

**Briefing Examines Public's Health Care Priorities for 2008
Presidential Candidates and the New Congress and Details
Congress' and the Administration's Health Care
Agenda for 2007: The Public's Health Care Priorities for 2008
Presidential Candidates and the New Congress
Kaiser Family Foundation and Alliance for Health Reform
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DREW ALTMAN, PH.D: Good morning everybody. I'm Drew Altman. Welcome to all of you and Happy Holidays to all of you and your families. I think people in health policy really deserve the happiest of holidays because we suffer so much throughout the rest of the year. We've had all kinds of events in the Barbara Jordan Conference Center. I've seen many of you at a lot of those events, but today is actually our first health policy double header. The release of our new poll of the public as the new Congress gets down to work and as the Presidential campaign gets started, and then a briefing on the current health policy agenda – the Congressional agenda with our long, long time partner, the Alliance for Health Reform led by – what should I call him – the iron man of health policy, the Cal Ripkin of health policy, Ed Howard who is sitting over there. So welcome to our first health policy double header.

Just to torture this absolutely to death, the pitchers in the first game are Altman and Molly Brodie. The closer is Bob Blendon from Harvard and Boston. If you follow baseball you know the one thing Boston desperately needs right now is a closer. We do this poll every time there is an election. We look back at how health played in the election, and I will do that, but the emphasis is really much more on looking ahead on

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where the public is or isn't on the Congressional agenda, and also what the messages seem to be for public opinion for the Presidential candidates, all 60, 70 or 80 of them. In this unique election without incumbents and so many celebrity candidates, it's really going to be a very interesting Presidential campaign.

Why does public opinion matter right now? Certainly, it's a factor. It's one of many factors, but it is a factor for politicians on Capital Hill as they try to decide where to come out on things like drug price negotiations and SCHIP and whether to stretch for a coverage expansion beyond reauthorization, or an issue like stem cell research, or how aggressive deficit hawks can be on entitlement programs. Public opinion is especially a factor if you believe these debates are as much about positioning for 2008 as they are about the substance of the policy issues themselves, which is a hypothesis I would certainly make. Public opinion certainly matters for the Presidential candidates. They know that health was not a decisive issue; a dominant issue in the mid-term election, which of course was mostly about Iraq and just a general referendum about how the public felt things are going. They also know that worries about health care and especially about the cost of health insurance – that that is a powerful

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underlying concern for the American people, so they will be trying to decide. Each and every one of those Presidential candidates will be trying to decide whether to make health one of their top priorities in their campaign or not, whether to put out a health plan or just to talk about the issue a lot, how big a health plan to put out if they do it, how much to emphasize cost and how much to emphasize coverage and what that combination should look like. And a tough call – whether to put a big target on their back by actually putting out details and the ugliest detail of all; how to pay for a health reform plan.

We are all right now focused on the issues which are on the Congressional agenda because there are a number of them. We'll talk about them later in the second panel. Many of them are quite controversial. I personally believe that what the Presidential candidates do, or don't do will be really important for the longer term, because if we have a big debate about health reform and the Presidential campaign, and then the national media coverage follows that big debate, health could again rise to the top of the national and political agenda, and a new Congress and President will feel that they were elected to deal in a substantial way with the countries health care problems when they get down to 2009. If the Presidential

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candidates don't talk about health very much, that's just much less likely to happen. So what the Presidential candidates do and don't do about health when we get beyond this immediate agenda on Capital Hill, which is also quite important and pressing right now, is I think, really important to all of us.

My job is to briefly rewind, very artfully put – set the context a little bit and then Bob and Molly will look ahead. Let me actually start by going back, and I apologize for my voice, but you won't have to listen to me for too long. Let me start by going back before the election. For a long time we have been seeing this in the tracking poll that we do every two months. What we've been seeing is just that people are really worried about the cost of health insurance. This is a poll we do regularly and as you can see in this latest poll from October. In October this was actually the number one worry/concern that average Americans have; the concern specifically that the cost of their health insurance would go up. People were more worried about this than things that you would think people would worry an awful lot about, like paying the rent, the mortgage or losing their job. So register that thought because we've also been seeing this – when we asked people about national priorities, not about their personal worries and concerns, but about national priorities, and I'll

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get to those in just a second, other issues displaced their personal worries and the priority that the public gives to health drops, and it drops a lot. This is a long term Harris tracking question, which enables us to compare where health stood in the early '90s with where it stands today. What was different about the early '90s and today, actually the underlying level of public concern was about the same – and I could show you those data but I'm not going to take the time to do that today – the difference is that national leaders were talking about health all the time in the early '90s. The national media was all over the issue in the early '90s. We were having a super heated national debate in the early '90s, and today as you know, that debate isn't about health; it's about Iraq. Forty six-percent of the American people picked Iraq as one of the top two issues in the poll that we are releasing today. It raises a question which we will be talking about, is health position to fill that void if Iraq subsides. Let me just get something to drink so that I can not inflict this cold on you too much. Thank you. Much better. Thank you very much.

