

OREGON VOTER OPINIONS: UNIVERSAL HEALTH CARE

JULY 2019



ELWAY RESEARCH, INC.



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INTRODUCTION

This report summarizes the findings from a survey of Oregon voters about universal health care for the State of Oregon.

The survey was designed along the lines of a model to assess public readiness to take action. Accordingly, the survey sought to examine – from the point of view of voters:

- The current state of the health care system. Is there a problem to be addressed?
- The efficacy and acceptability of proposed reforms/solutions to the problem.
- Willingness to support specific proposals to put reforms/solutions in place.

For voters to take action requires that all three of these elements be present and that they align. That is, voters must recognize the problem, agree that the proposed solution will address the problem – as they define it – and agree that their action (voting, raising taxes) will put the right solution in place to address the problem as they define that problem.

Specifically, the survey sought to measure:

- Satisfaction with the current health care system;
- Identification of specific problems with the system;
- Attitudes about universal care;
- Evaluation of universal care proposals;
- Willingness to establish universal care in Oregon.

Demographic and political information was also collected to analyze the findings.

A total of 402 registered voters, selected at random from the list of Oregon voters, were interviewed by telephone and online between July 17-21, 2019. The sample was adjusted to match the Oregon electorate. The survey was designed and conducted by Elway Research, Inc. of Seattle. It was sponsored by Warren George of Corvallis, Oregon.

This report includes Key Findings, followed by annotated graphs summarizing the results to each question. The full questionnaire and a complete set of cross-tabulation tables are presented in the appendix.



METHODS

SAMPLE:	402 registered voters in Oregon.
SAMPLE FRAME:	List of registered voters.
TECHNIQUE:	Mixed mode 202 land line telephone interviews with live interviewers 100 cell phone interviews with live interviewers 100 completed survey online (from text invitation).
FIELD DATES:	July 17-21, 2019.
MARGIN OF ERROR:	±5% at the 95% level of confidence for the overall results. That is, in theory, there is a 95% probability that the findings reported here are within 5 percentage points of the result that would have been obtained by interviewing all registered voters in Oregon. The margin of error is larger for subsets of the sample.
DATA COLLECTION:	All respondents were contacted by telephone. Half were contacted via cell phone. One half of those (n=100) completed the questionnaire with a live interviewer. The other half (n=100) received a text message with a link to our survey website and completed the questionnaire online, Calls were made during weekday evenings and weekend days by trained, professional interviewers under supervision. Up to six attempts were made to contact a voter at each number in the sample before a substitute number was called.

It must be kept in mind that survey research cannot predict the future. Although great care and the most rigorous methods available were employed in the design, execution and analysis of this survey, these results should be interpreted only as representing the answers given by these respondents to these questions at the time they were interviewed.



RESPONDENT PROFILE

In interpreting these findings, it is important to keep in mind the characteristics of the people interviewed. This table presents a profile of the respondents in the survey.

The percentages displayed are weighted statewide responses.

NOTE: Here and throughout this report, percentages may not add to 100%, due to rounding.

Demographics

GENDER	49%	Female
	48%	Male
	3%	Other / No answer
AGE	30%	18-35
	24%	36-50
	22%	51-64
	25%	65+
EMPLOYMENT STATUS	9%	Self
	5%	Business Owner
	35%	Private Sector
	10%	Public Sector
	12%	Not Employed
	27%	Retired
	3%	No answer
	16%	Health Care
SERIOUS MEDICAL PROBLEM	52%	YES
INCOME	12%	\$24,000 or less
	20%	\$25 to \$49,000
	19%	\$50 to \$74,000
	14%	\$75-99,000
	16%	Over \$100,000
	20%	No Answer

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RESPONDENT PROFILE

Political

PARTY ID	35%	Democrat
	25%	Republican
	8%	Other Party
	21%	Non-affiliated
	12%	No answer
VOTE HISTORY Voted in Last Four Elections	15%	0times
	37%	1-2
	18%	3
	19%	4times
CONGRESSIONAL DISTRICT	18%	CD1
	21%	CD2
	19%	CD3
	23%	CD4
	20%	CD5
AREA	41%	Portland Metro
	18%	Willamette Valley
	41%	Rest of state
HOUSE DISTRICTS	57%	Democrat
	43%	Republican



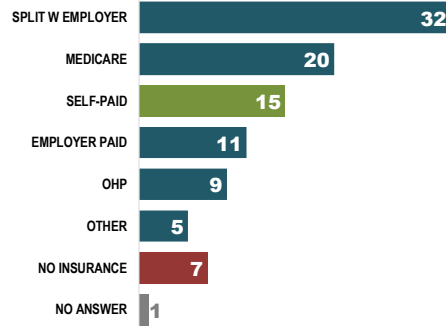
PERSONAL HEALTH CARE

**9 in 10 Have Health Care Insurance
– Nearly All Are Satisfied With it**



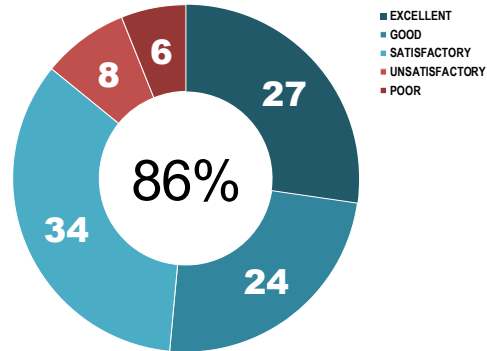
92% had health care insurance

- 40% had government-sponsored or employer-provided insurance.
- Another 32% shared the cost with an employer;
- 15% paid for it entirely by themselves.



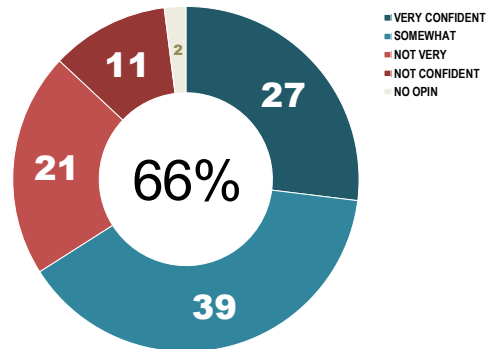
86% of those with coverage said it was “satisfactory” or better

- 51% rated it “excellent” (27%) or “good (24%).



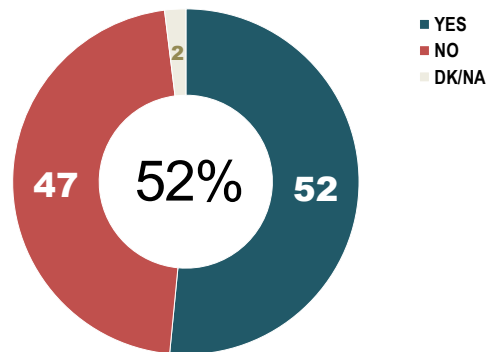
66% were confident that their insurance would cover all future needs

- Most respondents with each type of insurance (54%+) were confident that the insurance would cover the potential future needs.



Half reported that someone in their household had a “serious health problem” in the last five years.

- These respondents were slightly more likely than others to rate their coverage as “excellent” (31% v. 23%).
- They were also slightly more likely to say their health care costs were a hardship (22% v. 16%),



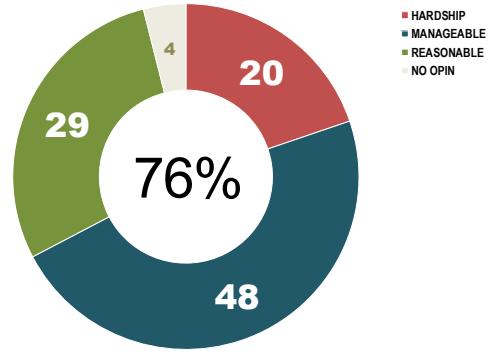
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Most Satisfied with the Financial Arrangements



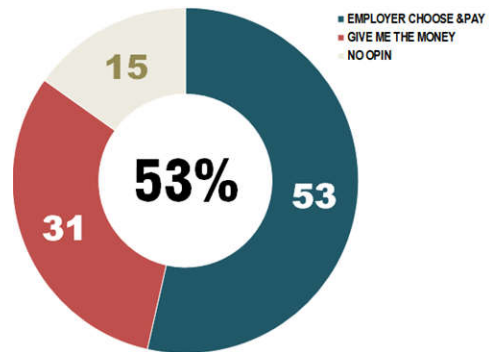
76% said that the total amount they paid for healthcare was “Reasonable” or “Manageable.”

- Most likely to say “hardship”:
~ self-pay (32%);
~ Those who split with employer (24%).
- OHP enrollees was the only category in which there was a majority who said the costs were reasonable.



Most Employer-Insured Would Prefer to Keep that Arrangement

- Given a choice of having their employer provide their coverage or give them the cash equivalent of their health care benefit, 53% chose to have their employer provide their coverage.





