know that the economy is the dominant issue right now.

There isn't anyone in this room, I bet, who wouldn't pick the economy as their number one choice if you were a respondent on the other end of the phone being asked this question but I think it's also a little bit, it's either incomplete or maybe a little bit misleading because the economy, that big bar up there, is also a black box constellation of issues, problems, and concerns that captures a lot of things.

When you look inside of that big bar of that black box, you find that health care is a prominent dimension of what is going on in that 63-percent. That's what we do when we probe further in this slide deck I call health in the economy. That's what we consistently see in our tracking poll, the tracking poll that Molly does when we ask people not just what are you worried about but what actual economic problems are you having in the recession and in the downturn and what you see as that the health problems people are worried about. It's very clear it's the affordability of health care. It's paying for health care and health insurance.

By the way, a side note, you'll see as we go through this the problem people are worried about, a little different from sometimes the agenda that experts have in health reform, you see that it isn't at the top but it ranks very high and it ranks higher than things that are really important problems like losing a job or credit card debt or paying for the rent or the mortgage and it is this, which is put our issue back on the agenda, the health care issue back on the agenda and has transformed it from a concern about family health and health care to an economic issue, a pocketbook issue instead, which is really important in political terms.

We also can see that it's up and that problems paying for health care are moving steadily up, affecting in the last year about a third of the American people and I would just add

that given the economic projections, who knows if this is true, running an organization that is an endowment, I hope things happen faster than this but people talk about recovery in the third quarter, you can probably safely predict that this number will go significantly up before it begins to fall.

It also has ripple effects. It has ripple effects, first in terms of health, 47-percent of the American people reporting sacrificing on their health care in some way in the last year. This number is up just since the spring. This is serious stuff. This is skipping recommended medical treatments. It's not filling a prescription. It's cutting pills or skipping doses of medicine. This is a different question.

This is about the last five years but it also has ripple effects in terms of economic security with 37-percent of the American people telling us that because of their medical bills, they're having trouble paying their other bills where they've used up most of their savings or they've been unable to pay for basic necessities like food or heat or housing but where they've had to borrow money. So it isn't just paying for health care that's the problem. It's the other things they can't pay for because they're paying for health care. Then it leads to this.

This is the one finding that I've stolen from this poll, from Bob and Molly's charts. It's not surprising therefore and it's one of the take home messages that people

make the connection between health reform and fixing the economy. So rather than say no, we have to wait, let's defer action on health care, we don't have the money or whatever. Sixty-one-percent of the American people say it's more important than ever to take on health reform now because that's the way they're experiencing this problem, as an economic problem now, as part of the difficulties they're having in the recession.

This is the theme, you may have noticed, of the new ad campaign that several groups are running. It would seem to be an on target theme based on our poll findings, one last point just as the set-up.

At the same time, while the scope and depth of the recession, and I guess I would add the popularity of the new President and next week will really be quite a week in this town, may make the current environment different. There are those who think that this is more like the 30s or the mid-60s and one of those rare times when a big leap in domestic policy is possible. We don't make big leaps in domestic policy much. It isn't just in health care. It's in domestic policy generally.

It's useful to remember that we have seen these moments in health reform before and that the kind of optimism that we sometimes have at the beginning of a health reform debate just historically often does fade, which is why we almost uniquely

poll about the tradeoffs and how debates play out down the road. We saw this, as you will remember, in the Clinton plan.

You all remember, I'll just shorthand it and call it the Harry and Louise effect but it was much more than Harry and Louise. You saw how the support fell just in a six-month period but I want to underscore this. It was not just a Clinton health reform phenomenon. So I will, in closing, take you back to a President who truly made health reform not just health reform but a national health plan, a real priority and that was Harry Truman. Bob worked for Harry Truman, no I made that up [laughter].

We saw the same thing where in the case of Truman, the opposition actually doubled in a relatively short period of time. By the way, a little historical note, the Harry and Louise effect, we saw exactly the same thing where the families U.S.A. of the day had just a little money. It was the AMA then that was opposed, had tons of money and you see that in the little box there.

So the question is what are we seeing now in public opinion? What does this new poll suggest about how things might play out in health reform but also in other areas? We didn't just poll about health reform. We polled about the public's priorities in general, the stimulus, Medicare, SCHIP, all of it. My shorthand is an historic opportunity if they're able to

move fast but certainly not a slam-dunk. For the findings, I will turn you over first to Mollyann and then to Bob.

MOLLYANN BRODIE, Ph.D.: Good morning everyone. I have to do the method housekeeping so that's always my job. I want to note national random sample telephone survey with over 1,600 adults, the margin of the sampling there for the whole sample is plus or minus three-percent to two points.

Now what I'm going to do is I'm going to talk broadly about the public's priorities and their attitudes and their attitudes towards health reform very broadly and then Bob's going to talk about a few more of the specifics. If you want to follow along with this, in your packet you have one of your documents is called chart pack and the charts are there so that you don't have to look up on the big screen if you want to see the numbers or you don't have to scribble notes.

So I'm going to do the natural and start on chart one. Where we start here is really with the public's priorities, their public policy priorities for the new president and the Congress and as Drew just mentioned, in sort of every poll since September, the economy has been far and away the dominant issue on the public's mind and this poll is no exception.

Note though that reforming health care retains its' place among the top priorities and 43-percent name it as a top priority for the new Congress and President. Now a theme you're going to see emerge as we go through these charts is the big

difference in the gaps between how Democrats and Republicans think about these issues. Here's the first take on that.

So when you just think about their priorities, you can see that for Democrats, you could see one-percent say health care is their top priority, makes it number two for them. On the other end, at the far end of the chart, Republicans, 23-percent say it's their top priority and it makes it number eight for them. Yes, more to come.