So a big difference – this disconnect, I call it a disconnect, between personal worries and public priorities and the overwhelming impact of Iraq on the list of public

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priorities is exactly what we saw as we moved towards the mid-term election. We and others tracked how health was faring as a voting issue as we approached the mid-term election, and you can see the result here. Absolutely in the mix; it's right there. It's in the middle, but hardly a dominant issue, hardly a decisive issue. This is why Bob and I wrote in the New England Journal, not a dominant issue, but could be a factor in close races and we had a lot of close races in the mid-term. Then what happened on November 4? One thing I'm tempted to say to you is that in a scientific sense, we'll actually never know for sure. One reason we'll never know is that in the ultimate signal that a number of really smart pollsters and political experts did not think that our beloved issue was cutting through in this mid-term election. They didn't ask about it in the exit poll. "It disappeared our issue," as they used to say in Pinochet, Chile. It's not that it ranks lower on the list, and I'm not showing it to you. It wasn't on the list. They simply didn't ask the question. I have about 105 things to say about that, but that's a different talk which I'm not going to give you today.

However independent polls that were done shortly after the election do give us a bit of a fix on how health played in this mid-term. Here's one of them. This one from our friends

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at PU [misspelled?] and you can see where it ranked. Maybe those exit polls people weren't so crazy after all. Here is another one that says "Ours" and you can see a similar result. These are both open ended questions. PUs [misspelled?] question and our question. So asking people spontaneously, "What were your top priorities in this election season?" I'm always asked, "Who were the health care voters?" Now remember, this is of a very small group, just a very small group told us why we voted in this election and health was one of our primary concerns when we did. Women, Democrats, some inroads into the ranks of independence – these are the voters who cared the most about health. It's definitely not Republicans but again a relatively small group of voters. So you're all wondering about those seniors out there because we all heard about elections here and there where we thought the senior vote was important, and no doubt that did occur, but in general the answer is not so much. Seniors voted, according to our poll, pretty much just like everyone else. Again, the perfect example of the disconnect because we all know that seniors care deeply about health care. Who cares more about health care, prescription drugs – that whole set of issues than seniors, but they didn't take that concern to the ballot box where health, again, was overwhelmed by other issues in this mid-term

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election.

Here's what I believe, but I can't really prove it to you because it hasn't happened yet. If Iraq, for whatever reason no longer dominates the issue landscape and no other giant issue emerges to fill the void and take its place, I think there is an opportunity for this. For national candidates – this was actually the first poll that we ever did at the Kaiser Family Foundation. Bob, Molly and I did this poll. It was a long time ago – to do what Harris Wofford did in 1991 in Pennsylvania and really connect with the American people about the underlying concern that they have – that I showed you about health care, the cost of health insurance for votes, for political mileage and for us, again to have a debate about health care that looks a little bit like what I showed you before. Maybe not all the way, but something more like what we had then, than what we have now, but obviously a lot of planets need to align, and they may or may not align, for that to happen. For right now, we have a Congressional agenda with some significant issues on it that we will be talking about and we will show you in a second the poll results on that. We have a window of opportunity for a much bigger debate that may or may not open up.

Let me leave you with this – just three very general

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points about the finding you are going to hear about next to kind of put in context and set the stage and you can think about these as you listen to the findings. Here is the first one. We saw in this poll an unusual unanimity of support among Republicans, Democrats and Independents for action on several of the issues on the current Congressional agenda. It doesn't mean the policies are good or bad. We never take the position that our elected officials should do just what they public say they should do. In polls, it is a representative democracy. What it does mean is that the policies would be very popular with the public and across the board. The point I want to make about this is that it's unusual. We usually see the three groups in different places. Democrats and Republicans especially in different places; we did not see that in this poll.

Second point - coming out of an era which really has emphasized market approaches, we saw substantial support in this poll for government to play a significant role in addressing health care problems and we think a new finding in this poll because we saw it powerfully in this poll for government to take on the problem of health care costs. Now we didn't see any verdict in this poll about the market versus government. We didn't find that in this poll and that would be

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going way too far, but we also certainly did not find in this poll the public saying, "Get the government out of our health care." That was the second thing that we found and you'll see the findings on that.

Then third – we have all been so involved with Part D for the last year or more. All we've talked about is Part D. That's not what we found the public talking about in this poll. We found them talking about cost, coverage and the affordability of health insurance. That was the message for the candidates in this poll and I would say that even the findings on things like price negotiation for the public, not an issue they view as a Part D issue, but an issue they view in this broader context. So that's the context, that's the introduction, and with that let me turn it over to the next pitcher, which I think is Molly, to be followed by the closer, Professor Blendon. Thanks.

MOLLYANN BRODIE, PH.D.: Thanks Drew. Truth in advertising – I was a soccer player and I played defense, so there is no pitching from this podium. You can follow along with Bob and I with the chart in your packets, and I'm going to start by taking you on a whirlwind tour of the public's health priorities for the new Congress and their views about the

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health items that are currently on the agenda. Bob is then going to take us through the long term health policy agenda.

Let's start with chart one, which is usually a good place to start. This just helps puts the health care agenda in context. You'll notice that the issues that the public most wants to see the President and the new Congress address near almost exactly the issues that Drew just highlighted as important to their vote. Iraq dominates with economic and health care issues following right behind. Now notice that while Iraq is mentioned most often across political identifications as the number one issue, more Democrats and Independents mention economic and health care issues than Republicans, where more say dealing with immigration is a top priority for them.