KEY FINDINGS

Most have health care insurance; Most happy with it.

- ◆ 92% of respondents had some form of health insurance
 - 40% had either government-sponsored (Medicare or OHP) or employer-provided insurance.
 - 15% were entirely self-paid.
- ◆ 76% said the total amount they paid for health care was “reasonable” (29%) or at least “manageable” (48%).
- ◆ 66% were confident that their insurance would cover their potential future needs (27% were “very confident”).

Not so sure about the health care system.

- ◆ Respondents were evenly divided in their evaluation of the health care system:
 - 48% rated it “excellent” (9%) or “satisfactory” (39%);
 - 47% rated it “unsatisfactory” (30%) or “poor” (17%).

Majorities rated numerous aspects of the health care system as “major problems.”

- ◆ 5 of 7 “things that people have mentioned as problems with the health care system” were rated as “major problems.” These were:
 - The increasing **cost** of health care to individuals, governments, and businesses (81%).
 - The number of people in our state who do not have regular **access** to health care or face financial crisis due to medical costs (72%).
 - The **complexity** of the system - including referrals, approvals, confusing bills, and unpredictable charges (71%).
 - Funding the increasing costs of **Medicare** (58%).
 - Funding the increasing costs of The **Oregon Health Plan** for people of low income (54%).



The business model of the system was cited as the main reason for high health care costs in US.

- ◆ Drug companies (23%) and Insurance companies (20%) were at the top of the reasons cited for high costs, along with
 - It being profit-driven (21%) and “greed” (15%).

Resistance from vested interests cited as the main reason for lack of universal care.

- ◆ 40% cited reasons related to existing actors in the system would lose money if we had universal care.
24% mentioned political reasons, from “politicians” to “socialism”.

3 in 4 said that universal care in the US is desirable.

- ◆ 49% said it is both desirable and achievable, and 26% said it was desirable, but not achievable.
- ◆ Of those who said universal care was desirable, a 58% majority favored replacing or eliminating private health insurance, including:
 - 34% who favored replacing existing insurance with insurance through a single public agency.
 - 24% who favored eliminating insurance and providing care through public hospitals and clinics.
 - That computes to 44% of all respondents in favor of replacing (26% of total) or eliminating (18% of total) private insurance.
- ◆ Of that 44% in favor of eliminating or replacing private insurance, 8 in 10 (81%) said they were willing to pay a new tax equal to their current health care costs in order to establish universal care.
 - That 81% computes to 36% of the total sample who:
 - 1) believe universal care is desirable;
 - 2) think existing insurance would be replaced or eliminated; and
 - 3) were at least “probably willing” to pay a tax equal to their current health care outlays.

Most (55%) believed there is enough money in the system to pay for universal care.



2/3 were inclined to support universal care funded by new tax to replace health care outlays.

- ◆ Most said their decision would “depend on the details”:
 - 21% said they would support it outright; 19% said they would oppose it.
 - 55% said it would depend on the details. But in that 55%, 45% were inclined to support it and 10% were inclined to oppose it.
- ◆ Most (52%) guessed that the tax would amount to less than 10% of their income.

A 62% majority was inclined to vote for a new health tax to replace insurance and provide universal care.

- ◆ 22% would “definitely” vote for it, 41% “probably” 30% would vote against it.
- ◆ Taxes and distrust of government were the top reasons opponents gave for planning to vote “no.”
- ◆ Limited versions of universal care generated slightly less support:
 - 60% said they would support “a state program to cover treatment and screening for the most catastrophic medical conditions.”
 - 58% said they would support a “state program to cover routine primary care for everyone.”



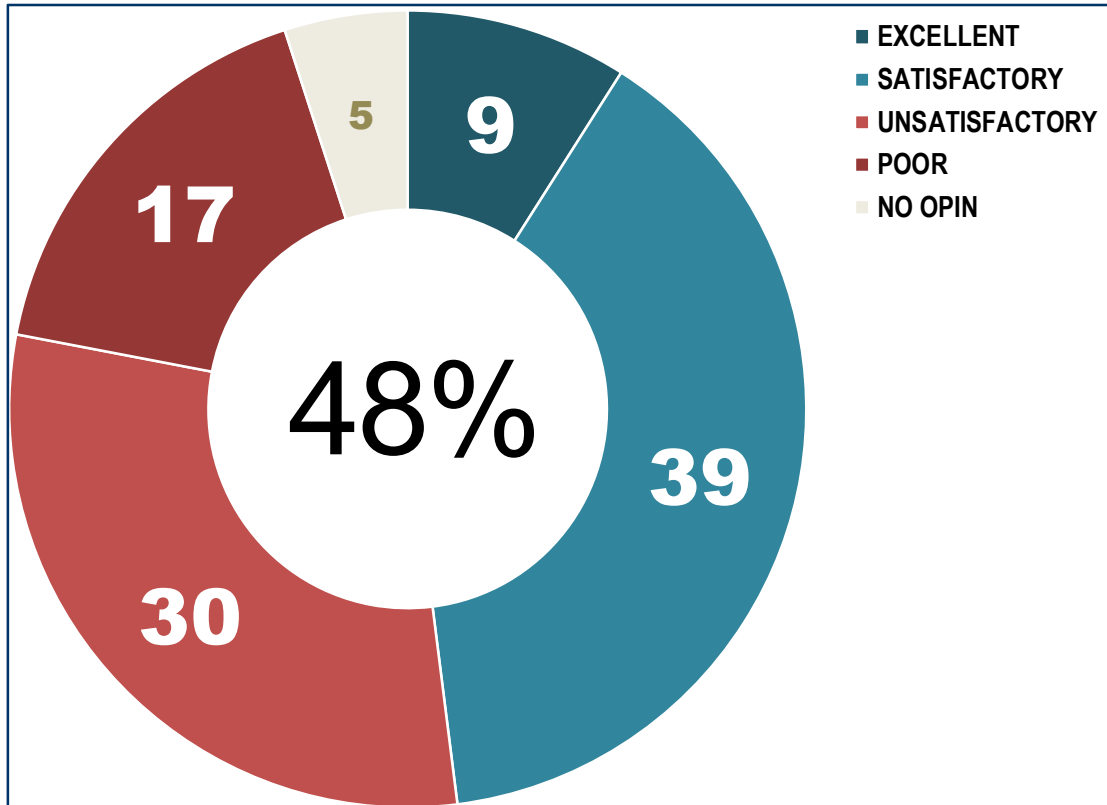
FINDINGS

- This section presents the survey findings in the form of annotated graphs.
- Bullet points indicate significant or noteworthy differences among population subgroups.



Current Health Care System

Voters Evenly Divided on Evaluation of Health Care System



Q1: Overall, how would you rate the health care system? Would you say it is...

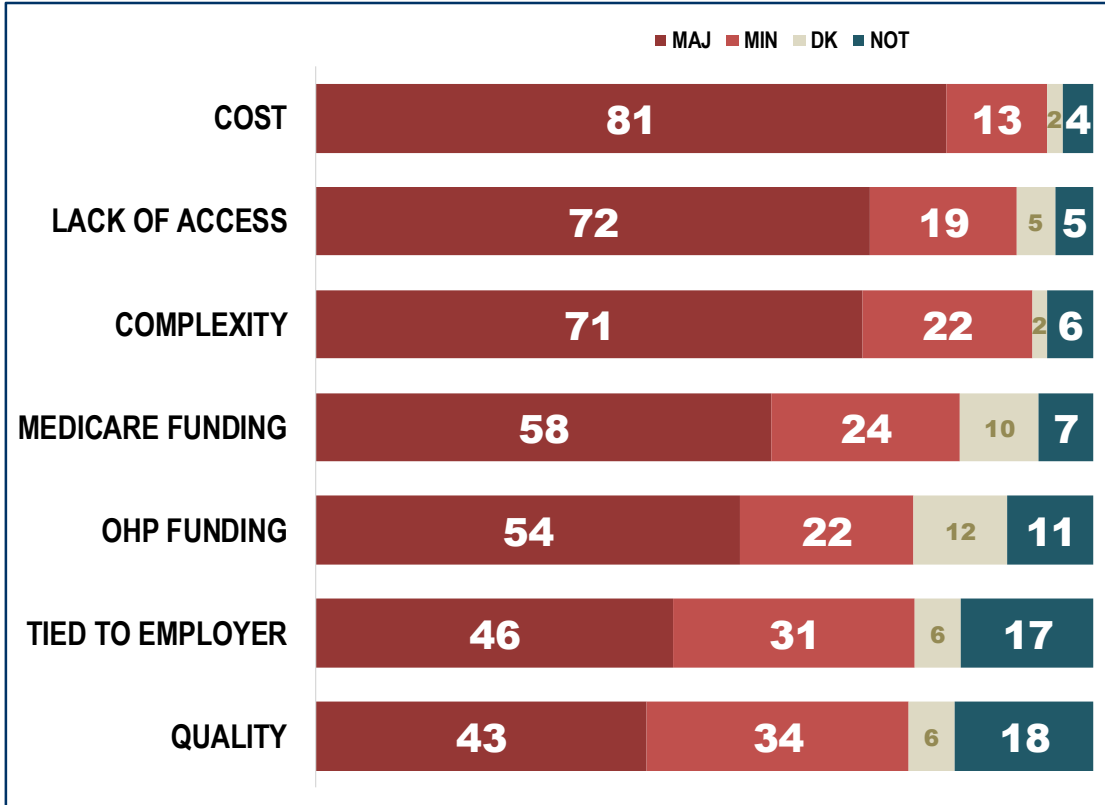
Respondents' evaluation of the current health care system was evenly divided:

- 48% rated it "excellent" (9%) or "satisfactory" (39%);
- 47% rated it "unsatisfactory" (30%) or "poor" 17%.
- Most likely to say satisfactory or better had insurance that was:
 - Employer provided (64%);
 - OHP (56%);
 - Medicare (54%).
- Most likely to say unsatisfactory or poor were self-paid (57%).