Now we also found, in the survey, that the health provisions are among the top priorities when, instead of asking about overall priorities, we ask about priorities for fixing economic recession. Note here that while creating jobs certainly ranks first, there were two health care actions helping the unemployed afford health insurance and helping the states pay for health care for low-income people that ranks it right there number two and three on the list.

Now that ties into the finding that Drew did already steal from our chart pack, which is that, for the most part, the vast majority of the public does think that in these economic hard times, health care reform is important and that is because of this link they make between the economic situation that they're facing and their affordability of health care but again, we see these big striking partisan divides.

So you see that over three quarters of Democrats believe that the time is now for health reform and 61-percent

of independents agree. On the other hand, six in ten Republicans disagree. They instead say we can't afford to take on something like health reform right now given the current economic situation.

Now if we're thinking about priorities, we can think about people's priorities in terms of the specifics for what they want to see out of the health care reform plan. I actually think that this is going to be one of the key issues moving forward. That's exactly what is being considered. What is the definition that people are working from when they're talking about that term health care reform?

Notice here that on the left in the red bars, it's on your left, there are majorities think about all three goals that we asked about are very important goals of health reform, so certainly making health care more affordable, covering everybody, and providing better and more cost effective care are all very important goals.

What's important though, as you think about what happens when we force people to choose and that's the blue bars. When we force people to choose, as Drew mentioned, affordability always comes out on top, now again, back to our theme of divided partisans, there are differences when we look at the partisan breaks.

So if you do look at chart seven, you'll see the blue bars represent the Democrats. For them, they have an edge in

picking expanding coverage as their top goal. For independents who are in the gray and for Republicans who are in the red, you can see affordability does rank ahead of coverage for them.

Now I think the other thing that's important to take away from this chart is that bottom set of bars. Almost one in four Republicans say that none of these are very important goals, again, talking about the way that this can be thinking about the challenges of maintaining bipartisan support as we move forward.

Now there's yet another way to think about the public's priorities. We've been talking about their priorities sort of on a policy agenda but you can also be thinking about their spending priorities. Now I think what's really interesting is in this time of financial constraints, everybody's cutting back on their budgets. Everyone's concerned about spending right now. Most people don't want to see cuts in the health care areas that we asked about.

So the main thing to take away from this chart eight is that, for the most part, the gut reaction of the public is to keep spending about as it's been and that's the gray parts of each of these bars.

A second thing to take away is that the majority did favor increasing spending in two areas. These are very popular areas, areas medical care for veterans, 64-percent want to increase spending and then children's health insurance program,

51-percent want to increase spending. Since then the SCHIP program has been so much on our minds of late, given the House vote yesterday and the Senate promising to take it up soon, we notice that again we see that partisan divide. Both Democrats and Republicans are very interested in seeing an increased spending on this area. Republicans are more interested in keeping it about the same as it has always been.

So we've talked about priorities and we know that health care's on the public's general policy priority for the new administration and Congress. It's certainly on the economic stimulus agenda as well and that in terms of health reform, it's really affordability that's at the top of the list although the other goals of coverage in cost efficient care are also very important to people but what do we learn when we probe a little bit deeper and we really ask people more about providing Americans with health insurance coverage, about expanding coverage.

First thing to take away from chart ten is that three quarters of the public do want to see a health care reform proposal that expands coverage. Now this includes about half the 48-percent in red who want to see a big plan that covers nearly everyone even if it requires a substantial increase in spending and the quarter who's in the dark blue who's more interested in seeing a little bit more of a limited expansion.

There are a quarter of the public who, right now, don't want to see any changes.

Now I'm sure you're not surprised to see what the next chart is, back again to partisan divides. Again, we see that two-thirds of Democrats want to see the new President and Congress propose a big plan even if it costs more. Forty-five-percent of independents agree and even a quarter of Republicans agree with that but you see that the Republicans in the red are much more split between wanting a more modest expansion and seeing no changes.

Now throughout all of our polling, back to 1992, and if you look in the historic record all the way back to 1945 with the Truman plan, what we always see is that when we ask about any approach to expanding coverage in the abstract, for the most part, it's usually very popular. So for example here in chart 12, we gave them ten different ways that we could expand coverage and eight out of the ten received majority support. They think they're really good ideas.

At the top of the list in terms of popularity are mandates for covering kids, tax breaks for businesses, and providing health insurance for the recently uninsured.

Now there are two things that are exceptions to this general case of popularity and you'll see those at the very bottom of the chart. These are options that, I think, represent the biggest changes to the current system in the public's mind

and therefore perhaps more scary and seem to might affect people more, the national health plan and or giving people fixed amount to buy health insurance on their own. Those are the two options that don't receive majority support when we talk about them in the abstract.

I want to take a second to talk about two important caveats that exist when you see a chart like this. This rosy picture of broad support can fall away quite quickly. I think it's these caveats that have helped to stymie efforts for reform over the long-term in the past.

The first thing is if we actually force people to choose among all the options that they like, no single option will get majority support. In fact, support will split pretty much evenly. So if we give them ten options, we'll get about a ten-way split among the things that they most like to hear about. This really makes it hard for reformers if they pick any one option, there's going to be other options that people can argue are better for them.

The second caveat is what Drew's already touched on in his opening remarks and that's that we have to remember that we're talking about these ideas very much in the abstract without mentions of criticism, without mentions of tradeoffs and in the abstract, things really sound like they would work and that they would be okay.

For example, if you turn to chart 13, we notice that in the abstract when we ask about an employer mandate or an individual mandate, they were both quite popular but when we follow up with an argument that an opponent is likely to make support plummets. So on the left side you see the employer mandate. Support fell from seven in ten to 29-percent after hearing the argument that it may cause some employers to lay off some workers.

On your right, support for the individual mandate plummets from 67-percent to 19-percent if they hear that it may mean that some people who are required to buy health insurance that they find too expensive or do not want.

