



# **Post-Election Symposium: Health Care Policy in 2017**

## **Panel 1: Election Results and Health Care Public Opinion**

**Alliance for Health Reform**

**November 16, 2016**



The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

Marilyn Serafini: I'm Marilyn Serafini, I'm with the Alliance for Health Reform and I'd like to thank you all for being here today. We are very excited to be having this discussion today. Everyone is so eager to, now that the election is behind us, we're all extremely eager to hear about what health care policy is going to look like moving forward.

This fall, the Alliance for Health Reform kicked off the celebration of our 25th anniversary year. Today's conversation is the first in a special 25th anniversary series that we're conducting to inform the health care policy conversation and to advance the discussion. In 2017, in addition to our regular briefings and gatherings, we're going to be hosting a series of summits focused on the future of health care.

The first one is going to be on the future of health insurance. So, stay tuned, you'll see more information coming about that. I'd like to take a moment to recognize our supporters for today's important discussion; Anthem and Health is Primary, which is a project of family medicine for America's Health. I'd also like to thank the Kaiser Family Foundation for its use of the Barbara Jordan Center, which we always appreciate.

First, I'd like to turn the microphone over to Liz Hall of Anthem. She's Vice President of Federal Affairs and Director of Anthem's Washington office.

Liz Hall: Thank you, Marilyn. If you first would join me in congratulating the Alliance on 25 years. It has been an awesome 25 years. Anthem is very pleased to support today's briefing. At Anthem, we work really hard to try to bring our 75 years of experience, as well as our data, to bear to help inform the policy making process. We really value the Alliance in that they provide thoughtful, thorough and balanced information on the policy issues and proposed solutions at hand.

Today's session is no exception and I think I speak for all of us in saying that we eagerly await the wisdom and thoughts of those who will be speaking today, so thank you.

Marilyn Serafini: Okay, thank you. Now I'm going to briefly turn the microphone over to Ann Saybolt, who is Co-Director of the Health is Primary campaign.

Ann Saybolt: Thank you. I know we all are anxious to hear about the outcome in the election. I just want to introduce ourselves and thank Marilyn. I work for the Health is Primary campaign and we are a project of Family Medicine, and our aim really is to promote the value of primary care and talk about the need for a strong infrastructure of primary care. Obviously, there's a lot happening in healthcare and we, as you are, are anxious to hear what today's speakers have to say and are glad to be a part of this effort.

Marilyn Serafini: Great, thank you very much. Okay, so we're not going to delay any longer. We're going to start our first panel. Sarah Dash, my Co-CEO at the Alliance for Health Reform, is going to moderate a discussion with Bob Blendon of Harvard. If you would like to tweet along with us today, our hashtag is #Health2017. Also, I wanted to let you know that we will have a video of today's event and also a transcript available on our website, likely tomorrow. So, there were a lot of folks who were interested in coming today; if you have colleagues, we will send this information out to you and you can pass it along to them. For now, I'm going to turn the microphone over to my Co-CEO, Sarah Dash.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

Sarah Dash: Great. Thanks, Marilyn and thank you all for being here. Before we get started, I do just want to take one moment to thank a very special person in the audience who is going to be totally embarrassed. Ed Howard was our founding Executive Director for 25 years. He's here today, can everybody give Ed a round of applause? Thanks, Ed, for building such a great foundation for the next 25 years.

So, we have a lot to talk about today. It's clear that the debate on how to create America's best healthcare system is far from over. To help us kick off that discussion, I'm very pleased today to introduce Doctor Bob Blendon. Bob is the Richard L. Menschel Professor of Public Health and the Senior Associate Dean for policy translation and leadership development at the Harvard T.H. Chan School of Public Health. He is, as you know, one of our nation's leading analysts on public opinion and health policy. We're really thrilled to have Bob here today and without further ado, I'm going to turn it over to Bob. Thanks.

Robert Blendon: Hi, Bob Blendon. I've learned from years ago, it works better if you walk around, sit next to you. If you look really depressed, I'll sort of hug. We have to work our way through this together. I have been upholding the health and social policy elections for years. Two things happened this year that were completely different, and I swear it's not my fault. In both, what happened was, there were two elections; one in England, we'll talk about that, and one here, where you went to bed at night and the leaders of the country, the media leaders and the leading pollsters all agreed that the election was going to go way different than it did.

For that, it's just quite incredible to see that. So, I was in England for the first and we're going to talk about that, work my way through that, assuming that it could not happen in the United States and we would know a week ahead and we could go to bed early and not have to close it out with CNN or anything like that, then to be around for the second round. The issue that I'm going to work your way through is my being and analyzing the work at Brexit. I changed completely the way I'm going to make my presentation today.

I'm going to look at the U.S., seeing quite differently than what I normally do, which is, here's 18 policies and they're like this and then like that, and that was important. Of course, when you actually look at Brexit, it turned out that's not the way it worked out. If you looked at the policies, it was quite confusing. Some like the European Union for eight reasons and hated them for another. It just had no footage. Before, the one thing in common, and I denied when I was in Britain that this could ever happen is, a new demographic was created in Britain and to be polite, it was called, "The other Britain." The demographic is non-monitory adults who did not complete college, graduate school or professional side, and did not live in a city. To not live in a city is very, very important.

