TITLE FOR INITIAL SURVEY PAGE: The Commonwealth Fund Health Care Opinion Leaders Survey

Field Period: TBD

SUBJECTS FOR QUESTIONNAIRE
200: Preloaded variables
400: Introduction
500: Medicare Part D
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: 5 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 200: PRE-LOADED VARIABLE

BASE: ALL RESPONDENTS
Q200 (QV7) Fund List
   1 Academic and Research Institution
   2 Government
   3 Health Care Delivery
   4 Other Industry/Business Setting
   5 Pharmaceutical Industry
   6 Professional Trade, Consumer Organization
   99 MISSING [DO NOT DISPLAY]

BASE: Preloaded all respondents
Q203 (QV8) email address

BASE: preloaded all respondents
Q205 (QV9) Full Name

BASE: All RESPONDENTS
Q210 QV10 Sample ID
Thank you for participating in the Commonwealth Fund Health Care Opinion Leaders Survey. We would like to ask for your input on a few timely questions regarding Medicare Part D. Your responses will be reported in the aggregate only and will never be linked to you personally.

Prescription drug coverage under Medicare Part D became available to all beneficiaries for the first time beginning on January 1, 2006 and beneficiaries were required to sign up by May 15. Now that the first-ever Part D enrollment period has ended, how much do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enacting Medicare Part D was, on balance, good for beneficiaries.</td>
<td>21%</td>
<td>47%</td>
<td>16%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Making Medicare drug coverage available through private plans only was, on balance, good for beneficiaries.</td>
<td>11%</td>
<td>19%</td>
<td>32%</td>
<td>31%</td>
<td>7%</td>
</tr>
<tr>
<td>The current benefit structure, which includes a coverage gap (or “doughnut hole”), during which beneficiaries are fully responsible for covered drug costs in excess of an initial threshold until they reach a maximum of $3,600 in out-of-pocket costs, will, on balance, help beneficiaries who are most vulnerable to high drug costs.</td>
<td>7%</td>
<td>29%</td>
<td>32%</td>
<td>27%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**BASE: ALL RESPONDENTS**

Q503 Congress is reconsidering the penalty for failing to enroll in the new prescription drug program by the May 15 deadline. Which of the following actions would you prefer Congress to take?

[RANDOMIZE]

1. Leave the deadline and the penalty in place. 8%
2. Leave the deadline in place, but allow people to enroll in the program next year without penalty. 39%
3. Extend the enrollment deadline and remove the penalty. 51%
4. None of these. (ANCHOR) (E) 3%
BASE: ALL RESPONDENTS
Q505 Many Medicare beneficiaries have reportedly been confused by the complexity of the Part D benefit and the number of plans among which they have to choose. Which of the following approaches would you recommend to address this issue? Please select all that apply.

[PROGRAMMER: ALLOW MULTIPLE RESPONSE; RANDOMIZE]
1. The system should be left as is. (E) (ANCHOR as 2nd to last item) 2%
2. Better information on the available choices should be provided to beneficiaries. 69%
3. Plans should be required to use the same terms to describe the same benefits (cost sharing, formulary structure, etc.). 88%
4. Benefits should be more standardized to reduce the variation among plans. 77%
5. Medicare should limit the number of plans available in each area. 43%
6. None of these. (ANCHOR) 3%

[PROGRAMMER: BANK Q510 AND Q515 ON THE SAME PAGE]

BASE: ALL RESPONDENTS
Q510 To what extent do you favor/oppose the following proposed changes in the Medicare drug benefit program (assuming that increased financing were available)?

<table>
<thead>
<tr>
<th>Change</th>
<th>Strongly Favor</th>
<th>Favor</th>
<th>Oppose</th>
<th>Strongly Oppose</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow plans to offer coverage through the coverage gap as an option to</td>
<td>26</td>
<td>53</td>
<td>8</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>the enrollee, with an additional premium, without pushing back the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>catastrophic coverage threshold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill in the coverage gap (“doughnut hole”) by some combination of</td>
<td>32</td>
<td>39</td>
<td>14</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>increased co-payments and additional government funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raise the income level needed to qualify for a low-income subsidy</td>
<td>26</td>
<td>36</td>
<td>21</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>(135% or 150% of poverty, depending on the level of the subsidy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eliminate the assets test needed to qualify for a low-income subsidy</td>
<td>29</td>
<td>28</td>
<td>24</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>($7,500 or $11,500 for an individual and $12,000 or $23,000 for a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>couple, depending on the level of the subsidy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BASE: ALL RESPONDENTS
Q515 Please select which change, if any, would be your highest priority.

[PRESENT LIST IN SAME ORDER AS Q510].