As another example, note in chart 14 how people react when we read them criticisms that have certainly been made in the past. Almost two-thirds said that they'd be less likely to support a health care plan if they heard that it would get the government too involved in their personal health care decisions. Six in ten said the same if it heard that it would increase their own costs.

The bottom line is that if we are to see a contentious or protracted public debate, we should also likely expect that these initial support for proposals may fall over time.

Now I want to just mention one more challenge before I turn over to Bob to talk about some more specifics. Now this is another challenge that I think has really been one of the

culprits in stymieing reform efforts in the past and it's the issue of how are you going to pay for such an expansion.

You'll notice before that when we were talking about the goals for health reform, we saw that large majorities wanted to see something done but here when we're talking about your willingness to pay for expansion, you see pretty lukewarm results and the red line represents willingness to pay. It rarely, back to 1991, has ever crossed the 50-percent level and in fact, in this poll, it was at 47-percent.

Just to come back to my reoccurring theme, surprise, surprise. There's the partisan divide. A majority of Democrats say they're willing to pay more. A majority of Republicans say they're not and the independents are split smack down the middle on this one.

Now in this survey, we also asked about specific tax-related actions and the only ones that received the majority support were the ones that are likely to impact the fewest number of people. So increasing the cigarette tax and increasing taxes on the wealthy were things that sounded pretty good to the public at large but most of the other options are not anything that people are particularly interested in. with that I'm going to let Bob pick up on chart 18.

ROBERT BLENDON, Sc.D.: Hi, Bob Blendon. Just a minute or two to sort of add some perspective on the poll. So first, this is the fifth debate, as Drew's mentioned, since World War

II, on national health care reform and one of the things that we have done is look at newspaper coverage over time in these debates and what you see is issues emerge that are not in the initial beginning presidential speech.

So a lot of our arguments that Molly mentioned are not arguments that, on the way driving here, we decided that we'd put out, is they're actually major arguments that you can see in the press over the life of these in Op Ed pages, in various party leaders and presidents of organizations have made these arguments.

So what we've done for you is show what a debate looks like when they make the argument and whatever happened in this field, they fired scriptwriters because the same arguments have been around for almost 40 years for that.

So the employer mandate was tested back in the 60s in various states and the arguments exactly were as Molly just portrayed. The second issue, the way Molly and I are focusing on this is important for you.

Most polls that you see just show whether or not people favor or oppose. We have a great emphasis here on whether or not they strongly or somewhat favor or strongly somewhat. Let me explain why. In public opinion polling, the somewhat favors are what you call an election polling as leaners. In the course of the debate, they can be there at the end or not and that's likewise people who somewhat say they don't favor something.

So what we know from both politics in this type of polling is if I tell you I strongly support SCHIP, I'm not going to disappear. I will be there at the end. So when you see polls where you have 50-percent saying they strongly support something that is going to have legs in a debate. When you see something where 70-percent of people somewhat support something, they could be gone in an hour. What happened in the Clinton plan is the somewhats just moved to the other side of the column.

So that's why it's really worth looking at the light versus the strong side. Let me just comment on this issue that Drew and Molly mentioned and the importance and the alignment of this. In election polls that were done this cycle, many people said that what was important in this election was they wanted to end the huge partisan divides that existed in Washington and particularly among young people; this was a real reason to go to vote.

I don't want to see this, it's over but the problem and we have to report this, is that though people in the abstract want a Congress that basically hold hands and find compromises, beneath the surface, they don't agree on a lot of issues. That's important for you to recognize. It isn't in town that staffers fight with each other because they didn't have a proper personality training. It is that there are really

fundamental different values and it comes out in these polls here for that.

So the question is are people going to abandon those differences as these policy debates because we want to be in a new era or what we're going to see is I can't go for this because it isn't what my core values and beliefs but that's why we highlight the partisan differences.

What I'm going to try to do is first, look at the issue of insurance reforms. One of the things I can reassure you is no one in the Western world would ever say no, are you against insurance reform? Why not? So it only depends what's in it that's really critical. So we're going to look at some of the things in that.

Secondly, in polling at the moment on the economy, Drew delved, what you see is a shift where Americans say they want more regulation of a country's financial institutions. This is quite substantial for people who track this. So one of the things we looked at is, is this rolling over into health care? Do you really see the kind of things we now see about banking and mortgages and everything else that we want a more federal regulatory role. We ask about some options for that but the important thing is are people leaning for a more aggressive federal role?

Thirdly, in the tracking polls that Molly did through the election, one of the options people had was, was how

important this election was fixing the Medicare financial problem, which is enormous. Throughout the election, they said on the polls, not particularly important but since the election has been over, many people have raised the issue should Medicare reform be part of this broader package? We tried for you to ask a simple question. If you sort of did this now together with the rest of the health reform, would this be a rocket that would help health reform move up or would it be an anchor that would take the boat down on the way?

So we're going to take a quick look at the Medicare reform. Then I'm going to close with what we agreed on but it's first important to put this in some context. We are discussing an issue where the President has not been inaugurated. The secretary is shopping for an office and there has been no, if you remember the Clinton years, the September speech where everything goes.

So this will obviously shape a lot of the debate but what we wanted to look at before there's any in-office anything, what are issues that just catch Americans' interest and support at a very high level?

So the last thing I'm going to do is close, things where there haven't been a debate but people feel very strongly about. It will be influenced by the President's speech and everything else but this is sort of pre- that arena.

So the first thing that comes out is the pre-existing condition issues often called medical underwriting, but to people that we would interview, medical underwriting would be a blank look. So you try to describe best you can and you can see that this turns out to be one of the strongly favored issues.

Then we added the argument that it showed up in a number of states is to remind people that if you solve this problem, young healthy people were getting lower cost policies may be asked to pay more. At the end of the day, you still have relatively significant, I would say, strong support for the medical underwriting. So if you mean insurance reform has to do with medical underwriting, that has a lot of legs in the current environment.