Now in chart two we look more specifically at the health care agenda, and we find that across the board the twin challenges of expanding coverage and reducing health care cost are picked most often. Here we see that Independents are a bit more likely to agree with Republicans, with more Republicans picking reducing costs and Independents almost split between these two important issues, while more Democrats show a clear priority for expanding coverage. There are two more points that I think are worth taking away from this chart. The first

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one is note that more Republicans pick improving Part D as a top priority than the other groups. Second, notice that very few across the board pick reducing spending on government health care programs like Medicare and Medicaid as a top priority. What this means that with the deficit looming, and as a big issue, it also setting constraints on any Congressional agenda, the public would have at least entered these discussions without any inclination to cut these programs back.

Quickly before we turn to the specific health agenda items, note in chart three the almost universally picked top priority of increasing spending on medical research. Now throughout our many years of polling we have seen this result and it is a preference Americans place on research for disease and treatments and I think it in part reflects our great fear of these diseases and in part, I think it reflects our great belief in the power of advanced medical technologies and cures to save us.

Now let's move on to the very specific health agenda items. First in chart four, you'll see the public's general views on the health policy issue that has largely dominated our discussions these past few years as Drew just mentioned – and that's Medicare Part D. Notice that across the board people

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generally feel the Part D could be improved with some minor changes. Now Democrats and Independents are more likely than Republicans to say that it isn't working well, and you'll see there at the bottom that about four in 10 of each group say that either it needs major changes or it needs to be repealed. Just as a note, seniors feel very similarly about this as a question as the general public and again, the plurality of seniors say that it can be improved with some minor changes.

Now perhaps because that most think that some tinkering is necessary to improve the program, we see in chart five that a variety of the potential changes to the program are actually quite popular with the public. Right at the top you see the overwhelming support, 85-percent for government negotiations with drug companies. That's 65-percent who strongly favor this and 20-percent who somewhat favor it. I'm going to come back to talk about this issue some more in a moment, but close behind it you see the strong support for temporarily waiving the penalty for late enrollment and allowing seniors the option of obtaining a drug plan directly from Medicare. Fewer, but still majorities' favor spending more to get rid of the doughnut hole and simplifying the program by reducing the number of available plans. On the other hand, on the bottom notice that very few favor keeping the status quo, or cutting

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the program back because of the price tag.

If you turn to chart six, you'll see that at the top allowing government negotiations with drug companies is popular across the board. About three-quarters of Republicans, nine in ten Democrats, and more than eight in ten Independents favor this proposal. You probably couldn't find a more popular across the board issue for one of the health measures that the Congress is likely to take up early next year. However, it's also important to note on this chart the popularity across the board of allowing seniors to obtain a drug plan directly from the Medicare program. Issues like these often get framed in very extreme terms in Washington policy debates, but the public doesn't seem to draw such sharp distinctions between the market and the government when they're thinking about this policy. Often in debates when proponents and opponents get involved and they start making their cases directly to the public we can see initial levels of support that we see in a slide like this start to fall.

In terms of government negotiation for drug prices, we see here in chart seven that at least the two arguments that are often made against drug negotiation don't seem to resonate much with the public. So if you first look at that bottom bar, you'll notice that two-thirds disagree that government

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negotiations with drug companies would lead to less research and development. The bar right on top shows that a majority believe that negotiating with drug companies would lead to government price controls on prescription drugs, but they don't seem to be bothered by that much. In fact, the vast majority of those who favor negotiations also say it will mean price controls. On the other side at the top you'll notice that the public completely agrees with arguments that are often made in favor of this proposal - that it would save money and that it follows on an existing practice that is already in place for the military and for veterans. I should note that we've seen these preferences and beliefs about government negotiations staying relatively constant since 2003 when we first started asking about it, so in a nutshell this just seems like something that makes intuitive sense to people. It just sounds like the right thing to do.

In a similar vein, you'll notice in chart eight that the vast majority of support for allowing Americans to buy prescription drugs from Canada, if they want. It's again, something that just seemingly makes sense to people and it's a population across all three political party identifications.

Now as we turn to chart nine, we see another item that is often mentioned that is on the agenda that is often

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mentioned for the new democratically-like Congress that has somewhat more mixed support, allowing for expanding stem cell research. It's favored by majority 57-percent. That's the 40-percent who favor it strongly, and the 17 who favor it at least somewhat, but below that you see that this is the case more for Democrats and Independents than it is for Republicans, where a majority oppose this program or this idea. This is a place that you don't see the partisan agreement that we did see for drug price negotiation and re-importation.

Just finally on our whirlwind tour of the current health agenda, we find that the public picks children as a priority when it comes to expanding health insurance especially in the case of budget constraints. If they think they can't do it for everyone, who should you help first, the priority would go to children. Now in polling we can't just ask people directly about SCHIP reauthorization. I have to say it's just a bit too technical and too esoteric for general audience, but certainly a focus on maintaining and expanding coverage for kids would be popular with the public that we here in this more general question, and again this is pretty consistent across all political party identifications. As I turn it over to Bob to talk about the long term, particularly as we talk about the 2008 Presidential campaign, there is often an appropriate focus

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on where the Independents and the other unaffiliated voters stand on key issues since they are the swing voters. Now this time as swing voters they voted with the Democrats and the key question is who they will vote with in 2008. What we've seen in terms of the public's view on the 110th Congressional health agenda are certainly cases where Independents agree with Republicans a little more than Democrats for example, in naming reducing cost as a top priority. We've also seen cases where Independents agree more with Democrats than the Republicans, for example, in their support for stem cells. Lastly, we've seen a number of cases where all three groups agree across the board and that's particularly in terms of the government negotiations with drug companies, the re-importation and helping children first. With that I'll turn it to Bob.