1. Eliminate the assets test needed to qualify for a low-income subsidy 27%
   ($7,500 or $11,500 for an individual and $12,000 or $23,000 for a couple, depending on the level of the subsidy).
2. Raise the income level needed to qualify for a low-income subsidy 14%
   (135% or 150% of poverty, depending on the level of the subsidy).
3. Fill in the coverage gap (“doughnut hole”) by some combination of 31%
   increased co-payments and additional government funding.
4. Allow plans to offer coverage through the coverage gap as an option 31%
   to the enrollee, with an additional premium, without pushing back the
catastrophic coverage threshold. 16%
5 None of these (ANCHOR) 10%

**BASE: ALL RESPONDENTS**

Q520 One alternative to the current policy would be to make prescription drug coverage available as part of the Medicare program, rather than only through private plans. To what extent do you favor/oppose each of these proposed options?

<table>
<thead>
<tr>
<th>Alternative</th>
<th>Strongly Favor</th>
<th>Favor</th>
<th>Oppose</th>
<th>Strongly Oppose</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer a comprehensive benefits option that combines all Medicare benefits in one package as an alternative to having to supplement basic Medicare coverage with both private drug plan coverage and Medigap insurance</td>
<td>46</td>
<td>32</td>
<td>11</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Offer an alternative option for prescription drug coverage through the traditional Medicare program, in addition to private plans under Part D</td>
<td>32</td>
<td>32</td>
<td>18</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Leave the current situation as is, with prescription drug coverage available on a voluntary basis through private plans in Part D</td>
<td>7</td>
<td>11</td>
<td>44</td>
<td>24</td>
<td>6</td>
</tr>
</tbody>
</table>

**BASE: ALL RESPONDENTS**

Q525 How much do you favor or oppose giving Medicare the authority to negotiate prices for drugs provided to Part D enrollees?

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly Oppose</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Oppose</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Favor</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Strongly Favor</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t Know</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 1000: Demographics

BASE: ALL RESPONDENTS

Q1100 How would you describe your current employment position? Please select all that apply.

[MULTIPLE RESPONSE]

1. Policy analyst 28%
2. Researcher/Professor/Teacher 29%
3. Dean or department head 6%
4. Policymaker or policy staff (federal) 2%
5. Policymaker or policy staff (state) 2%
6. CEO/President 15%
7. Management/Administration 16%
8. Lobbyist 3%
9. Consultant 13%
10. Regulator -
11. Physician 14%
12. Other health care provider (not physician) 2%
13. Consumer advocate 7%
14. Health care purchaser 4%
15. Foundation officer 8%
16. Investment analyst -
17. Retired 6%
96. Other [ASK Q1101] 3%
Not Answered 1%

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 describe the type of place or institution for which you work or, if retired, last worked? Please select all that apply.

[PROG. NOTE: DO NOT RANDOMIZE]

[MULTIPLE RESPONSE]

%  

Academic and Research Institutions 54  
Medical, public health, nursing, or other health professional school 27  
Think tank/Health care institute/Policy research institution 18  
University setting not in a medical, public health, nursing, or other health professional school 7  
Foundation 9  
Medical publisher 1  

Business/Insurance/Other Health Industry 23  
Health care consulting firm 7  
Health insurance/managed care industry 5  
CEO, CFO, Benefits Manager 3  
Drug manufacturer 3  
Health care improvement organization 3
Accrediting body and organization (non-governmental) 1
Biotech company 1
Device company 1
Polling organization 1
Health insurance and business association or organization 1
Pharmaceutical/Medical device trade association organization 1

**Health Care Delivery**
- Medical society or professional association or organization 9
- Hospital 6
- Physician practice/Other clinical practice (patient care) 4
- Hospital or related professional association or organization 4
- Clinic 3
- Nursing home/Long-term care facility 1
- Allied health society or professional association or organization 1

**Other**
- Labor/Consumers/Seniors' advocacy group 6
- Staff for a federal elected official or federal legislative committee 2
- Non-elected federal executive branch official 1
- Staff for non-elected federal executive branch official -
- Non-elected state executive branch official 1
- Staff for a state elected official or state legislative committee 1
- Staff for elected non-federal executive branch official (repeat) -
- Staff for non-elected state executive branch official 1
- Other 4

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

**Q1111** For what other type of place or institution do you work?

[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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Not Answered</td>
</tr>
</tbody>
</table>
BASE: ALL RESPONDENTS

Q60 Status of Respondent (Does not appear on screen)

[PROGRAMMER NOTE: EVERYBODY MEETS CRITERIA FOR STUDY]

(159)

1 Qualified Complete (RESPONDENT who went through entire survey and answered at least 1 question)
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.]