Again, you see a party difference here, which probably has a lot to do with just concerns about regulation but there is clearly a party difference. We then looked at the issue of federal regulation of insurance companies and, so first we asked about administrative costs and then we asked about profits. In the policy debates, there are a lot of discussions about administrative costs all the time, Medicare is less this. What is that?

Our colleague, Claudia Dean, is here, raised with us right away, it's very possible that people don't have a clue what you actually mean by administrative costs. The more we thought about that, it could be are you cutting people who

answer the telephone when I call and go help, help, help or are we cutting waste, fraud, and abuse in the office?

So it turns out that people feel somewhat more strongly about the profit thing, which is the bottom line of what insurance does. There still is the considerable support for doing something about administrative costs but I think there is confusion in people's minds what is it that would disappear for that but the profit side and again what's very important with polling is you don't want to take people too literally that they read the profit statement and that's where it is.

What they're saying to you is that the way the financing of insurance works needs some sort of government oversight. That has pretty strong support and that's what I would take away from this. In terms of bipartisanship, this is somewhat better, to our surprise, than some of the other issues that we have here.

Then let's deal with this issue of effectiveness. We have to back up a second because this is both the best and worst of what polling is about. We have a new idea that 50 policy people have been fanatically discussing with each other in the last year about an effectiveness center that'll be put in place. It would revolutionize care and then various people would make decisions about that.

So we're testing an idea that no one on the Topeka Turnpike ever turned to their spouse and said what do you think

about an effectiveness center? So we're reading them a line and they're weighing what it sounds like. So in the generic issue, the question is about the first payments. So should insurers, we did private insurance first, pay for something that has been shown to be less effective than something that is less expensive. Basically you have the insurers, again there's a closer split, but still people say the insurers basically shouldn't pay for it.

Then we add, which is the important message here, your doctor said that this should go and the support goes down but it still hangs in there for that. The government side does not do as well. So the first thing, and this is perfect, you say should the federal government establish a center that does something to look at lowering costs.

So to no surprise I never heard of it but why wouldn't I want a center that looks at lowering costs? so in terms of establishing a center that looked at this, it's fine but if the center involves itself in decisions, which might conflict with your own physician, people have not reached the stage that many in the policy community have is that a center I never heard of should make a decision about an issue I don't understand my doctor doesn't agree with and the center run by the government is right.

So they may get there for that but I think it's just important to understand it's a new idea and the issue will be

overriding physician decisions by this but as an idea, if the Congress says let's have a center that explores these issues, provides independent information to everybody, let's do it.

This is about the second time we have played with this and with all the complaints about private insurance industry, there appear to be a little more warm and fuzzy willingness for the private insurance industry to make some decision and not the government.

In this town, it's usually the other way around. We would feel better if the government made the decision and we may worry about that but there's a little more the insurance company to do this but I know if there are people here, executives from the various companies, they'll say to me that's what happened with HMOs and managed care. You told us people wanted us to make the decisions. We made them and then you did polls for years telling us it didn't work out right.

This is really the important issue. Here we're not asking you favor or oppose. We're asking you really, as Molly did, about the spending, whether or not there's enough right or too little for regulation. The take away message here for both basically the cost in the pharmaceutical industry is there is a clear tilt here for people wanting the federal government to be more active in trying to restrain the cost of care.

It's unfair to think that they thought of how to do this. The people being interviewed didn't say should it be a

Medicare or fee scale? Should it be weighed or this? It's just that the government should be more active in moving in that direction. You could see that hospitals and the cost of prescription drugs are, you put them together, that's where people see where the focus and then followed by insurance premiums.

Again, you see the partisan issues. So I would be not surprised that a Republican leader would not think this is the first thing that they would start health reform with but a new Democratic leader would. The treatment of insurance benefits and this, for inside the Belt Way, is a bit of a shocker. We don't know prior to the debates where actually candidates ran ads about the taxing of insurance benefits, whether anybody in this room knew about that. We don't know.

We just don't have a trend line but we now know that people believe they do know what they are. It's 60-percent for people who are employed. So this is not a hidden issue for that

Why do I place so much time on this? Because we're going to do the right first because it's more significant. The right has to do with whether or not we're going to basically eliminate the employer-based tax deduction over time and though my glasses are failing me, 54-percent strongly oppose is in the world of politics something to pay attention to.

So the capping issue still has significant opposition for it. it's less than we're going to eliminate it but the

point we just feel what we have to leave people with, there have been discussions that we have been at through various kinds of reforms where people are spending this money already. I can take it from here and I can move it over there and nobody will know it's gone. Our bottom line to you is they'll know it's gone. They will and so we can tell you that before you start moving for that.

Here we take a look at opposition from people who are getting the benefit and it's even a greater, if I actually unemployed and getting it. So every now and then you're surprised the opposition is the other way around if people who get no benefit get very upset by it but not here. people who are getting the benefit are going to know it's missing and they're not going to like it particularly.

Here and I'm not going to go through every option but the point was if you were in this debate at this moment thinking about fixing Medicare, would the policies that have been raised be helpful to in garnering support for an overall bill and again, even with near blindness, beyond paying for pharmaceuticals, having the government directly negotiate that, this is not a chart of a lot of enthusiastic support for how you would solve the Medicare financial problem, which the take away is that when the time comes to do this and these are all proposal that have shown up in CBO.

They've shown up in commissions, on social security that we have tested when the time comes to do this, this is going to be making the American public eat spinach. So you can decide whether or not you want to do it with health reform but the bottom line is if you had a bill that had all of the other issues that Molly just discussed and you added this, it is an anchor for not going anywhere.

