Figure 1. Choice of Public and Private Plan Options

“A key issue is whether to include a new public health insurance plan choice for the under-65 population within the national insurance exchange. People buying coverage through the exchange would have the option to select either a private or a public plan. Members of Congress have proposed different approaches and regulatory strategies in designing this option. Do you think that the plans offered should include:”

- Both private and public plans: 69%
- Only public plans: 7%
- Only private plans: 20%
- Not sure: 4%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 2. Provider Payment Methods in a Public Plan

“If a public plan is offered, what do you think provider payment methods in the public plan should be based on?”

- New innovative payment methods that incorporate global fees for care over time or acute episodes of care rather than payment based solely on fees for individual services: 65%
- Medicare’s current methods and any modifications that build on this basic structure: 13%
- Whatever methods private plans elect to use and negotiate with providers: 13%
- Other: 7%
- Not sure: 3%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 3. Initial Level of Provider Payment in a Public Plan

“If a public plan is offered, at what level do you think provider payment in the public plan should initially be set?”

- Medicare levels: 20%
- Commercial plan levels: 13%
- Negotiated with providers: 27%
- Not sure: 2%
- Other: 6%
- Between Medicare and commercial plan levels: 31%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 4. Linking Providers’ Participation in a Public Plan with Participation in Medicare

“If a public plan is offered, do you think provider participation in the public plan network should be:”

- A condition of participating in Medicare: 45%
- Not linked to Medicare: 43%
- Not sure: 11%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 5. Triggering the Creation of a Public Health Insurance Plan

“Coverage expansions and insurance market reforms can be designed to slow the growth in health care costs. Please indicate the extent to which you support or oppose ‘triggering’ the creation of a public health insurance plan if certain expenditure targets to reduce health care costs are not met.”

- Strongly support: 15%
- Support: 23%
- Somewhat support: 18%
- Oppose: 19%
- Strongly oppose: 16%
- Not sure: 10%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 6. National Insurance Exchange Model

“A national insurance exchange might include strong oversight—including standards for participation—or operate largely as a Web-based clearinghouse for insurance plans that meet minimum benefit standards. Which model do you favor?”

- Limit the exchange to the operation of a clearinghouse Web site for people to choose plans. State insurance commissioners would have the authority to review or set standards for participating insurance plans: 25%
- Give the governing body of the exchange the authority to enforce standards of participation by carriers, standardize benefits, set rating rules, and review or negotiate premiums: 70%
- Not sure: 5%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
“There are different suggestions for a standard benefit package that would be required of individuals. Please indicate your favored approach to benefit standards.”

- The standard required benefit package should be similar to the FEHBP Standard Blue Cross Blue Shield option: 56%
- The standard required benefit package should be more generous than FEHBP: 3%
- The standard required benefit package should be less generous than the FEHBP Standard Blue Cross Blue Shield option: 35%
- There shouldn’t be a standard benefit package: 6%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 8. New Revenue Sources and Cost-Saving Strategies

“Financing coverage will require new revenue sources or significant cost savings within the system. Please indicate your level of support for each of the following approaches to financing expanded coverage.”

Increase the federal excise tax on alcohol, cigarettes, and sugar-sweetened drinks, and allocate revenues to health insurance trust fund

- Strongly support: 54%
- Support: 25%
- Total: 79%

Require employers to either offer coverage or pay percent of payroll

- Strongly support: 40%
- Support: 37%
- Total: 77%

Cap amount of employer-financed premiums that are exempt from federal income taxes for employees

- Strongly support: 33%
- Support: 26%
- Total: 58%

Increase federal marginal income tax rate or institute a new higher bracket for high-income households

- Strongly support: 27%
- Support: 19%
- Total: 46%

Institute a “luxury” sales tax dedicated to health insurance trust fund

- Strongly support: 17%
- Support: 21%
- Total: 38%

Assess an income tax surcharge that would be earmarked for health insurance trust fund

- Strongly support: 12%
- Support: 18%
- Total: 30%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 9. Health Care Cost-Reduction Options

“Coverage expansions and insurance market reforms can be designed to slow the growth in health care costs. Please indicate the extent to which you support or oppose each of the following strategies to reduce health care costs.”

1. Require all private insurers to report revenues, profits before taxes, and administrative expenses and the amount paid out in claims, using a common format
   - Strongly support: 50%
   - Support: 28%
   - Total: 78%

2. Allow public and private payers to jointly negotiate prescription drug prices with pharmaceutical companies
   - Strongly support: 40%
   - Support: 33%
   - Total: 72%

3. Set limits on payments to high-cost providers and/or overvalued services
   - Strongly support: 36%
   - Support: 36%
   - Total: 71%

4. Allow public and private payers to jointly negotiate provider payment rates with full public disclosure of price and payment methods
   - Strongly support: 24%
   - Support: 37%
   - Total: 61%

5. Offer capitation or global fees to accountable care organizations and limit inflation updates for providers not part of such organizations
   - Strongly support: 26%
   - Support: 33%
   - Total: 58%

6. Limit inflation updates for providers in high-cost geographic areas
   - Strongly support: 18%
   - Support: 30%
   - Total: 48%

7. Require all payers to eliminate any form of fee-for-service payment to health care providers by 2020, substituting capitation, global fees, or...
   - Strongly support: 19%
   - Support: 23%
   - Total: 42%

8. Set an expenditure target on growth in Medicare outlays, enforced by adjusting fees to all providers
   - Strongly support: 9%
   - Support: 20%
   - Total: 29%

9. Set an expenditure target on growth in public and private health care outlays, enforced by adjusting fees to all providers
   - Strongly support: 11%
   - Support: 18%
   - Total: 29%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
“Disabled adults who begin receiving cash benefits from the Social Security Disability Insurance program must wait two years before receiving Medicare benefits. Please indicate the extent to which you support or oppose ending this two-year waiting period for Medicare coverage.”

- **Strongly support** 46%
- **Support** 26%
- **Somewhat support** 11%
- **Oppose** 8%
- **Strongly oppose** 3%
- **Not sure** 6%

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.
Figure 11. The Urgency of Action on Health Care Reform

“What is your view regarding the urgency of action on health reform?”

- **It is urgent to enact comprehensive health reform this year** (68%)
- **The dire economic and fiscal situation requires that health reform be postponed** (6%)
- **The Administration and Congress should make a down payment on health reform this year, covering the most vulnerable uninsured** (21%)
- **Other** (4%)

Source: Commonwealth Fund Health Care Opinion Leaders Survey, June 2009.