ROBERT BLENDON, SC.D.: Hi, Bob Blendon. What I really want to do is just use this section to emphasize the points that Drew made. One of the things with polling data, you have to be very careful is not get overwhelmed with the details, but they occasionally point at some things that are just very, very obvious. Drew hit them and I just want to go back as we go through this and just get to this.

This is an open ended issue for the Presidential

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candidates to talk about. Just so we're all on board here, the primaries have already started in terms of people campaigning. Somebody asked us why we would care what Presidential candidates talk about. I picked up the front page of the Washington Post today - somebody there cared. The point I want to make which is very obvious here is, let's look at the Democratic primary. It's going to be hard to be a Democratic candidate and not talk about health care, so let's not go too deeply. If I'm in the Republican primary, it's going to be hard to think of a reason to talk about health care. It's not a top issue for that. What's the Republican dilemma? The dilemma is that the Independents, when the primary is over will care some about health care and Republican candidates will need to have a bigger position in the general election than they did in the primary. The important thing is when this is now, the seemingly Democratic staffers have to have a big speech and Republican staffers are going to have a smaller speech. This is what this kind of table says to you.

Next is what are the issues, and again let's just think about the primary. I have my glasses on and Drew hit it, "Gee, Democrats care a lot about the uninsured in that primary." Republicans that agree health care plays at all are going to be much more cost driven. When you make the general election,

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there is going to be a split. Candidates are going to have to say something if they are going to have voters about both sets of issues, but nobody should be surprised that the Democratic candidates – many of them will have something large about covering the uninsured. This is a table that yields policy proposals for that. We asked and we have for more than a decade in terms of the uninsured, "Are you interested in a candidate talking about a larger medium that doesn't have as much spending or not at all?" What you see is that there is at least a tendency going into the primary season about being interested in a larger discussion about covering more of the uninsured, but guess what? There is a huge party difference. That's why it is important to understand if you were writing a speech for a primary candidate, in the Republican primary at the moment, big health plans is not likely to be the dominant issue. In a Democratic primary, there is going to be a hunger in the sea, larger coverage issues by average people who don't work in this town. So there will be a difference in what people in those primaries want to hear.

Let's take a look at the agenda for the future. Again, this is no shocker. There is a basic value across the parties that government should do something about making sure that people can get insurance coverage, so it's a generally held

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principle. The problem which we've shown many times is that there is no consensus. This is what Molly points to all the time that when you say to people, "Here are proposals," a lot of them standing by themselves do pretty well. When you say, "Pick one of them," there just is not a consensus. Just to show you how you could be a political leader and come up with a hybrid or in Drew's terms, "An amalgam," is that there is no single plan that in itself standing on its own is an idea that does this. It's clear that Democrats like the idea of expanding public programs more than Republicans do, but there is no majority whether or not – and for a variety of political reasons employer mandates have a tough time in America. At the moment they still do well among a share of the public as an idea.

We tested as a number of others have done, these generic individual mandates, which has now been hooked to auto insurance. I think 10 million people have been asked about whether or not they should be required to carry health insurance like their auto insurance. Something that no one had ever thought of until Governor Romney had a plan that did something like that. We have followed in that suit and you can see the somewhat general support for this, but what strikes you is that the lowest level of support is among the party

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candidate who, in fact, has been the leader for advocating for this. The highest level of support we find among Democrats for that. It's a generic idea. It has some future play in America in health policy. I think Drew, Molly and I - this is the next series and we don't want to be too liberal about this, but it should send a signal to you in that what we found is that there is an interest in a more activist government in slowing health care cost than has been discussed at least for a decade. First we asked whether or not Congress could do a lot about controlling health care costs and there is actually a belief, less among Republicans, but generically large among the whole public that actually Congress can do something about this. By the way, there is much more skepticism about gas prices. People say, "Well, they will always say that." That's not correct. They actually do appear to believe that activism - and then we asked the Libertarian view and I have a series of my students who are on their way to Libertarian organizations and say, "It isn't a matter of what government can do to you, it's a matter of should they do it." We asked them and I'll go back in a second, we asked them if they should do something about it and the answer was, "Yes." We also asked them then, "What bothered you?" and our first concern is that everybody says that everything is unreasonably costly. Again there are

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no contributions here from the generic drug industry, but generic drugs – people make a very strong differentiation – are a real innovation. The others bother them. So the next question just asked them whether or not for things that they thought were unreasonable, the Congress should be more active on this directly and the answer was, "Yes." Here – and Drew introduced this and we have wrestled with this – if you were a pollster probably the single biggest difficulty of ever asking a question in health care is describing a competitive system of plans. If you don't like our question, you're perfectly right. We've done about 34 as is the Post, the PU [misspelled?] and everybody else in trying to describe consumer driven to a high school graduate who is also cooking at the same time, this is a toughie. But we tried again and we basically said to them, "Won't you prefer that the Congress do that – directly deal with doctors, hospitals and insurance companies, in some way trying to affect the prices that they charge people or rely more on the government giving consumers tax incentives, high deductible plans and encourage them to shop with more information?" What's clear is that again, it isn't that people have thought in their minds exactly what government would or wouldn't do, but there is a preference toward a more activist direct Congress in dealing with some of the cost issues, and as

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distinct from just having the market forces alone be the only thing that goes on.