So people have not come to, I have not to make these tough kinds of decisions and that's where we have to go. Donut hole is strongly supported and again we all apologize all the time. We come to other meetings where people say it's running out of money. There's no money there and then they turn to us and say how can we help you and we say basically people want to fill in the donut hole. That's Medicare reform as they would see it.

So there is an incongruence at the moment where the public would like something done to make the coverage better while others are saying let's bite the bullet and reduce spending for it. I'm going to quit with the, what we found are again these are untouched by debates, no presidential speech to have raised them by 27 points. These are just what people say thinking about reform.

Drew's point is incredibly important. Reform is like the U.N. everybody there comes with a different language. So people have different things that they think are important. So

these are the things that have very strong public support, health insurance mandate for children, not just the SCHIP, which we showed but actually the mandate, filling in the Medicare donut hole, a tax credit to employers to help them offer coverage, health insurance for the unemployed, eliminating medical underwriting, expanding Medicare to cover people between 55 and 64, requiring employers to offer health insurance to their workers or pay some fine but we need Molly's caveat here. This is pre-debate about the employment impacts, increase spending on Medicare for veterans and increase spending on SCHIP.

On controlling costs and negotiating drug prices under Medicare, allowing Americans to buy Rx drugs imported from Canada, more government regulation of health care costs and Rx regulating insurance companies' administrative spending and profits. On the raising revenues and you're right, there are only two little numbers there.

One is increasing the cigarette tax. I think we're doing that five times this week already. Then there are 250,000 and for those of you who want to sneak the number down to raise revenue, the President-Elect said over and over again throughout the campaign, you're middle income if you make \$249,000. So it's very popular to go above the 250 but it's not going to be so popular to go down to 55,000 for that.

So these are sort of the untouched ideas, which if you gave a speech tomorrow, people would be shaking their heads.

Drew?

DREW ALTMAN, Ph.D.: Okay. One, no implication from us that this is a sensible health reform plan, just what people said they like. Two, two of us on this panel are clearly old and in need of a visit to the ophthalmologist.

ROBERT BLENDON, Sc.D.: Yes. Right. Is that covered in this plan [laughter]?

DREW ALTMAN, Ph.D.: It will not be in the future. There's no question, to be a high deductible. Three, Bob is just back from advising another government on bioterrorism issues. So that was amazing. Thank you. Four, he made a really critical point. This is a point in time; the public opinion does not just sit there unchangeable. It will be heavily moved by what the new President does, by what happens in the Congress, by how the national media covers what happens, by how big a debate we have.

So please, that's just really fundamentally important. It doesn't just sit there unchanged. It's dynamic and it is affected by events and particularly if things move quickly, I believe, what leaders do will be more important than where the public is if things drag out, the tensions we've showed you in public opinion could become fundamentally important except for

the fact that we cannot see you, we would be very happy to take your questions.

So please, as you ask them, tell us who you are and where you are from. Thanks a lot. Yes, right over here? Yes? I think I've got help in the room to identify you. Go ahead and you could stand to so we could.

MALE SPEAKER: One option, which is not listed here, which would probably be endorsed by almost nobody is something that the U.K. has recently floated through its' National Institute on Clinical Excellence and that is selecting treatment interventions based on their so-called cost-effectiveness.

Now there was an explosion of resistance to this in this country when we consider reigning in the cost of care independent of coverage of care. How would something like this appeal to the various stakeholder groups? I'm interested in your opinion. How would that appeal to Republicans who like to see lower costs and difficult choices?

DREW ALTMAN, Ph.D.: I think that's an easy one based on the poll. I can do it but do you want to? Go ahead.

MOLLYANN BRODIE, Ph.D.: Well what I would say is that the idea would be very popular but when push comes to shove, a Republican has a family and when they have to make their health care decisions, they want those health care decisions in their own control with their doctor.

I think one of the things I've been talking an awful lot about lately is this assumption that we're going to try to measure but I think is out there is that doctors' decisions are based on fact and pure, all-knowing information and that this idea that some of the treatment decisions, whatever is more of an art or it might not be clear what is effective or what's not effective and certainly adding the concept of cost effectiveness or quality of life effectiveness.

I mean those are very tough concepts for people because people, when it's you and your family and you're in the hospital or something is wrong with your child, all of a sudden, you don't want anybody making those decisions except for those people who are in the room with you right then and there.

DREW ALTMAN, Ph.D.: I think we've seen it in a lot of polls not just this one that there is initial support and surface support for anything that would create a better way to review new technologies of any kind so that only those are being provided or covered or introduced that produce new benefits and not just new profits. But as soon as people get a whiff that this is going to interfere with stuff that they think they need or their doctors tell them they need, you have a problem and if conservatives believe that this will get government in the middle of the decision-making as opposed to how it's done becomes important for conservatives.

I'd also make a broader point that you'd see about anything that relates to the reform of the delivery system, which is part of health reform, IT, and all of that, which is that there is a bit of a tension between the experts' agenda, which heavily emphasizes delivery reform and the public's agenda, which is relief from the problems we're having paying for health care and health care costs.

So if, at the end of the day, the problems paying for health reform become so serious that what is left is the delivery system reform but not the consumer relief that has pushed this issue back on the agenda, we could wind up with something that is less than satisfying for the voters for the elected officials that pass the law.

JULIE ROVNER: Julie Rovner, National Public Radio, for the record, I was not here during the Truman health reform effort [laughter] but I was here in the 1980s before health reform was quite so hot and therefore, before it was quite so partisan. In the late 1980s, things were quite a bit more bipartisan on Capitol Hill. So my question, I guess, is for the old guys, which is I guess the last however many dozen polls we've seen-

DREW ALTMAN, Ph.D.: You mean for Bob?

JULIE ROVNER: Yes. Okay, a question for Bob. We've seen this partisan split, which is you've got Democrats who are for things that Republicans are against and vice versa. My question

is going back to the early sort of very pre-Clinton days, I guess sort of between the Wofford election and the Clinton plan. Did we see the kind of partisan split in these issues that we're seeing now and that we've seen for the last ten years or so or was it more bipartisan then?

