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**Job 22434\_B**

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**The Commonwealth Fund Panel of Expert January Poll (The Commonwealth Fund)**

**TITLE FOR INITIAL SURVEY PAGE: The Commonwealth Fund Health Care Opinion Leaders Survey—Health Insurance Issues, February 2005**

**Field Period: 2/3/05-2/15/05**

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**SUBJECTS FOR QUESTIONNAIRE**

300: Preloaded variables and Introduction  
400: Health Care Insurance: Goals for the Next 10 Years  
500: Future of Employer-Provided Coverage  
600: Group Purchasing Options for Small Employers  
700: Individual Mandates  
800: Health Savings Accounts  
900: State Public Program Expansion  
1000: Demographics

**Proprietary Questions Not To Be Released:** ALL

**Harris Interactive-approved Results Items:** N/A

**Use of Instant Results System:** NO

**Harris Interactive-approved Soft Exit Items:** N/A

**Survey Progress Bars:** Dynamic

**Number of Response Equivalents (REs):** 20

**Estimated Survey Duration:** 10 minutes

**Survey Template:** HI CORPORATE

**TTT Code (Q23):** 079922

**Survey Description:** Survey on opinion leaders in the health care field

**Demographics Template:** CUSTOM

[PROGRAMMER NOTE: PLEASE ENSURE THAT ALL MISSING DATA IS REPRESENTED IN SPSS DATA SET AS OUT OF RANGE NEGATIVE NUMBERS]

**SECTION 300: PRE-LOADED VARIABLE AND INTRODUCTION**

**BASE: PRELOADED: ALL RESPONDENTS**

**Q300** (QV7) Fund List

1	Academic and Research Institution	49
2	Government	6
3	Health Care Delivery	12
4	Other Industry/Business Setting	6
5	Pharmaceutical Industry	2
6	Professional Trade, Consumer Organization	16
99	MISSING	8

**BASE: PRELOADED ALL RESPONDENTS**

**Q303** (QV8) EMAIL ADDRESS

**BASE: PRELOADED ALL RESPONDENTS**

**Q305** (QV9) FULL NAME

**BASE: ALL RESPONDENTS**

**QV10** SAMPLE ID

**BASE: ALL RESPONDENTS**

**Q305** <center><font size=-1><l>The progress bar below indicates approximately<BR>what portion of the survey you have completed.</l></font></center>

Thank you for participating in the second Commonwealth Fund Health Care Opinion Leaders Survey. We would like to ask for your input on a few timely questions regarding health insurance issues. Your responses will be reported in the aggregate only and will never be linked to you personally.

**SECTION 400: Insurance Focus**

**BASE: ALL RESPONDENTS**

**Q410 Health Care Insurance: Goals for the Next 10 Years**

Health care costs, market pressures, and public and private policies are changing insurance coverage in the U.S. For each of the following, please indicate what you would see as **both an achievable and a desirable** target or goal for policy action for the next 10 years.

Q411		
[RANGE: 0-100]		Both an Achievable and a Desirable Goal in 10 Years
		<b>Median</b>
1	The proportion of under-65 population that has no health insurance (now about 18%)	8
2	Total cost of health care as a percentage of GDP (now about 15%)	16
3	Percent of under-65 population with employer-provided insurance (now about 63%)	65
4	Percent of under-65 <u>privately insured</u> population with a deductible of \$1000 or more (now about 7%)	11
5	Percent of the population with a Health Savings Account (now less than 1%)	5

**BASE: ALL RESPONDENTS**

**Q420** What do you think is the maximum percentage of income a consumer should spend for out-of-pocket health care expenses and premiums?

[RANGE: 0-99]

**MEDIAN = 9%**

<b>SECTION 500: FUTURE OF EMPLOYER-SPONSORED-COVERAGE</b>
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**BASE: ALL RESPONDENTS**

**Q500 Future of Employer-Sponsored Coverage**

About 160 million Americans get health insurance coverage through their employers, who spend more than \$400 billion on such benefits. Would you favor or oppose each of the following options for such coverage in the future? <Font color=blue> Please consider each option in isolation.</font color>

Q501

	1	2	8	9
	<u>Favor</u>	<u>Oppose</u>	<u>Not Sure</u>	<u>Decline to Answer</u>
[Randomize]				
01 All employers should be required to offer and help finance health benefits for workers and their families.	52	32	16	-
02 All employers who do not provide benefits should contribute to a fund to insure workers and their families.	70	19	11	-
03 Employers should be given incentives to provide insurance that meets minimum standards. Incentives could include access to reinsurance, group-purchased favorable rates or some type of tax credit	82	12	6	-
04 Low-wage workers should receive tax credits or other subsidies to help them enroll in employer plans.	79	11	9	1
05 Employers should be allowed to buy into Medicaid/SCHIP coverage for their employees.	60	20	21	-
06 Employer coverage should be replaced with a single-payer plan, with current employer premium contributions redirected to help pay for coverage.	42	40	17	1
07 Employer-sponsored coverage should be allowed to continue to decline, with no policy efforts to stem this trend.	12	75	13	-