Current Health Care System

Majorities Rate Numerous Aspects of Current System as “Major Problems”



Q2: The following are some things that people have mentioned as problems with the health care system. As I read each one, tell me whether you see that as a Major problem, a Minor problem or Not a Problem with the health care system in the United States.

- The increasing cost of health care to individuals, governments, and businesses.
- The number of people in our state who do not have regular access to health care or face financial crisis due to medical costs.
- The complexity of the system - including referrals, approvals, confusing bills, and unpredictable charges.
- Funding the increasing costs of Medicare
- Funding the increasing costs of The Oregon Health Plan for people of low income
- The fact that health care is significantly tied to an employer.
- The overall quality of health care in America, as measured by such things as life expectancy, infant mortality and other health outcomes.

Presented with a list of seven “things that people have mentioned as problems with the health care system,” majorities rated four of them as “major problems.”

- 96% rated at least one of the 7 as a “major problem”;
- 91% named more than one; and
- 27% at least 6 of the 7 as a “major problem.”
- As would be expected, the number of “major” problems cited went up as overall evaluation of the health care system went down. However, even 66% of those who rated the system as “excellent” rated three or more of these problems as “major.”

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- Among those who rated the system as “excellent,” 70% rated cost as a “major problem”.
- Among those who rated the system as “satisfactory,” majorities rated 5 of the 7 issues as “major problems”:
 - ~ Cost (72%);
 - ~ Complexity (67%);
 - ~ Lack of Access for too many (64%)
 - ~ Medicare funding (57%); and
 - ~ OHP funding (51%).
- Evaluation of one’s own health care coverage was not strongly related to identification of problems with the system:
 - Of those who rated their own coverage as “excellent” a majority rated as major problems”:
 - ~ Cost (77%);
 - ~ Complexity (61%);
 - ~ Access (67%);
 - ~ Medicare Funding (53%); and
 - ~ OHP funding (50%).
 - A majority (53%) of those who rated their own coverage less than “excellent” or “good” said that having insurance tied to an employer was a “major problem.”
 - Only 39% of those who rated their own coverage as “excellent’ or “good” agreed.
- There were partisan differences in the ratings of these problems, although majorities of both parties, and of non-partisans, rated 4 of the 7 as “major problems.”
 - Majorities of all three partisan categories rated as major problems:
 - ~ Cost (D=87%/ R=72%/ I=82%)
 - ~ Complexity (82%/59%/69%)
 - ~ Access (86%/53%/72%)
 - ~ Medicare funding (59%/65%/54%).
 - Republicans and Democrats were most likely to disagree on:
 - ~ Quality of care (D=56% / R= 20% / I=44%); and
 - ~ Funding OHP (D=49% / R=64% / I=52%).
 - Majorities of Democrats rated all but one of the problems as “major” (funding OHP).



Current Health Care System

Pharma, For-profit Nature of System Cited as Main Reason for High US Health Care Costs

DRUG COMPANIES	23	DRUG COMPANIES	23
Drugs	8	FOR PROFIT INDUSTRY	21
Drug Cos	7	INSURANCE COMPANIES	20
Overcharge	6	GREED	15
Greedy	2	GOVERNMENT	14
R&D	2	WASTE/OVERHEAD	10
FOR PROFIT INDUSTRY	21	UTILIZATION ISSUES	7
For Profit	16	DOCTORS	6
Profits Over People	3	HOSPITALS	5
Capitalist System	3	NO COMPETITION	4
Needs To Run By Govt	1	BEST HEALTH CARE	4
INSURANCE COMPANIES	20	OTHER	10
Insurance Companies	5	NO ANSWER	6
Healthcare Insurance	5		
Ins Cos Control HC Cost	3		
Malpractice Ins	3		
Insurance Cost	3		
Bureaucracy	2		
GREED	15		
Greedy	10		
Politics	4		
Fraud	1		
Corrupt	1		
GOVERNMENT	14		
Govt Subsidies	3		
Lack Of Govt Subsidy	3		
Too Much Regulation	3		
Not Enough Regulation	3		
Bad Policies	1		
Govt Involvement	1		
WASTE / OVERHEAD	10		
Overhead / Waste	4		
Systemic Inefficiencies	3		
Middlemen	2		
Too Much Competition	1		
Lawyers	1		
UTILIZATION ISSUES	7		
Uninsured Using System	4		
Illegal Immigrants	2		
Over-Use Of System	1		
DOCTORS	6		
Doctors Fees	4		
Doctors	1		
Unnecessary Procedures	1		
HOSPITALS	5		
Procedures/ Treatments	3		
Hospitals	1		
Hospital Fees	1		
NO COMPETITION	4		
No Competition	3		
No Consumer Info	1		
WE HAVE BEST HC	4		
OTHER	10		
No Socialized System	2		
We Have A Choice	1		
Higher Living Standard	1		
No Employer Care	1		
Co-Pays/Deductibles	1		
Med Schools	1		
Misc.	5		

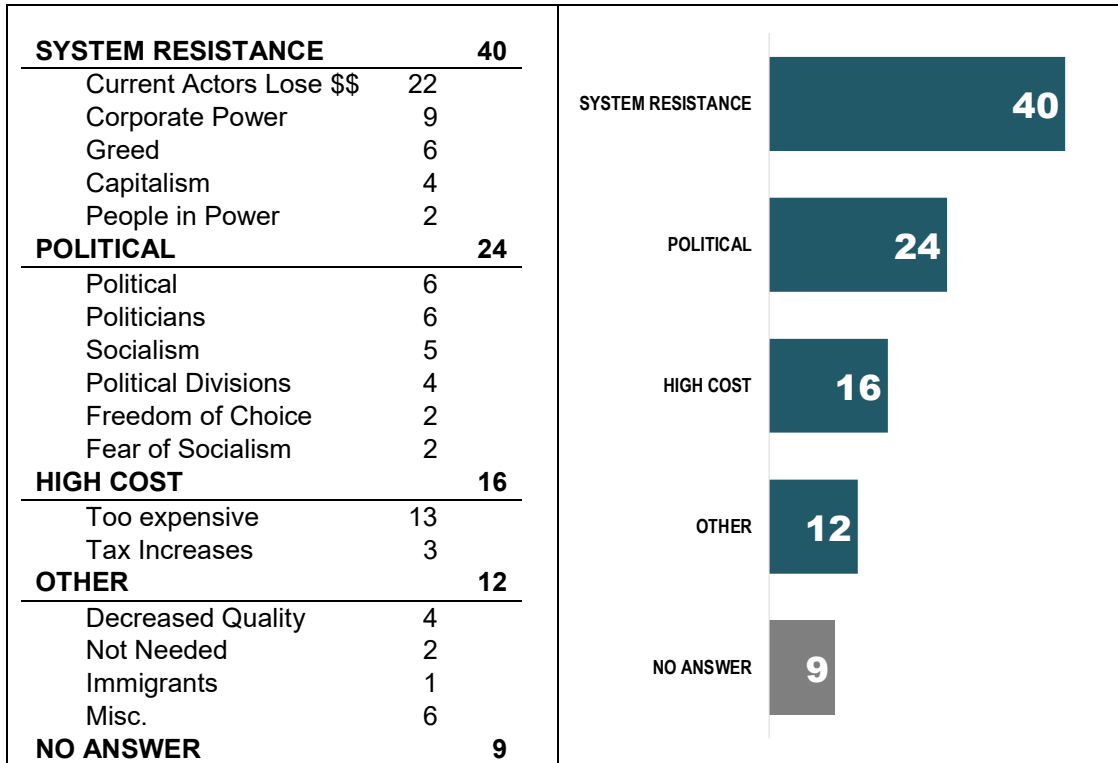
Q3: Health care costs in the United States are about \$11,000 per person compared to an average of \$5,500 in the other industrialized countries. As you understand it, why does health care cost so much more in the United States?