ROBERT BLENDON, Sc.D.: Let me answer this in two parts. There's a very considerable amount of political science research that both the Congress and members of both parties, the public members, are more polarized now than they were 15 years ago. That is in both parties, there were more people who defined themselves as moderate and had many more mixed views.

So what we see and actually there are like five new books on finally if you're in political science, you have to look back 15 years to draw a conclusion, now they have 15 years and they all say the same thing. We are much more polarized as a Congress and as a group of voters, particularly those who vote in the primaries around these issues.

The moderate middle, which meant I crossed aisles. I voted sometimes for you, I didn't, has gone down dramatically. So the question is whether or not this election is going to turn around what has been in the view of a whole group of political scientists, a 15-year move towards separating out the parties very, very firmly on these issues but it's very different.

There were more people in the Congress in the Clinton years who could have crossed aisles to have voted for that Clinton plan than may actually cross an aisle. That's why the issues are being discussed, how many votes will you have on each party, etc. but we are more polarized in every measure independently that's been done than 15 years ago.

DREW ALTMAN, Ph.D.: So the policy question is what does the Sentrus plan [misspelled?] look like that could cross the aisle enough to actually pass? Does it look like Massachusetts? Does that go too far left? Does it have to be watered down but there's no question that it's a plan that builds on the existing system. You could see in the polling that the preferences of the far left and far right are not where it can go this time around.

JENNIFER ROSS: Hi, my name is Jennifer Ross. I'm with the National AIDS Fund. Thank you always for being a step ahead and working with health organizations and doing these polls and working with the media.

I wonder though that some of this may actually have to be because of the divide more a step at a time. I understand a great deal what you're talking about with trust of doctors and yet, at the same time with great respect to pharma, we have an ad that was unveiled this week on major TV networks that talks about their controlling themselves because of concern that

doctors sometimes choose to prescribe medications based on marketing.

Anyway, one of the items that particularly interested me in that picture is on chart eight when we're talking about medical care for veterans coming in at 64-percent, health information technology at 20-percent at a time where we're talking about something that seems very confusing and is criticized but might really help reform the way in which we do our work and HIV/AIDS being grouped as part of a global issue when there's new recognition about how dominant it is as a national, as a U.S. issue, and the importance of prevention and prevention education.

It just makes me think and I call on Kaiser, who works so well in this, is there a call here for the media to not just be talking about what seems to be hot in the news, covering it for four or five days, going back and covering something else because there's a major campaign then letting it go.

One of the things that I think has been so impressive about the transition team in meetings that we've had and what has been in the media, is that they seem to understand, they seem to have a pulse on what people are feeling and what's going on and not just on these confusing elements of what makes up our health care system and is kind of being debated back and forth in the news. So do you agree there's a call here, a role that the media could take?

DREW ALTMAN, Ph.D.: Yes. It's a huge challenge for the media and on the IT and delivery reform. It's obviously a critical part of a long-term reform strategy and over the very long-term, doesn't make a lot of sense to put a lot more money into the system without also making it more cost effective and producing more value for the dollar but it's also not surprising that it's not the public's agenda because you can't pay your health care bills with IT.

So it's just not surprising to me if you just think about the problems that average people are having.

DEBORAH TROUTMAN: Hi, I'm Deborah Troutman [misspelled?]. I'm a Robert Wood Johnson health policy fellow in the speakers' office. Thank you very much. The information will be very helpful. I'm wondering did you get a sense about comprehensive versus incremental? We still hear varying opinions about what might be more acceptable to the public. I mean I understand all the differences but is one comprehensive bill likely to just be too much or what are your thoughts?

MOLLYANN BRODIE, Ph.D.: Well I mean I would start with the chart that said big plan or more moderate plan and you can see at least half the public is starting to place a big plan and certainly the Democrats and the Independents are a little bit more interested in seeing that than the Republicans.

I'd also say it depends again on your definition of what is comprehensive and your definition of what is

incremental. There's a lot of things that could be put together in a package that would be very appealing to the public and could get you a long way.

It comes down to any single thing can be shot down easier than a bunch of things put together. When a bunch of things are put together and this came with the chart that showed all the different coverage options are really popular. Massachusetts picked a lot of those options, put them together, and that's how they achieved so much popular support for their efforts. I think that there is always a benefit in having more things that people can find that they like and less single targets for opponents.

Again as Drew said before, this is where the public stands right now. It doesn't mean the public's right. It doesn't mean you plan a policy based on the public. It just says this is what the leadership and the leaders are going to have to talk to. This is the audience they have to talk to and who they'll have to bring along. So there's a sort of separate sort of policy decisions from where the public is.

ROBERT BLENDON, Sc.D.: Let me use your question to answer it slightly different because I want to be on the record for this, the underlying issue, which was in Molly's chart, is that and if you look at the data, middle-income people in something close to a depression, are not willing to pay a lot of new taxes. If you can give them a comprehensive reform plan

that does not involve substantial new taxes, you have an incredibly popular thing. There are bills currently floating around this town then on page 13, maybe because I've returned from Israel, I now read the bills from the back [laughter] and first 12 pages tell you what they give you. The 13 tells you about how you're going to pay for it.

In this economic downturn, I believe our data suggests it will be very hard to ask middle-income people except they're above that limit or one last person smoking who hasn't been taxed already, to finance this.

So this is really going to be everybody's on the delivery side debate and I'm on the Willie Sutton debate, where's the money? If you can raise the money, I think you could find a compromise for something that was bigger and more comprehensive but in the middle when people tell you that they can't pay their bills, raising their taxes to pay their bills is just going to be counterintuitive. On that chart with what I need help with is I can't pay my bill. Good. I'm going to raise your tax and then you're going to pay your bill. Well that's the problem.