Here we tested two proposals for controlling cost. Again we made clear; we are not an advocate for either of these. We just took two sets of ideas that came out. One was a proposal to establish an independent federal scientific body which would decide whether to approve new medical technology and drugs, in terms of being covered by insurance based on whether or not they're proven to be more effective than existing less expensive treatments. The idea that there would be some review, recommendation or approval of Medicare, but in other insurance plans, and initially the idea of trying to look at this elicited again, without dealing without any of the pros and cons or arguments some support.

The second proposal which we did, only grows out of the fact that the number of state legislators have raised this - once you get in the discussions of trying to say to average people, "Think individual mandates like auto insurance," in a very large number of states the way auto insurance is handled is companies have to do one of two things depending on the state. They bring rates forward and they are reviewed, then after public review they are automatically put forward, or in some states they can be sent back or modified about that. We

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felt since a number of state legislators have already given this speech, we would just test the idea. Again, you can see extraordinarily high levels of support because you've introduced the idea of thinking about a more activist government, and like automobile insurance with all its problems.

In 23, we started the series in the 1990s and the same conclusion then is the same conclusion now. Everybody agrees that Medicare needs to be made financially stable. We just have not found the way that you can get a standing ovation in Iowa in any of the ways to do this. Let's start at the bottom. These are proposals which have been made by various political figures or commissions over the last ten years. The first is just requiring seniors to pay more cost out of pocket, and for those of you who can't read it, the red is enthusiastic for the proposal. Let's go up to the next one - cutting back the Medicare drug benefit to save money; turning Medicare into a program that serves only low income people; gradually raising the age of eligibility from 65 to 67 which is what Social Security is; increasing payroll taxes on workers; the next barrage is paying providers less, and you can see insurers and plans, that's sort of a 50-50. The one at the top, and we want to be very, very careful about this, we don't know when you

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talk about rolling back any sort of tax cuts or people thinking about any particular business tax cut, you have no idea when they say to them, but having looked at what we would call in public policy, "A lot of spinach," people said, "I don't want to cut this program back, maybe there is some way to get some revenue out of something else."

That's the picture. Getting the program financially stable is not easy if you care about a lot of public support. We looked at just the tax issues quickly by party and you could see that the Democrats are split over raising the payroll tax. Neither Independents nor Republicans have any interest in doing that. The rollback of something has some interest for people; because I think what you have here is just a popular program where people are having problems. That summarizes where we are, but let me just close with Drew's point. One of the big takeaways from this is we think that the cost issue is going to be a major political factor on the agenda. Secondly, and I don't want to oversimplify this but I think people in town need to know this, we polled years ago when the patient care bill of rights was the only issue in the agenda. It was our need to tell you it was time to move on and basically people in their own words don't pick Medicare D as the future of US health policy. So it's just necessary for somebody from out of town

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in a cold environment to tell you that. The cost issue – they expect more activism from the federal government on the cost areas without us having a solution for what that would be.

DREW ALTMAN, PH.D.: I like your last one. We are remarkably on time. We are delighted to take any questions that you have with only the usual house rules. We would love for everybody to know who you are and where you are from when you ask your questions. The mikes are coming.

CHRIS LEE: Hi, I'm Chris Lee with the Washington Post. You've established through your polls that people want a more activist government in dealing with health care costs. I guess the question is why do they want it? Why do they trust the government to do that?

ROBERT BLENDON, SC.D.: The last thing I want to argue is about trust in the government. I think they just have a problem where they are convinced that it's very hard to deal with hospitals, doctors and pharmaceuticals as individuals. I think what they are looking for is some government counterbalance to what they see as a very strong private sector forces for increasing prices. We have been involved in

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numerous studies, which at the end of the day says that people will be very skeptical of government and what I think we're seeing is just a desire for some counterbalance here. It's what you would see about the oil companies. There must be something that they can do to be more active to balance the power to do something. Pieces of this will always have skepticism, but I think the concern and Kaiser's put this out over and over again about premiums rising above wages. I think they just want to see something more active to do that with all the skepticism about government.

DREW ALTMAN, PH.D.: They want some help. You saw the number one worry is the rising cost of their health insurance. It's important to say what you see in these polls, people don't think in ideological terms like we do in this town. That's why I said we do not see in these polls a verdict for market approaches versus regulatory approaches. They just want some help, so if that government which they want to be more activist, came out with a marketed oriented approach that they thought would give them some help, they would buy that. If they came out with a regulatory approach that they thought would give them some help, they would buy that. They just want some help.

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BILL PIERCE: Bill Pierce with Abco[misspelled]

Worldwide. I've seen a lot of things you've written before. What about trade offs? Did you talk to your survey folks when you're talking policy issues and then ask them about trade offs?