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Respondents had quite a lot to say about why the US health care costs were higher than other industrialized countries. Some 94% of respondents volunteered at least one answer, with an average of 1.6 answers per respondent. In all, nearly 60 different reasons were coded. Most focused on the private-enterprise nature of the US system, including its component parts.

- About half mentioned some systemic issue, including:
 - It is a capitalistic, for-profit industry (21%);
 - Greed, politics or corruption (15%);
 - Inefficiencies, waste, or administrative overhead (10%);
 - Lack of competition (4%).
- Various entities in the system were high on the list:
 - 23% cited drug companies, making them the top-cited answer;
 - 20% mentioned insurance companies;
 - 6% said doctors; and
 - 5% mention hospitals.
- Respondents who were self-insured or had no insurance were more likely to blame insurance companies for the high cost of US health care than were people with insurance paid for at least partially by someone else:
 - 31% of self insured and 29% of uninsured blamed insurance companies, vs,
 - 18% of those with insurance paid at least partially by an employer or government.

*Current Health Care System***Resistance from Vested Interests Cited as Main Reason for Lack of Universal Care in US**

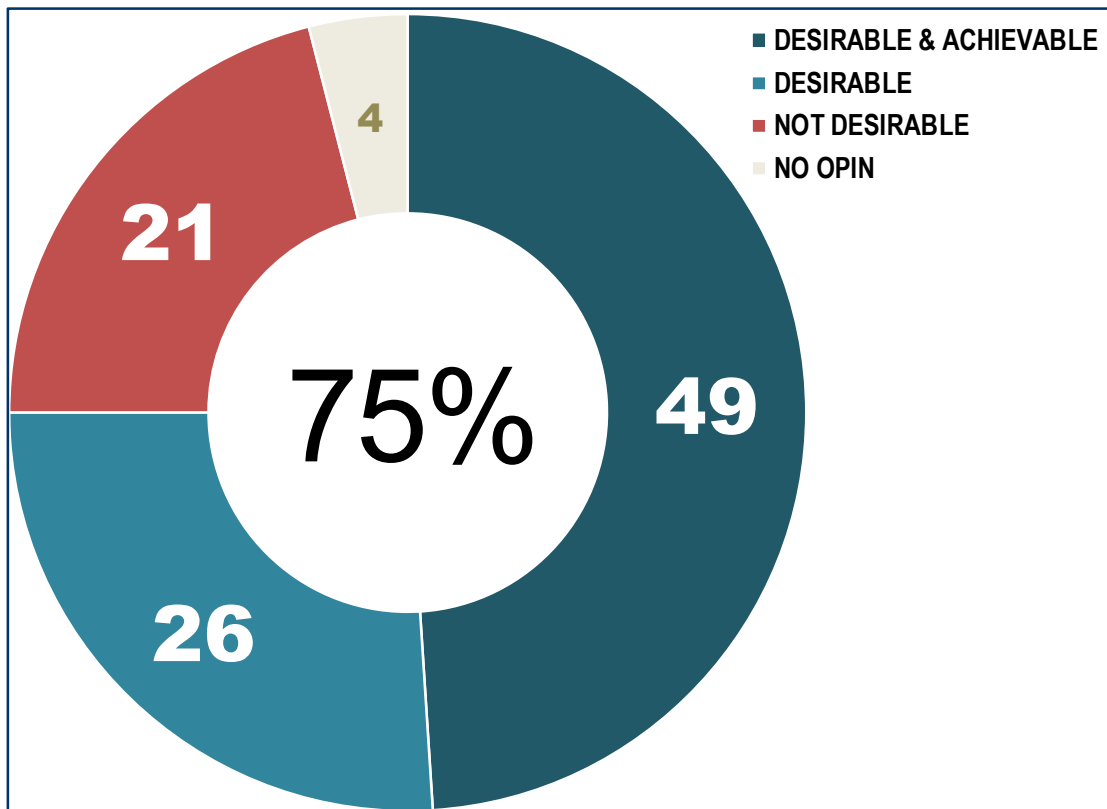
Q4: Among the industrialized nations of the world, the United States is the only one that does not have some form of universal lifetime health care for everyone. Why do you think the US does not have universal lifetime health care?

Nine in 10 respondents volunteered at least one reason why the US is the only industrialized nation that does not have some form a universal care. One in 3 gave more than one reason; the average was 1.3 responses per person.

- Resistance from entities in the existing system was cited by 40% of all respondents, with the top answer being that the entities in the existing system would lose money under a universal care system.
- Another 24% named reasons related to the political atmosphere in the country, including the divided nature of politics and the debate over socialism.
- There were differences between political categories:
 - Democrats were 3 times more likely than Republicans to cite system resistance (58% v. 20%, with 37% among Independents).



3 in 4 Said Universal Care in US is Desirable



Q5: There are several different ways universal care could be achieved, and I am going to ask you about some of these. But first, do you think that universal health care in the US is:

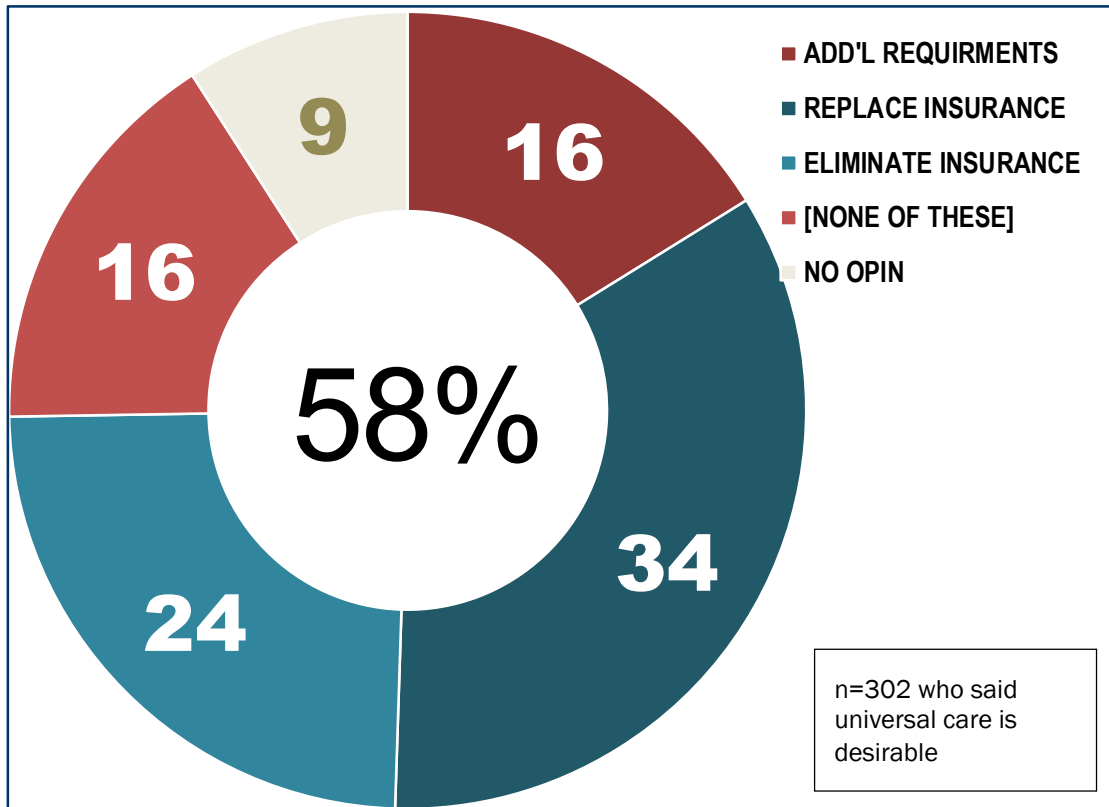
- Both Desirable and Achievable
- Desirable, but not Achievable
- Not Desirable

Three-quarters of respondents (75%) said that universal care is desirable, including half (49%) who think it is also achievable. Sizable majorities in every demographic category measured said that it was desirable. Differences showed up over whether it was achievable.

- 48% of Republicans said that universal care is desirable, although only 13% thought it was achievable;
 - 73% of Democrats said it was both desirable and achievable; as did 51% of Independents.
- Majorities (60%+) in every congressional district said it was desirable, but only in Districts 1, 3 and 5 was there a majority who thought it was achievable. (60%, 63% 53% respectively).
- Even 70% of those who rated the current system as “satisfactory” or “excellent” said universal care is desirable (v. 82% of those who rated the system “unsatisfactory” or “poor”).
- Belief that universal care is achievable went down with age, from 61% of those under 35 to 35% of those over 65;



Most Who Said Universal Care was Desirable Favored Replacing or Eliminating Private Health Insurance



Q6: [IF Q5 = DESIRABLE] Other countries use one of three basic methods to provide universal health care. Which of the following – if any – would you be more inclined to prefer if a universal system were proposed for Oregon?