So to me, I think you have to focus on it. If there's a way to find a revenue stream particularly to get through this time, you have a broader range of options. If the answer is that the person can't pay for their drugs now is going to be asked to pay an additional tax to cover, you're going to have a

very different debate. That, I think, really has to be examined. Read page 12 of your bills and then look at Molly's chart because that's going to be critical about whether or not it's like that or it's like this.

DREW ALTMAN, Ph.D.: If you boil down 20 years of polling, the two real stumbling blocks in public opinion are I don't want to pay more and don't force me to change my current medical arrangements. I might change them but don't force me to change them. Next question.

LINDA BRAGOWSKI: Good morning. Linda Bragowski [misspelled?] from the Veterans Health Administration. I'm encouraged to know that the public thinks that we should get more money to pay for veterans and we really appreciate that support. The question is though with our long-term care, we have the foresight to recognize our veterans are aging.

We're in a unique position to provide coverage for both subacute and custodial long-term care, both at institutional as well as community-based care. We are looking to try and reform from within our long-term care system but it's nowhere on the radar but for us, it's the 800-pound gorilla. Any reactions?

ROBERT BLENDON, Sc.D.: Well we go back to the question about media coverage and everything else. The finding about Medicare for veterans is highly related to the intense media coverage of a sense that young men and women, who are wounded in Iraq and Afghanistan, did not get the care or might not get

the care that they really needed. That was intense. That's emotional. That's real. None of the other issues have gotten that attention.

I think everybody has to agree problems need to have an awful lot of visibility in the media if you expect them to be answered as a problem to the public. Even if I experience this problem, which most people are not from veterans, I often don't realize it's something government should be doing more about.

When I read about and see it in the media and it really affects how I see life then I start saying to polling people this should be the top of the chart but what we're reflecting here is a real concern with people who have been injured or wounded in the last five years in the sense that we have to do more about that.

MOLLYANN BRODIE, Ph.D.: I just want to add one more thing too. You can't underestimate the impact of the current economic anxiety on people's sort of immediate concerns right now. It's always hard to get people to think about anything that's way out there, our long-term care, their needs, saving for the future.

We always find that there's a lot of worry in the public's mind about how they're going to pay for their Medicare, where it weigh in the future but they can't sort of, especially at a time like this, think long-term when they're so worried about the short-term. So I think it's just another

reason why it's going to be hard to get a lot of focus on thinking about big picture, things like that right now.

DREW ALTMAN, Ph.D.: A new assignment for Adana Priest [misspelled?].

JULIAN PAKAY: Good morning. Julian Pakay [misspelled?], Inside Washington Publishers. Back to the politics for a minute, the SCHIP vote yesterday, I was wondering if you could talk a little bit about the debate and then the actual breakdown of the vote. What does that portend for a broader health care reform?

DREW ALTMAN, Ph.D.: Well since I was on an airplane, I can't but there are others here who might want to speak to it unless they don't want to speak to it.

MALE SPEAKER: Yes. Diane Roland?

DIANE ROLAND: Well I think yesterday you saw that the SCHIP vote in the House reflects bipartisan support for the most popular group to provide coverage to, which is children. I think what it portends however, is that there was still quite a bit of discussion around the mechanism for financing it, which was raising the cigarette tax, the ever-popular cigarette tax. I think you'll see much more of the debate about this as the Senate takes it up.

So I think it is the first test of the battleground for health care reform but it does show that there can be some bipartisan support. I think people were also surprised that

even though the Republican numbers are smaller in this Congress than they were in the last and the House, there was still substantial bipartisan support in the House for the ultimate passage.

So I think it portends that health reform is not off the radar screen but it will have all the issues that we've talked about this morning as part of the debate.

JIM BURN: Thank you. Yes, I'm Jim Burn with Aging News Alert. AARP had a very interesting press conference about ten days ago. They were founding members of two of the so-called strange bedfellow groups that includes the very organizations that brought down the 93-94 bill and without exception, the AARP people who are sleeves rolled up in the middle of this whole discussion, they said we have made great progress.

Now they spent almost three years in being strange bedfellows, going around to members of Congress, going out to the public, talking to the public, and without being specific, they said we're pretty close on stuff. Now have you people had any dealing with them? I mean do you feel that confident? I mean I haven't followed up on that in a report or found out where AHIP and all those people are in some of these issues but they sounded pretty confident. Have you had much interaction with them?

DREW ALTMAN, Ph.D.: Well we have interaction with all the groups but at this early stage, I think this early stage is

marked by a strong alignment of all kinds of bedfellows and interest groups. That is one of the things, which has added to momentum. The question is we are at the early stage.

These health reform debates have cycles. As you get to, if we get to the more difficult business of how are you going to pay for this or tricky issues like the public plan, which they're debating now, do the interest groups begin to splinter and, as they must do, protect their own interests? Does the chemistry of this change?

I think a particularly critical group to watch is business, is business for real this time? Small business, big business and not just in their rhetorical advocacy of health reform but will they lend their lobbying muscle to health reform legislation?

In the past, business has talked a good game but in the end not shown up for the fight. This time feels different but we'll see when you get to legislation.

ROBERT BLENDON, Sc.D.: One point here. The issues that were contentious in 1992 have been worked out by many of these groups. The issue that actually wasn't as contentious as 1992 was how you pay for it. the thing people have to alert, particularly those who are journalists, when you have a taxpayer revolt about paying things, it's not the health insurance industry that leads it. Different groups of people get active over I can't pay the taxes for this. Anybody that's

ever been in a referendum where they rolled back things, it's not those groups.

So the problem we really have here is this downturn. How are we going to get pay for it? It isn't enough that all the groups agree how they'll spend it. The question is who agreed to how to raise the money? I'm only emphasizing this because reporters interviewing me are spending too much time on the 1992. They're not enough to realize that in something near a depression, if you can go with it without raising people's taxes, you're in a different environment.