DREW ALTMAN, PH.D.: Good question. One of the things that we specialize in is asking about the trade offs and seeing how the real world arguments affect the poll results, but not in this poll because this poll was a canvassing poll, a general poll. We have found however, in previous polls when we look at things like price negotiation, re-importation, some of these very simple steps. As Molly said - and this was what Molly meant when she said, "This just makes common sense to people." Those drop but they don't drop a lot when you probe more deeply as we have done in the past, but we didn't do it in this poll because this was just a general canvassing poll.

ROBERT BLENDON, SC.D.: I just want to alert you about some of the trade off polls. In areas that are very popular like Medicare, Social Security and education, people don't like the tradeoffs. You force them to do something and what they

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really say if you are in a focus group, "Take it out of something else." This is popular area, particularly on solving the Medicare where it's going to be very, very hard for people to say, "Here's \$12 billion a year. Here's \$12 billion. Mom doesn't get eyeglasses next year. Mom doesn't get that. Pick one." They are just going to say, "Find some other way to do this." This is why [AUDIO GAP].

DREW ALTMAN, PH.D.: Also when you ask about health care costs, not to beat this one to death, another reason why people get angry is they don't understand why there is a trade off. Remember they think they know the reason health care costs are going up principally. Advances in medical technology – and they love the technology and they want it. They think it's just going up because of waste, fraud abuse, they think they're being ripped off, and people are making too much money, so they actually get very angry. They don't understand why they should have to make that trade off because they don't think that's the problem.

MALE SPEAKER: Paul Pratt [misspelled?] with the Medicare Rights Center. I'm trying to reconcile your last comment about it's time to move on beyond Part D with the

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widespread support for price negotiations as well as the support for at least some kind of fixes to the prescription drug benefit, unless I misunderstood you.

DREW ALTMAN, PH.D.: I would put it a little differently, but I will let Bob defend his comment.

ROBERT BLENDON, SC.D.: There are two separate questions. One: He asked you about a specific policy that is popular. One says in your own words, "What would you work on first if you were in Congress?" What's important to understand is that cost of the uninsured is way up there. If you asked them if importing drugs is a popular thing, there are a lot of popular things as individual things. As I said, what's the priority and Congress can only work on one thing tomorrow - it's not their first thing. That's really important. The was done in their own words, so there is no, "We gave you a list and you have to come up with one of them." It's their own words. It's the people who are not over age 65 or even any of the other seniors, pick cost. Just do something about just the cost of things. So I think that's the thing that people have to resonate. There is just this bother about the rising expense of this, and it's hitting families enough where they

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want more action in that area. The program itself is not the top priority.

DREW ALTMAN, PH.D.: I put it this way. There is current agenda on Capital Hill and then there is a moving Presidential campaign. In terms of the current agenda, that issue is on the current agenda and it's a really hot issue on the current agenda. It will be settled only in part on the basis of where the public is. It's going to be settled on the basis of this debate about how can you do it now that we have Part D out there, and how can it be implemented and frankly, largely on the basis of the maneuvering for 2008 and the jockeying between the two parties. Then as you look forward, and this is where Bob's point is most powerful to the Presidential campaign, I think what jumps out of the poll is that's not about Part D. That's about a bigger set of issues focusing on cost and coverage. That's how I would make the point.

MOLLY BERNHARDT: Hi, I'm Molly Bernhardt from Employee Benefit News. You talked a lot about how the public feels about health care prices are unreasonable, but the fact of the matter is that they don't know the cost of the actual care.

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They understand that their premiums are going up. Why didn't you ask any questions about price transparency and the public's desire to know the actual price of care and the quality of care?

MOLLYANN BRODIE, PH.D.: We asked in the priority questions, the importance of quality and medical errors. Surprisingly it is something that people think is really important. Of course they care about it in the context of their own care, but again when it came to a public policy agenda; it fell down towards the bottom of that agenda. In terms of price transparency, we have in that one question a sense of understanding cost and quality, but we didn't go further with that in this survey. We know from other projects that people certainly care about things like understanding price and quality. On one of the most recent surveys we found out that most people don't know how to get that kind of information. They don't know if it's available and for most people, they can't find it. It certainly is an additional piece of the picture that people would care about and they would love to see, but I don't think its part of the specific agenda setting items.

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OLGA PIERCE: I'm Olga Pierce from UPI. My question is if people like proposals in the abstract but necessarily concretely, and if people get grouchy when you ask them to make trade offs, how likely are we to see candidates talking about proposals that actually offer viable solutions? Or are we more likely to hear things that offer a potpourri of proposals that people support but don't necessarily make sense together?

DREW ALTMAN, PH.D.: It's one of our favorite questions, particularly Bob's. Do you want to start?

ROBERT BLENDON, SC.D.: In campaigns –and it is our job to give advice to people – what really is effective is to layout to voters what you consider important issues you are going to work on. What it turns out doesn't help a lot of candidates is, we like to have details. How I'm going to raise your taxes? How I'm going to make sure that every pharmaceutical company doesn't do that? It neither moves voters or anything, but what people try to measure is, are you serious about doing something important about this issue. My view is a lot of details are not going to help candidates, but discussions about their seriousness about doing this and some broad outline – President Reagan when he ran used to be very,

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very good about that. I'm not going to tell you how I'm going to get these things going. We're going to change the defense build up. We're going to change the priorities on this. So I think the candidates that will do best on these issues are people who make people see that they have a real sense of priorities. The details have not – and a lot of people have written about this – are never helpful in a campaign, but it's what we have to do once the election is over.