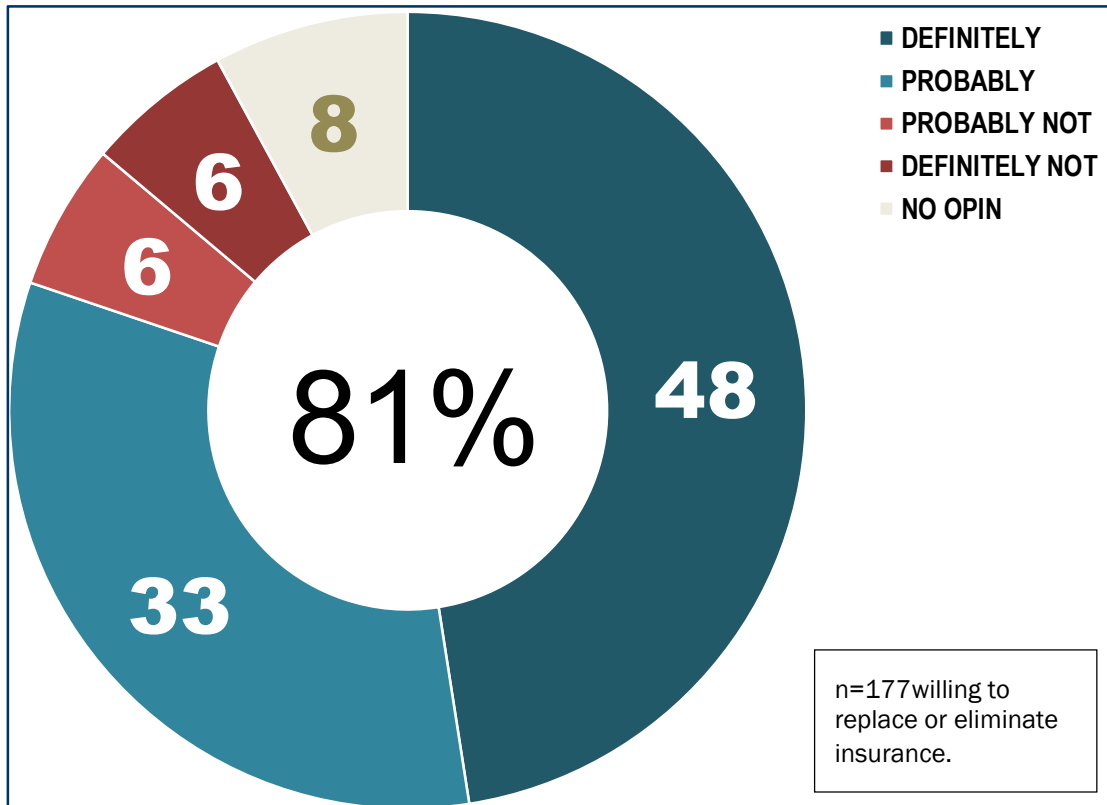
- Additional requirements on existing insurance.
- Replace existing insurance with insurance through a single public agency.
- Eliminate insurance and provide care through public hospitals and clinics.

Respondents who had said that universal care was desirable (n=302) were asked how best to achieve it.

- 58% were in favor of replacing existing insurance with a public system:
 - 34% favored replacing existing insurance with a single public agency; and 24% favored eliminating insurance and providing care through public hospitals and clinics.
 - That computes to 26% of *all* respondents in favor of the public insurance option and 18% in favor of the public hospital option.



Those Who Favor Replacing Private Insurance Willing to Pay New Tax Equal to Their Health Care Costs



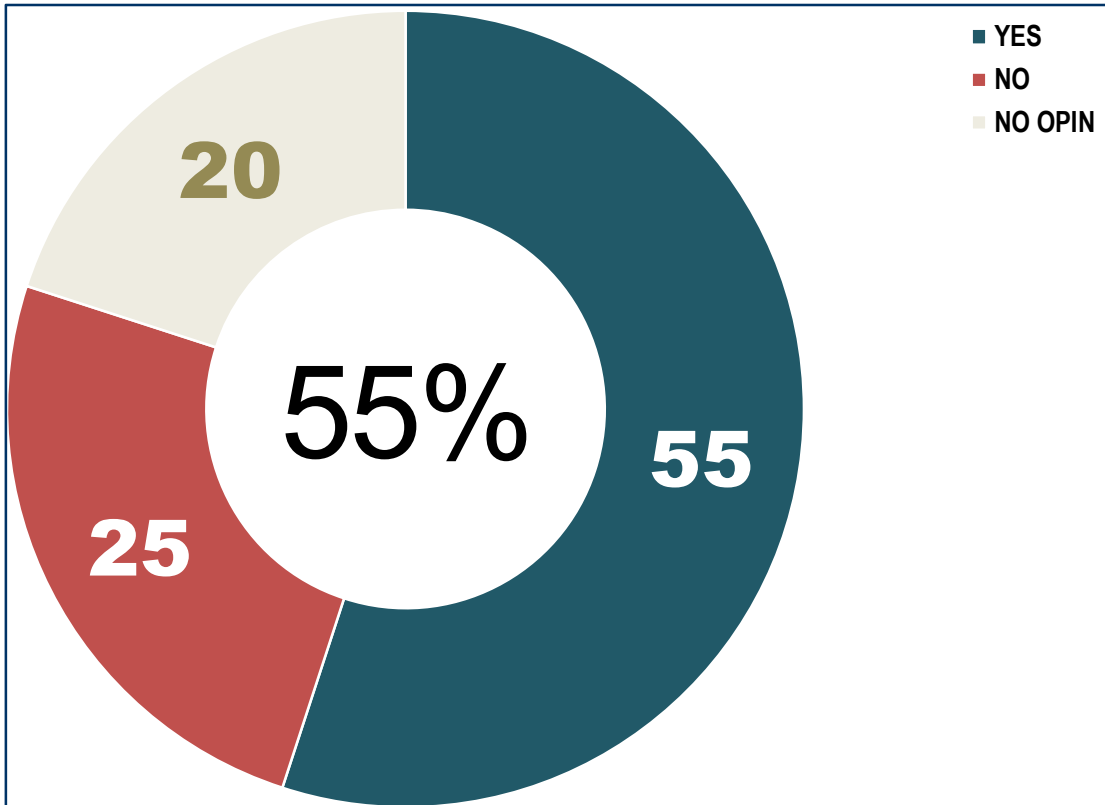
Q6.1: That option would eliminate insurance premiums, copays, and deductibles but would require a tax to replace them. Would you be willing to pay a new tax roughly equal to what you currently pay in premiums and other health care payments in order to provide universal health care? Would you say...

Respondents who had said they favored replacing or eliminating existing insurance to achieve universal care (n=177) were asked how willing they would be to pay a new state tax, roughly equal to their now-eliminated health care outlays,

- 81% would be “definitely” (48%) or “probably” (33%) willing to pay such a tax.
- That 81% computes to 36% of the total sample who:
 - 1) believed universal care is desirable;
 - 2) thought existing insurance should be replaced or eliminated; and
 - 3) were at least “probably willing” to pay a tax to equal to their health care outlays.
- Among this cohort, there were large majorities (60%+) in every demographic category willing to substitute the proposed tax for health care outlays.

*Universal Care*

Most Believed There is Enough Money in the System to Pay for Universal Care



Q7: Health care is paid for by a combination of many different private insurance plans, government programs, and individual's payments to health care providers. Some studies have concluded that, in total, there is enough money being spent on health care in Oregon to provide a universal health care system for everyone by eliminating the significant waste and paperwork of multiple rules and payment systems. Do you think this is accurate? Are enough total dollars are already being spent in the health care system to provide health care for everyone?