If you talk about raising taxes in a near depression, just call Governor Schwarzenegger on the phone here. They're so worried about how this piece goes in but who is going to pay for this is the critical issue. If there is a compromise that can be done raising that money and the business community's very, very clear because part of this is you're going to pay for various things.

If they are willing to do that, this is an incredible environment but that issue really has to be settled earlier rather than later. It's not 1992 on this issue.

MAX FINE: Hi. I'm Max Fine [misspelled?]. I was around during the Truman era.

DREW ALTMAN, Ph.D.: Absolutely. Absolutely.

MAX FINE: I'm the sole survivor of President Kennedy's Medicare taskforce and we decided early on after the Truman

defeat that we had to have a confluence of four forces if we were to enact Medicare.

First and foremost, the President of the United States had to make it his highest priority for a period of time. Secondly, we did have the support of the key leaders of Congress, the Chairman of the Ways and Means and Finance Committees.

Thirdly, we had to have the large national organizations, the church groups and the labor groups, and the civil rights groups, and the civic groups. They had to give it their high priority.

Fourth and most importantly, we had to have their grassroots members pounding on the doors of the members of Congress when they're at home. By the way, AARP was one of our strongest opponents. They were run by Colonial Penn Insurance Company at the time. We had to start our own national senior organization, the National Council of Senior Citizens. We had members in every state. Wilbur Mills finally came along, they pounded on his door and remember how Danny Rostenkowski, we rocked his car up and down? You had to do those kinds of things to get Medicare.

We're going to have to have the same kind of organization. This President has said the right things. He's going to start now with taking the money back from the HMOs and Medicare, that 13-percent extra we're paying them. He said that

last Sunday. That's a start. It's more money but unless we have the same kind of organization we developed for Medicare, we're not going to get any of these things. Thanks.

DREW ALTMAN, Ph.D.: Thank you for the great statement.

BOB GRISS: Bob Griss with the Institute of Social Medicine and Community Health. I think the polls do a good job of documenting perceptions of the public on all of the inequalities in our health care system. We have such a fragmented system. You're showing us who the winners and losers are under the current system but what I don't think you're showing us is the consensus around principles of efficiency, effectiveness, and equity in health care delivery.

What can we do, as advocates, in framing the debate as the way of increasing everybody's efficiency, effectiveness, and equity? I think that's the only way to get around the kind of tradeoffs that you're documenting but telling us well let's try to go with the majority opinion even though this isn't really a sensible way of doing public policy.

My feeling is that, as advocates, we need to be keeping our view on the goals and even if there may not be a cost savings in year one, structural change does create those cost efficiencies down the road. The press may not want to tell us but that's the kind of information that we need to build if the grassroots are going to be knocking on the door of the decision makers.

DREW ALTMAN, Ph.D.: Also a terrific statement and a complex question. I mean my own is this lives or dies with regard to public opinion on the degree to which it is framed as a bread and butter economic issue right now responding to the public's powerful concerns about the affordability of health care in, as Bob put it, a near depression. It's as simple as that.

It's on the economic recovery train or it's not on any train. It's about that, not broader principles we might wish it were about. I don't know if we should take time on other answers to that but Bob or Molly if you want to add something, be my guest.

ROBERT BLENDON, Sc.D.: I just agree.

DREW ALTMAN, Ph.D.: Okay. Well we'll leave it at that.

WADE WOOLFOLK: Yes, good morning. My name is Wade. I'm with Customer Value Partners and I'm a communications manager for the Medicare ombudsman. I was particularly interested in chart 29 where it talked about keeping Medicare financially sound and one of the things that the Obama administration has been talking about is the possible increase of preventive services as a means of controlling costs and so forth.

There's a big culture perhaps where people who have chronic illnesses may not be taking their medicines the way that they should be. There's a lot of education efforts and

preventive services that could come across to help control the costs.

First question was I wonder why preventive services wasn't listed here and then your second question is do you think preventive services has a place in the health care reform?

MOLLY BRODIE, Ph.D.: Certainly preventive services is popular. It sounds like a great idea and the question always is back to Bob's theme, who's going to pay for it? It's not listed here as a way to keep Medicare financially sound because of whether it's clear when you get those savings and what savings do you get.

So it could be here. It would be people love spending. They think it's a great idea for preventive services. Do they think prevention actually saves money in the long run? A little bit. So I think that, in general, the public is for it. Seniors are less interested in all these approaches to make Medicare financially sound than the public at large so, which puts up another sort of roadblock for people who want to try to implement any of these things.

ROBERT BLENDON, Sc.D.: Public health programs is from our general lists, which is one of the issues. it's just not as salient. Anybody that's ever been involved in polling know this but people do believe this. So there's no question about, I can't imagine any bill that isn't passed that it doesn't have

elements of prevention in it, the public wouldn't expect. It's not the most salient because, as Drew said, if you say to me I can't pay my bills, I'm really suffering, can't pay, I'm losing my insurance. You can lose weight and over 20 years, something's going to be better for you.

It, in the short-term, that's the problem, it's like people in a fire. Prevention really matters but in a fire, they want you to get them out. So a lot of people answering this poll are just worried about how they're going to keep paying their bills over the next few years. They're just not 20-year thinking about how we save the program but that's what political leaders are about. You can set agendas.

The new President, I have a sense, will be quite effective and if the new Surgeon General, one thing I discovered about him as I watched him at night on television one more time, he has no problem communicating. So I would think it'd be a lot of visibility.

DREW ALTMAN, Ph.D.: I have no problem adding a question about prevention in your honor. Thank you very much. Okay. Thank you all very much for coming. We don't want to take more of your time but we're available for questions if you want to just come up and talk with us. We'll see you for the next time around.

[END RECORDING]