DREW ALTMAN, PH.D.: Just five words to back up what Bob said. Harris Wofford had no plan. [LAUGHTER]

MALE SPEAKER: Dallas Salsburg [misspelled?] with the Employee Benefit Research Institute. Your comment about the public not being ideological while the town is, and so much discussion in this town in the last few weeks about moving towards bipartisanship, the most striking number I saw up there and the most surprising is that my memory is that Stewart Butler [misspelled?] at the Heritage Foundation put out his first papers advocating an individual health mandate at least in the early '90s, maybe earlier. I've naively always identified that as a "Republican initiative or ideologically right initiative." Your results here are very counterintuitive

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in that context. Does that end up suggesting that is at an actual proposal level? Something that could move into this bipartisan realm, relative to past polls is that a new finding or have you seen in prior years surveys that Democratic support for individual mandates?

ROBERT BLENDON, SC.D.: The individual mandate idea appears to have gotten more popular. There was polling in the early 1990s. The late Senator Chaffee was very interested in this issue and he advocated a number of Republican areas. It didn't do as well as it currently does now. I think one of the acceptability's - again not arguing from the cold spot I just left - the fact that it was a state that had some bipartisan agreement that included that I think will have a play, not initially in the primaries but when this issue is discussed the fact it was possible to reach some agreement around that proposal across party lines. It has amazed me how well that has stuck up and Democrats who would normally not have necessarily gravitated in that direction were in this thing looking more receptive to new ideas than before. I think it's going to have some real [AUDIO GAP].

MOLLYANN BRODIE, PH.D.: I would just add that one of the things that we've seen over time when we've asked about any

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kind of proposal for covering uninsured is that in the abstract in standing alone virtually every proposal is very popular with people. It's when they are forced to choose among proposals where we see no proposals jumping out as the one single way to go. It's always one of the strengths of the Massachusetts program as well was that it drew on a couple of different proposals so that everyone could see something in it that they liked. When you build on the current system and draw across these proposals, you are much more likely to get a larger share of the public behind you.

DREW ALTMAN, PH.D.: There will be a magic moment in Massachusetts - I think it's in July when individual mandate goes from an idea we debate to a reality. This has never happened before in our country. I think that will affect the future of the concept of individual mandates hugely. Does the guy who works in Radio Shack or the bartender say, "Hell no. I won't go?" or do they happily sign up. So this will cease to be just a concept for the first time fairly soon and I think that will have a big impact. Powerful forces ask that when you ask your questions, could you please stand so I relay that request.

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MALE SPEAKER: I'm Mark Scheff [misspelled?] with Workforce Management Magazine. I have a question about chart 16. I'm wondering if you could elaborate a little more on the idea that requiring employers to cover all their full time workers is the most popular notion for covering the uninsured. How does that relate to the fact that the vast majority of people do get their coverage from employers? In other words, how did employers come out in this poll or are people positive about what they are doing, or do they question it the way they are questioning Wal-Mart's commitment to covering workers?

DREW ALTMAN, PH.D.: I think the simple answer is that people are very frustrated with their health insurance, but it's the system they know, they are used to it and they are attached to it, so that's how they answer. If anyone else wants to -

MOLLYANN BRODIE, PH.D.: All I would say is in some other survey work we've done in the past there is actually quite a bit of empathy towards their employers in dealing with health care costs. In some focus groups we did about a year ago, I was actually quite surprised when we heard people echo results we saw in the survey about how thankful they were that

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their employer was still offering them health care coverage. It went against what I would have thought given their concerns about cost and their frustrations with the cutbacks and the things that they are seeing. At the same time they are still very thankful that the employers are helping them out. I think Drew's point about building on the current system – it's what you know. One of the things we haven't mentioned here, but when people are evaluating these policies and particularly when you start talking about trade offs, they are generally evaluating it in terms of how it's going to affect them and their family. The American public is actually on the goal level very, very nice and generous. They do want to see the uninsured coverage and they do want to see the disadvantaged taken care of, but when push comes to shove and these debates start happening, they start evaluating how these policies may actually impact them and their family. I think that's a component of this, is that the employer is where they are used to getting their coverage. It's a system they are frustrated with, but they know it. They know how to work it and they are actually seeing so many of their friends and family having further cutbacks in that area that they are actually quite grateful that they still have their coverage.

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DREW ALTMAN, PH.D.: Perhaps not among experts but still among people, there is a pretty strong attachment still to the employer based system. It's what people are used to. There are many people who are worried about having to fend for themselves. They like the idea of somebody bigger running interference for them. You might not expect that, but it's what we see.

CHRIS WILLIAMS: Chris Williams, Agency for Health Care Research and Quality. Bob, I wanted to ask you. We've talked about this before. Did you see any movement on the issue of quality? That it was anymore top of mind and it has been in some of your previous polls? Also, do you think that people see a connection between quality/patient safety and cost?