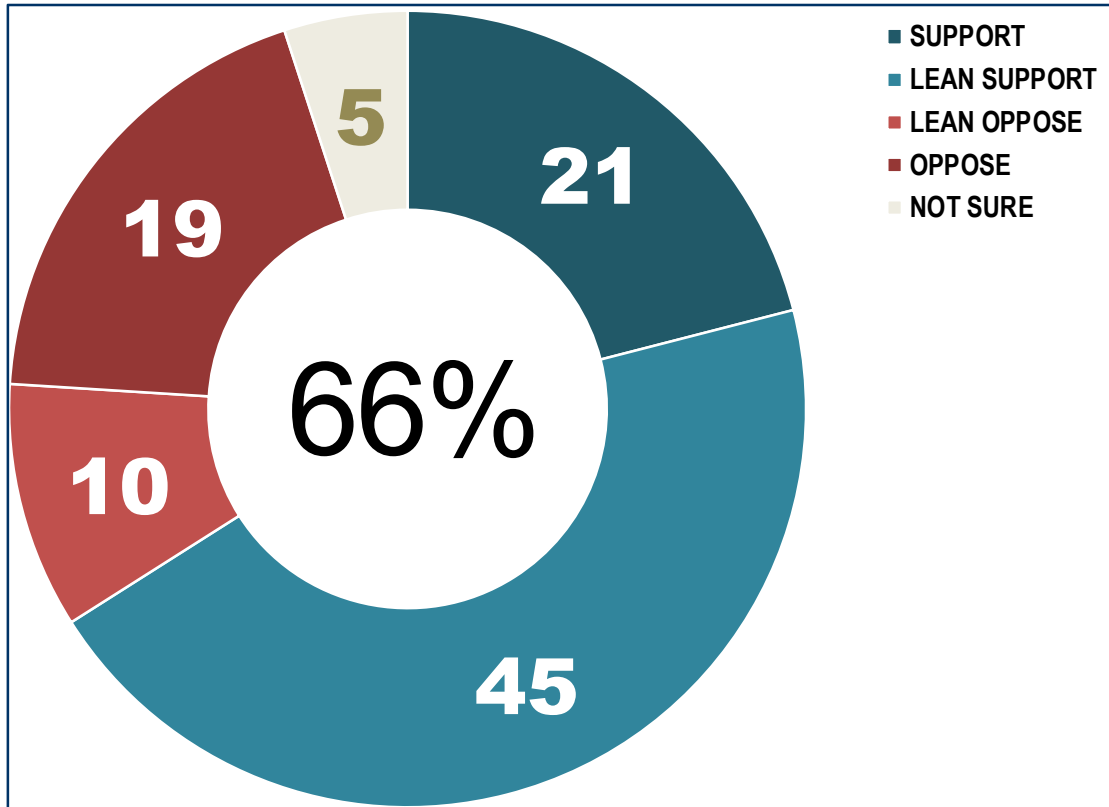
Most respondents (55%) believed there are enough total dollars are already being spent in the health care system to provide health care for everyone. One in 5 (20%) had no opinion.

- There was a majority in every category of respondent who said there is enough money in the system except:
 - Age 65+ (49%);
 - Republicans (48% v. 70% of Democrats);
 - Those employed in health care (47%);
 - Independents (46%);
 - Public employees (45% v. 60% in private sector);
 - Those who would not disclose their income (37%).
- In no category of respondent did a majority say there is not enough money in the system. They said either that there was enough or had no opinion.



Support for Proposals

2/3 Inclined to Support Universal Care Funded by New Tax to Replace Health Care Outlays



Q8: I am going to describe a proposal that could be placed on the ballot. It would establish full, lifetime health care – including vision, dental and hearing – for every person in Oregon. Under this plan, you would pay no direct medical costs – that is, no private insurance premiums, co-pays or deductibles. Instead, you would pay a new state health care tax, and a state agency would pay all medical costs.

Which of these statements best describes your initial reaction to this proposal?

- I would support it
- I am inclined to support it, but it depends on the details.
- I am inclined to oppose it, but it depends on the details.
- I would oppose it.
- Not Sure

Two-thirds of all respondents (66%) were inclined to support a new state health tax to “establish full, universal, lifetime health care” in Oregon. The tax would replace all individual direct medical costs. There was a majority inclined to support in every demographic category, except party affiliation. Overall:

- 21% said they would support it outright; 19% said they would oppose it.
- 55% said it would depend on the details. But in that 55%, 45% were inclined to support it and 10% were inclined to oppose it.

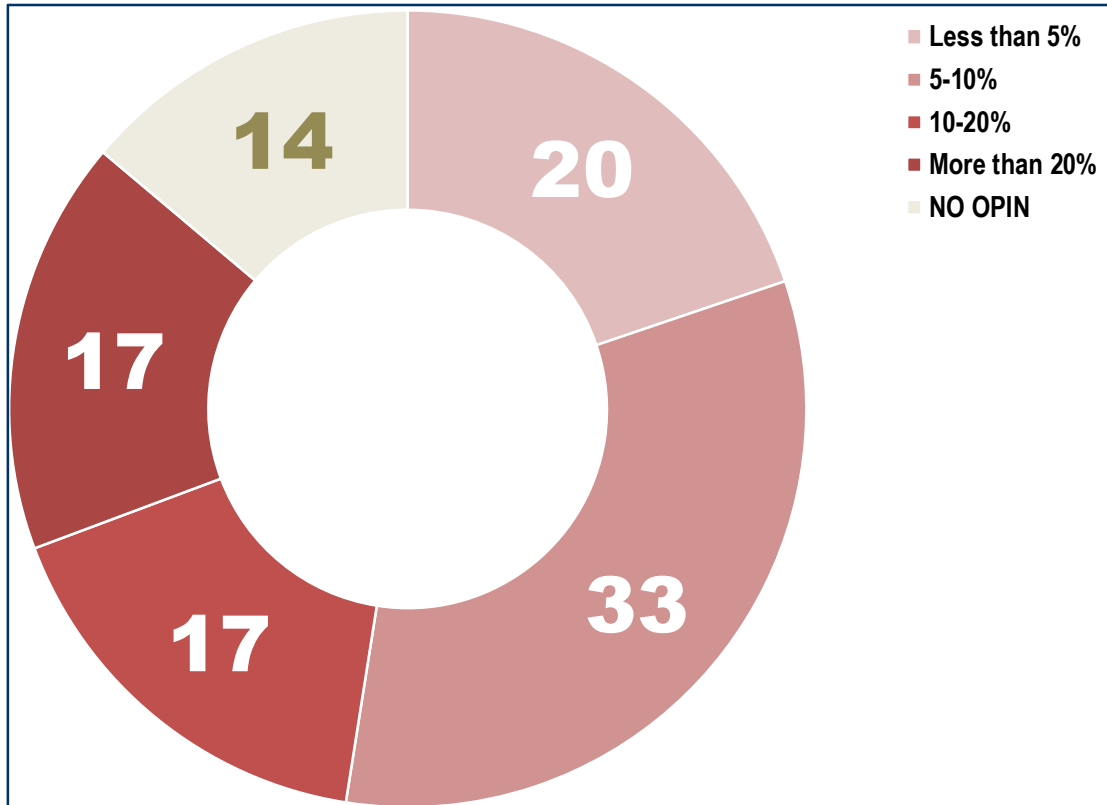
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- There was majority support in every Congressional District, but predictable differences among partisans:
 - 88% of Democrats were inclined to support the plan (32% without conditions);
 - 59% of Republicans were inclined to oppose (43% without conditions);
 - 64% of Independents were inclined to support (46% “depends on the details”).



Most Guess New Health Tax Would be Less than 10% of Income



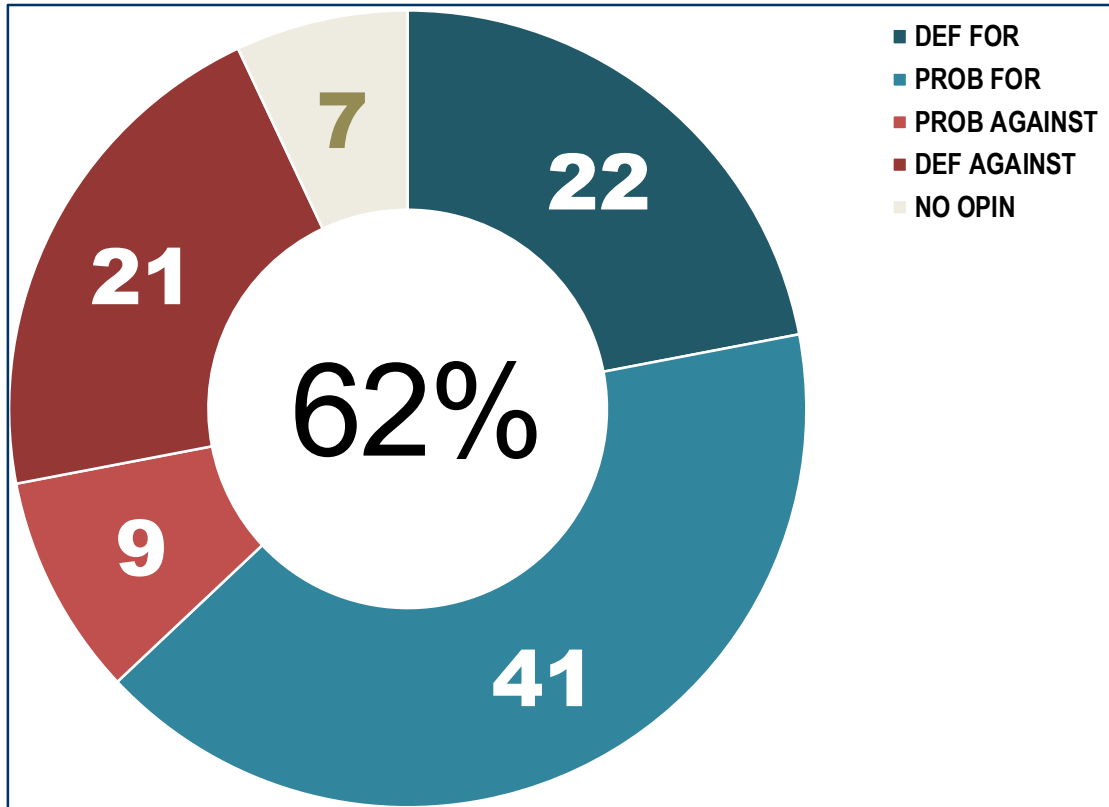
Q9: If you had to guess, how much of a tax would be required to replace all health care insurance premiums, copays and deductibles? As a percentage of income, would you expect that tax to be:

Estimations (guesses) of how much of a tax would be required to replace health care outlays were all over the board. However, a 53% majority thought that the amount would be 10% or less than of their income:

- 20% thought it would be less than 5%
33% said 5-10%;
17% said 10-20%; and
17% thought it would be more than 20% of their income.
- 14% did not hazard a guess.
- Estimations varied by somewhat demographic category:
 - 63% of those under age 50 thought it would be under 10%; while only 41% of those over 50 thought it would be that amount.
 - 26% of those with incomes over \$100,000 thought it would be over 20%; only 11% of those with incomes under \$50,000 thought it would be that high.
 - 61% of Democrats thought it would be under 10% (8% said over 20%)
39% of Republicans though it would be under 10% (32% said over 20%).



Most Inclined to Vote for New Health Tax to Replace Insurance and Provide Universal Care



Q10: Oregon households and businesses currently spend over 16 billion dollars a year on health care. The total amount raised by Oregon’s income tax is about 6 billion dollars. This means that funding universal health care for everyone in Oregon would require an additional health care tax of two to three times as much as you pay in state income tax.

However, under this plan, a typical household would pay less for the new tax than they currently pay in total for premiums and health care expenses. And everyone in the state would have healthcare.

People with employer-paid health care would pay less tax because employers who currently pay for insurance premiums would be required to pay part of the health care tax for their employees.

As things stand today, would you be inclined to:

- Definitely vote for such a proposal
- Probably vote for it
- Probably vote against it
- Definitely vote against such a proposal

Respondents were asked again how they would vote after being told that a new health tax likely would be 2-3 times as high as the state income tax. They were also told that, under this plan, “a typical household would pay less for the new tax than they currently pay” for total health care outlays, People with employer-paid health care would pay less tax because employers who currently pay for insurance premiums would be required to pay part of the health care tax for their employees, “and everyone in the state would have healthcare.”

- 62% were inclined to vote for such a plan, including 22% “definitely” for it.
- 30% would vote against it (22% “definitely.”)

CONTINUED ►



- There was some softening of support between the initial “vote” on the proposal (Q8) and this one (Q10).
 - Of those who supported the initial proposal without qualification (21%):
 - 58% “Definitely” would vote for this one;
 - 33% “Probably” would vote for it;
 - 7% would not vote for it
 - 2% were undecided.
 - Of those “inclined to support” the initial proposal (45%):
 - 20% said they would definitely vote for this one after learning the details;
 - 62% would “probably” vote for it;
 - 10% would not vote for it; and
 - 4% were undecided.
- The proposal details also generated some new support.
 - Of those initially inclined to oppose the proposal (10%):
 - 33% said they would “definitely” (8%) or “probably (25%) vote for this one;
 - 12% were undecided; and
 - 45% remained opposed.
- Not surprisingly, support for the measure was related to respondents’ estimations of the amount of the new health tax.
 - Of those who guessed the tax would be less than 10%,
 - 75% were inclined to vote for the proposal (24% “definitely”).
 - Of those who estimated the tax at 10-20%,
 - 62% were inclined to vote “yes” (25% “definitely”).
 - Of those who thought the tax would be more than 20%,
 - 72% would vote “no” (58% “definitely”).

Demographic Differences

The highest levels of support came from:

- People not employed, including students (84%);
- Private sector employees (75%) compared to 44% of self-employed;
- Voters under age 35 (88%)
Support for the proposal went down with age, from 88% of those under 35 to 44% of those over 65;
- Middle income (69% of those with incomes of \$50-100,000).

Current Health Insurance

People who rated their current coverage as “excellent” or “good” were less likely to support the proposal than those who rated their coverage as less than satisfactory. Interestingly, however, the highest level of support came from respondents who rated their coverage a “satisfactory”.

- The proposal was supported by:
 - 79% of those who rated their insurance as “satisfactory”;
 - 70% of those who rated their own coverage “unsatisfactory”;
 - 50% of those who rated it “excellent” or “good.”



- Those who pay entirely for their own health care insurance had the lowest level of support (51%) of any occupational category – the same proportion as those on Medicare (51%).
- Those who split their health care costs with an employer, on the other hand, had the highest level of support of any occupational category (73%).
- Support went up as confidence in one’s insurance went down, from: 46% of those “very confident” that their insurance would cover them, to 62% of those “somewhat confident” to 77% of those not confident at all.
- Support also went up as difficulty with current costs went up, from 47% who said their current health care costs were “reasonable,” to 64% who said they were “manageable,” to 80% who said health care costs constituted a hardship for them.

Political Differences

- 80% of Democrats were inclined to vote yes (34% “definitely”), vs. 31% of Republicans (51% said “definitely no”); and 66% of Independents.
- At least 55% supported the measure in every Congressional District, as did
- 60% of voters in state House Districts represented by Republicans.

Vote Propensity

Support for the proposal softened as likelihood of voting went up. The difference was mainly among those who said they would “probably” vote for it.

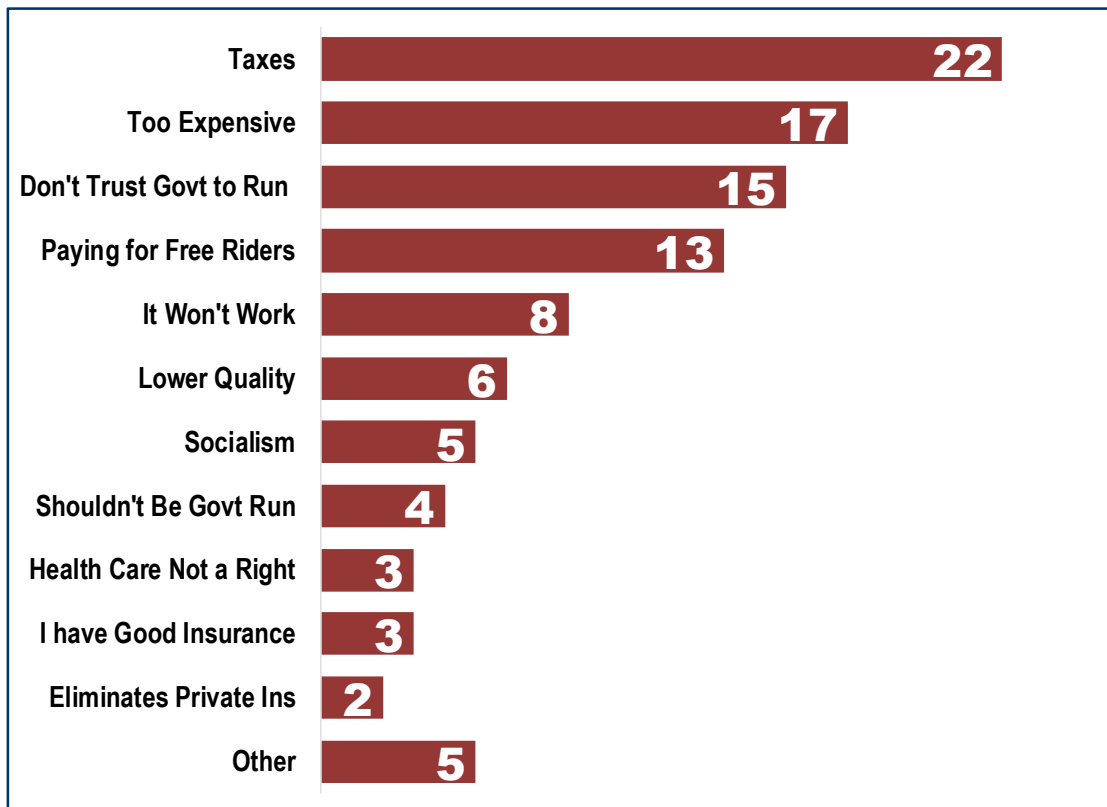
- 70% of those who had registered but not voted were inclined to vote yes; 23% “definitely”;
- 68% of “occasional voters” (voted in 1-2 of last 4 elections) would vote yes; 18% “definitely.”
- 55% of “likely voters” (3 or 4/4 votes) would vote yes; 24% “definitely.” (estimate of off-year election).
- 56% of “perfect voters” (voted in 4 of last 4 elections) would vote yes; 23% “definitely.” (estimate of special election).