**SECTION 600: Group Purchasing Options for Small Employers**

**BASE: ALL RESPONDENTS**

**Q600 Group Purchasing Options for Small Employers**

Congress has considered various strategies to help small employers and the self-employed join together to buy health benefits and share the advantages of larger group purchasing. Do you favor or oppose the following strategies to achieve this goal?

[RANDOMIZE]

Q601

	1	2	8	9
	<u>Favor</u>	<u>Oppose</u>	<u>Not Sure</u>	<u>Decline to Answer</u>
01 Association Health Plans (AHPs): Some proposals would make it easier to form AHPs by making them subject to federal oversight and exempting these plans from state-mandated benefits, financial reserve requirements, and other state regulations on premiums, underwriting, and eligibility for coverage or renewal.	33	50	16	1
02 Federal Employees Health Benefits Plan (FEHBP)-like options: These would let individuals and small businesses buy into the FEHBP or a new parallel program with similar plan choices.	84	6	10	-

**BASE: ALL RESPONDENTS**

**Q610** Thinking about Association Health Plans (AHPs) and Federal Employees Health Benefits Plan-like options (FEHBPs), which would be more effective in achieving each of the following goals?

Q611

	1	2	3	4
	<u>AHPs Are More Effective</u>	<u>FEHBP-Like Are More Effective</u>	<u>Neither Is Effective</u>	<u>Both Are Equally Effective</u>
01 Expand coverage to uninsured Workers	10	48	18	16
02 Avoid risk segmentation	4	57	20	13
03 Provide greater value for premium dollars for employers and employees	5	59	11	18
04 Provide more essential benefits	2	59	9	22
05 Expand health plan choices	8	58	7	20
06 Cut costs to employers and employees	11	32	32	18

<b>SECTION 700: Individual Mandates</b>
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**BASE: ALL RESPONDENTS**

**Q700 Individual Mandates**

Some proposals to expand health coverage would require all individuals to buy insurance, with federal premium assistance available to make that more affordable for low-income uninsured. Acknowledging such issues as availability and affordability, do you favor or oppose the general concept of individual mandates?

01	Favor	57
02	Oppose	24
08	Not sure	17
09	Decline to answer	1

**BASE: ALL RESPONDENTS**

**Q710** Assuming individual mandates were likely, with some type of premium assistance, which one of the following approaches do you favor most for improving availability of coverage?

01	Give the uninsured a choice of enrolling in a federal group plan (e.g., a FEBHP-like option) at community, group rates. Anyone failing to do so would automatically be enrolled in the state Medicaid/SHIP program and assessed an income-related premium.	50
02	Mandate coverage and offer a federal group option (e.g., a FEBHP-like option) or some other group option in each state. There would be <font color=blue>no</font color> default plan.	18
03	Mandate coverage with no federal group plan and allow each state to determine group and default options, subject to some minimum benefit guidelines.	6
04	Mandate coverage but leave it to the market to decide how people find insurance.	5
07	None of these	9
08	Not Sure	11
	Not Answered	1

**SECTION 800: Health Savings Accounts**

**BASE: ALL RESPONDENTS**

**Q800 Health Savings Accounts**

Congress recently enacted legislation allowing consumers to set up tax-protected Health Savings Accounts (HSAs). These would be available to anyone with health insurance with a deductible of \$1,000 or higher for an individual, and \$2,000 or higher for a family.

Those supporting HSAs see them as a way to cut costs and make high-deductible plan coverage more widely available. Do you favor or oppose HSAs as the centerpiece of such an effort?

01	Favor	22
02	Oppose	62
08	Not sure	14
09	Decline to answer	2
	Not answered	1

**SECTION 900: State Public Program Expansion**

**BASE: ALL RESPONDENTS**

**Q900 State Public Program Expansion**

A different strategy to expand health coverage would be to provide new federal matching funds to support state efforts to expand state Medicaid and SCHIP programs to low-income adults and families. One option would expand eligibility to everyone with incomes under 150% of poverty (\$14,360 in 2004 if single and \$18,482 in 2004 if a two-person family).

Do you favor or oppose such an approach?