ROBERT BLENDON, SC.D.: We've done work with the agency on this. The quality issue has just not been an issue that people have articulated as top. We've been at this for more than a decade. It doesn't mean there is not a problem. The medical area issue elicits a higher response because it is an immediate safety issue. I don't think the instant relationship between cost and quality is as clear to people as it is in the expert community. It's back to Drew's point. Why do people

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think that costs are so high? They think there is profit. There is a lot of waste. There is a lot of inefficiency. There is a lot of duplication. There are people that are taking unfair advantage. People think that prices are just too high, and they don't tie that to whether or not you have a beta blocker or it is just so far from a high school graduates view. You didn't get a beta blocker that's why we spend so much. It's a very sophisticated concept. We never want to undervalue it. I think the people in the polling community are always a little surprised because there are certain issues like science and professional where we expect leaders – I think the public does – the medical profession to take a lead in quality and not to be a revolution from people on the street. That's the only difference. I think they would say if there is a problem, physicians and scientists should be worrying about it, but I can understand there is a cost problem. [AUDIO GAP]

MOLLYANN BRODIE, PH.D.: The only thing that I'll say to add is that we've seen in all of our work in the past that the public sees errors as issues with individual providers. They don't necessarily see it as a system level issue, so it's harder for them to imagine what could be done at a national level to help improve the reduced medical errors. They

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actually see that as an individual level, so as long as that disconnect is in place between experts and the public, it's unlikely to see the rallying cries in the street for a big movement on that. On the other hand, it would be extremely popular. These are the types of programs and types of things that people would love. It's apple pie-ish. Of course we should improve the quality. Of course we should do things that will help reduce medical errors so it's not unpopular.

DREW ALTMAN, PH.D.: Popular; not a priority with the public. We'll take one more, maybe two more because we have a second game.

MINDY STEINBERG: My name is Mindy Steinberg. I'm with the National Breast Cancer Coalition. I have a question about the primaries and one of the comments that you made that the Republicans primary won't hear very much about health care. I agree that in the past Republican primaries really didn't say much about health care, but it seems like there are several, at least potential candidates where health care is a big issue for them – be it Governor Romney or Former Secretary Tommy Thompson or Newt Gingrich. I'm wondering if you think that might change in this Presidential election because of the presence of those

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more health care related candidates.

ROBERT BLENDON, SC.D.: Again, none of us advise candidates here so we want to be very careful. Having observed people whose job is helping candidates run, what they usually say to you is that these are the issues that people in South Carolina care a lot about. Spend as much as you can talking about what they most worry about and less about that. A number of these candidates have real success on these issues, so I think they will bring that in as competency, but I think if you actually listen very carefully what they will move in their own primaries will be talking about how it illustrates their competency and being able to work on big issues, but not trying to convince voters. In the last election and in 2000, we looked very close at the Republican primaries and we were told over and over again – no, these things are really going to play out and everything else. At the end of the day, every single Republican primary was decided by issues where health care was just not decisive in that, where on the Democratic side, it really matters. This is no partisan priority. It's just that certain voters care a lot about particular issues and they get very angry if the candidate doesn't talk a lot about them. It has been less so on the Republican side in that, so I think you

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just look at what their top issues will be and the people there were used for competency but those who have it – the point we want to leave is – that if you were to get the Republican nomination, you do have to appeal to Independent voters who will want candidates who don't say nothing. They will want to say, "We will want to make progress on these problems," and that they'll need a proposal. I think that they will be sure that they are not there without proposals but it will not be as critical as it will be in the Democratic primaries.

DREW ALTMAN, PH.D.: We'll take one more.

MARY AGNES CAREY: Hi, I'm Mary Agnes Carey with Congressional Quarterly. I wanted to get your read on how do you think Capital Hill will reconcile this data of people looking to Washington for help with cost and other things in health care with their reluctance to really doing anything sweeping or mammoth in respect to what they went through with the Clinton Health Care plan?

ROBERT BLENDON, SC.D.: I think – and the reason why Drew felt very strongly about getting the Presidential question – large and sweeping will come out about how these issues play

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in the next Presidential election. If I were just elected mostly around Iraq, competency and other issues, I'd be very, very cautious about anything I did about the next X months. For people who are going to be the standard bearer in either party, the signal is going to be that they should probably try out something that is a bit larger than has been discussed. How that plays out may affect the next Congress, and also may affect the end of this Congress as people start building a record of not enacting, but proposing legislation that will be important in the next campaign. That again, just take a look at the results that Drew highlighted. We have this thing that people are interested in doing about health care costs, but there is no there - there. What is it that people who are in politics are going to have to try some proposals out and see how they play. They probably won't happen, but they would show up in the 2008 Congressional and Presidential election.

DREW ALTMAN, PH.D.: I was going to add to that, but I won't. Thank you all for being part of game one. We will really torture this to death. Get the grounds crew out to rake the infield and then in this next panel - we'll take about a five minute break, maybe a ten minute break - then in this next panel we'll talk about the substance of the issues. God forbid

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and how things are likely to play out on Capital Hill. Our very own Diane Rowland, Cal Rifkin, and Ed Howard will be in charge. Thank you again.

[END RECORDING]