In a presidential election, most of the “occasional voters” would be expected to turnout. So including all those who have voted at least once in the last four elections is an estimate of the presidential year electorate. Among those

- 61% would be inclined to vote for the proposal; 31% “definitely.”



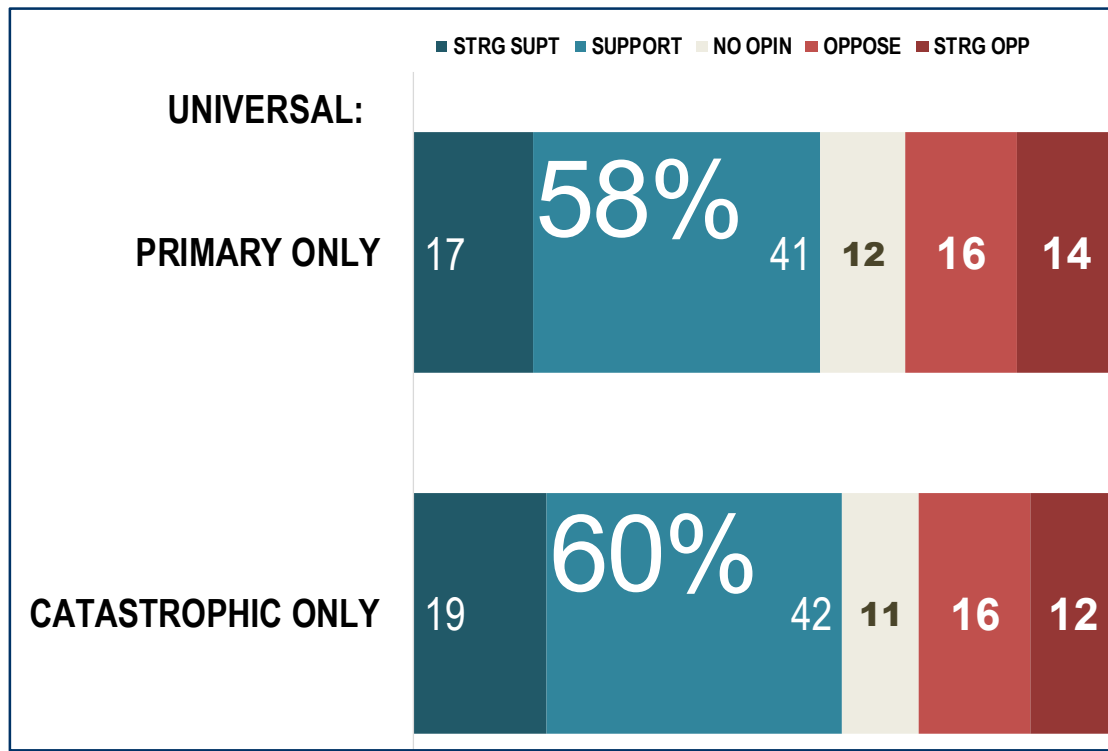
Taxes, Distrust of Gov't Main Reasons to Vote No



Q10,1: What is the main reason you would vote "No" [OPEN ENDED]

Not surprisingly, taxes topped the list of reasons why opponents would vote against the proposal. When opponents were asked in an open-ended question why they would vote "no":

- 22% volunteered higher taxes as their main reason, and another
 - 17% said it was too expensive, making cost the most-cited factor by far.
- Opposition to government-run health care was second, including
 - 15% who said they did not trust the government to run health care
 - 5% who said it would be socialism and
 - 4% who just said it should not be government-run.
- The idea of paying for people who don't pay into the system was also relatively high on the list at 13%.

**Most Favored Limited Versions of Universal Care**

Q11An alternative could be a limited universal care system that covers some services for everyone while existing insurance continues to cover the rest. The following are two proposals to extend medical coverage to everyone in Oregon for specific services.

For each proposal, the taxes would be about one-fourth as much as they would be for a complete universal care program, and insurance prices would go down because insurance would not have to cover all medical services.

- Establish a state program to cover routine primary medical care for everyone. Existing insurance would continue to cover all non-routine medical treatment.
- Establish a state program to cover treatment and screening for the most catastrophic medical conditions, such as cancer & diabetes, for everyone. Existing insurance would continue to cover other medical services.

Following the main proposal for universal health care, respondents were asked about two “limited universal care” alternatives. One would be universal care, but would cover only routine, primary medical care. The other would be universal but would cover only catastrophic medical conditions.

- Strong majorities supported each alternative, but notably, neither had quite as much support as full universal care.
 - 58% supported universal primary care (17% “strongly” supported it);
 - 60% supported universal catastrophic care (19% “strongly”).
- There were some shifts in both directions.
 - Of those who supported full universal care:
 - 15% opposed both universal catastrophic and primary care
 - Of those who opposed full universal care
 - 34% supported universal catastrophic care and
 - 26% supported universal primary care.



DISCUSSION

This survey found Oregon voters generally satisfied with their health care insurance and with the health care system, but open to a discussion of radical changes to make the system more affordable and accessible.

Nearly all of these respondents had health care insurance (92%) most of that coverage was paid for, at least in part, by an employer or the government (72%); and most found their coverage satisfactory or better (85%) .

So, what is the problem? The problem, as seen by these voters, has to do with the system. Satisfaction with one's own health insurance was not highly correlated with the evaluation of the health care system. Nine in 10 respondents rated more than one "major problem" with the health care system, led by cost, access and complexity. Funding of Medicare and the Oregon Health Plan were also rated as major problems by majorities of respondents.

In these voters' view, the high costs and lack of access they worry about are the result of the for-profit nature of the US health care system, driven largely by the greed of the insurance and pharmaceutical companies.

What's the solution? The solution explored in this survey was universal care – "full, lifetime health care for every person in Oregon."

Somewhat unexpectedly, the idea of universal care met with strong and widespread approval. Three-quarters of respondents said it was "desirable" including half who thought it was both "desirable and achievable."The overall finding was supported by the fact that majorities in every demographic and political category measured said universal care was desirable.

Is it achievable? More than half of these respondents believed there is enough money in the health care system to fund universal care, if those funds are reallocated.

These respondents were willing to consider sweeping changes in the system to achieve universal care and potentially lower costs.Three-quarters said universal care is desirable. More than half of those favored either replacing or eliminating existing insurance. More than three-quarters of *those* would be willing to tax themselves to bring it about.This amounts to just over one-third of respondents who said universal health care is desirable, thought existing insurance should be replaced or eliminated, and were inclined to tax themselves to make it happen. This one-thirdprobably represents the bedrock support for the proposal

The specific proposals had widespread support. By a 2:1 margin, respondents were more likely to support than oppose a new health tax in place of health care



premiums and other outlays, to fund a new state agency to administer the health care system. Most respondents said their position “depends on the details,” but in that group, those inclined to support the plan outnumbered those inclined to oppose it by 4:1.

Support softened somewhat when respondents were told that the new health tax likely would amount to “two or three times” the current state income tax but remained above 60% overall – still twice as high as the indications earlier in the survey. The strength of the support for universal care was reinforced by the slightly lower levels of support for “slimmed-down” proposals for universal primary care and universal catastrophic care.

Of course, this is not a vote. There is not even a proposal before the voters. It is easier to tell a pollster that one favors a new tax than it is to actually vote for one. And the large proportions of “probably’s” in the key questions indicates a large number of undecided or persuadable voters. These numbers could be expected to shift substantially as voters learn more about the proposals and hear competing messages over the course of a contested campaign.

The “probably yes” responses are the softest. There is a known bias in survey responses toward positive responses. Most people want to be helpful and agreeable, or at least to seem open-minded. Similarly, the “probably no” respondents may want to seem open-minded, but maybe just want to be polite.

For this reason, *arealpolitik* view of these “vote” questions would treat the “definitely yes” responses as support, combine the “definitely” and “probably no” answers into oppose, and treat the “probably yes” as persuadable or as latent support. They are inclined to support but are not convinced.

In this formula, opponents outnumber supporters by 3:2 (21% + 9% vs. 22%) with half of the voters in the “persuadable” column (41% + 7% “no opinion”). This presents a more expected view of the electorate.

Still, with 6 in 10 respondents open to a measure that would eliminate or replace private health care insurance, establish a new state agency and a new tax to fund it, these findings indicate a public ready to have that discussion.”