01	Favor	68
02	Oppose	18
08	Not sure	12
09	Decline to answer	*
	Not answered	1

<b>SECTION 1000: Demographics</b>
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**BASE: ALL RESPONDENTS**

**Q1100** How would you describe your current employment position? <font color=blue>Please select all that apply.</font >

[MULTIPLE RESPONSE]

1	Policy analyst	23
2	Researcher/Professor/Teacher	40
3	Dean or department head	5
4	Policymaker or policy staff (federal)	5
5	Policymaker or policy staff (state)	3
6	CEO/President	22
7	Management/Administration	11
8	Lobbyist	4
9	Consultant	12
10	Regulator	*
11	Physician	22
12	Other health care provider (not physician)	2
13	Consumer advocate	4
14	Health care purchaser	5
15	Foundation officer	4
16	Retired	5
96	Other [ASK Q1105]	4

**BASE: RESPONDENTS WHO ARE IN "OTHER" EMPLOYMENT POSITION (Q1100/96)**

**Q1101** Please describe your current employment position.

[TEXT BOX]

**BASE: ALL RESPONDENTS**

**Q1110** Which of the following best describes the type of place or institution for which you work or, if retired, last worked? <font color=blue>Please select all that apply.</font >

PROG. NOTE: DO NOT RANDOMIZE

[MULTIPLE RESPONSE]

Academic and Research Institutions (NET)		<b><u>58</u></b>
1	Medical, public health, nursing, or other health professional school	31
2	University setting not in a medical, public health, nursing, or other health professional school	12
3	Think tank/Health care institute/Policy research institution	16
4	Foundation	5
5	Medical publisher	1
Government (NET)		<b><u>7</u></b>
6	Staff for a state elected official or state legislative committee	1
7	Staff for a federal elected official or federal legislative committee	*
8	Non-elected state executive-branch official	2
9	Non-elected federal executive-branch official	4
10	Staff for non-elected state executive-branch official	*
11	Staff for non-elected federal executive-branch official	*
Professional, Trade, Consumer Organizations (NET)		<b><u>16</u></b>



12	Medical society or professional association or organization	7
13	Allied health society or professional association or organization	2
14	Hospital or related professional association or organization	3
15	Health insurance and business association or organization	3
16	Pharmaceutical/Medical device trade association organization	-
17	Labor/Consumer/Seniors' advocacy group	3
Health Care Delivery (NET)		<b><u>19</u></b>
18	Hospital	6
19	Nursing home/Long-term care facility	1
20	Clinic	4
21	Physician practice/Other clinical practice (patient care)	5
22	Health insurance/Managed care industry	7
Pharmaceutical Industry (NET)		<b><u>2</u></b>
23	Drug manufacturer	2
24	Device company	-
25	Biotech company	*
Other Industry/Business Settings (NET)		<b><u>20</u></b>
26	CEO, CFO, Benefits Manager	4
27	Polling organization	*
28	Health care consulting firm	7
29	Health care improvement organization	4
30	Accrediting body and organization (non-governmental)	1
96	Other [ASK Q 1111]	5

**BASE: RESPONDENTS WHO WORK FOR "OTHER" INSTITUTION (Q1110/96)**

**Q1111** What other type of place or institution do you work for?

[TEXT BOX]

**BASE: ALL RESPONDENTS**

**Q1500** All responses to this and future surveys will be kept confidential. Results will be reported to the Commonwealth Fund in such a way that no responses can be attributed to any individual.

In reporting the results of these surveys, the Commonwealth Fund would like to highlight the fact that the survey sample is made up of an authoritative collection of experts with a wide range of affiliations and perspectives.

For that purpose, may the Commonwealth Fund list your name as a **participant in this survey?**

1	Yes	87
2	No	13

**BASE: ALL RESPONDENTS**

**Q60** Status of Respondent (Does not appear on screen)

[PROGRAMMER NOTE: EVERYBODY MEETS CRITERIA FOR A STUDY]

- 1 Qualified Complete (RESPONDENT who completed survey Q1500)
- 6 Not Qualified (ALL OTHERS)

[PROGRAMMER NOTE: PLEASE USE STANDARD HARRIS TEXT FOR RESPONDENTS WHO SUSPEND BEFORE COMPLETION OF SURVEY]

[PROGRAMMER NOTE: PLEASE INCLUDE THIS TEXT ON THE THANK YOU PAGE WITH NO LOYALTY OR RETENTION LINKS.]

This completes the survey. Your answers have been recorded. <p>

Thank you very much for taking the time to participate in this survey.

[ALSO INCLUDE THE SURVEYHELP DESK AND UNSUBSCRIBE LINKS BUT NO HARRIS POLL ICONS.]