That group unbelievably turned out to leave the European Union, unbelievably. It was not in any projection. The reason why I highlight that is that demographically, it turns out they look like people in Michigan, in Wisconsin, Pennsylvania, Florida and Ohio who turned out at unbelievable rates. We don't know the answer yet to who didn't turn out in the U.S. In Great Britain, it was young adults. As a professor, I had a problem not strangling ones that I ran into because actually, they were unbelievably in favor of staying in the European Union and managed to have a drink, go get a beer and didn't vote.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

So, it's unbelievably low turnout of people in that. What I discovered in the Brexit thing, and I'm going to run you through this very carefully is, that what explained the English vote is that people had a set of values about what was really important for the future. Also, they had an assessment, which could be factually quite wrong, about the state of the country at the time it was voted. Based on your what was important to you, your values, based on your assessment of the country, which this just totally disagreed between the two voters, you went there.

If I voted to ultimately leave the European Union, I was very terrified about immigration. That is the driving issue for people who left. For that, not only that, I felt that immigration to the U.K. had hurt my community. For that, likewise, there was a backlash among those communities to the E.U. government, feeling that the rules that were set in Brussels were really hurting their communities and hurting British life. That was dominated, exactly what it is. The reason why I totally stopped looking at policy issues are, at the end of the day, the people who voted to leave had no thought about what they would do the day after, they just wanted out. All of these, you would do this or that, or like this.

On the other side, the people who voted to stay who were in the majority thought that economic growth was number one, being part of the E.U. was number one. It had helped London, it helped these other places, it was there. For that, that's what they did and also, which many of us can appreciate, they actually thought cultural diversity was a terrific idea. They liked cultural diversity and couldn't understand what this immigration issue was about. All the questions, did you like this, did you want that, would you pay for this? It had no predictability.

I'm now going to take you back to the United States and I'm basically just going to discuss three simple values with you. I'm going to show how the healthcare issue actually is playing off these three simple values. My apologies for those of you who are in their 15th year of graduate study; you want to have more complex things than Professor Blendon is about to do.

This is a simple question; you can ask your friends, your relatives. Do you think that the Federal Government should play a major role in improving healthcare in the U.S.? Could any question make it simple? So, this is what happened; I say yes, then you follow up a question and you say, "How do you think the ACA is doing?"

"Oh, it's doing well." And then I follow up and say, "After the election, here are six options. Three are positive, three are negative, about the ACA. What do you think we should do?" They say, "Oh, we pick the positive ones, absolutely. Not only that, I want to enlarge the ACA." The last question is, I'm leaving, I'm a pollster, "Who are you voting for?" You go, "Hillary Clinton, I'm a Democrat." Then I take the other side, there are actually a very large share of Americans who said, "No, I don't think they should play a major role." So, I say to them, "How is the ACA doing?"

We did this with political, it was before the premiums came out, so it's not premium shock. Okay, you said you didn't want to play a major role, how's the ACA doing? Awful, terrible, it's not working at all. The other crowd just checked one box. "What do you want to do? The election's over, what do you want to do?" I'll show you this scale in a second. The three are negative, repeal, slice it back, give it to the states and then have a tax credit program. Everybody who said, "Not major," picked one of those three options. There was no one on the other side.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

Then he said, "Oh, by the way, I'm a pollster. Tell me who you're voting for."

"Donald Trump, I'm voting Republican." One question turns out to drive every single answer. For that, a subset of that, this is simple, this is a high school question, very simple. Do you think that the Federal Government should ensure that all Americans have health insurance? That's not a complex question, it doesn't have to be on a PhD exam. It turns out, if you say yes, you're a Democrat. If you say yes, I like the ACA, if I say yes, I don't want any option that doesn't expand. But it turns out if I say no, I'm a Republican, I want the three negative options, I'm going to vote for Donald Trump and I basically want out of the ACA.

The third, many of you have gray hair here, but in 1973, there was a court decision called Roe versus Wade. There actually were a group of reporters who said at the time, "Now that the court has decided, we are going to work our way out of that issue. We are going to move on." Well, it's a bit later and so, it is the other value issue. I want to step back a second and the question is very simple. Do you think, in America, a woman should be able to get a legal abortion in most circumstances? How about the other side; do you think a woman should not be able to get an abortion legally in most circumstances? Answer that question and I'll tell you where you stand on Planned Parenthood.

I'll tell you that if I say, "Not get an abortion legally," I most likely voted for Trump and a Republican. If I say that you should be able to get it, I voted for Hillary Clinton and a Democrat. The reason why that, not relating the ACA, is so important is that Mr. Trump received a number of votes from people, when you look at their other views, do not correspond to Mr. Trump. On the views about abortion, they do correspond. These are the values. It turns out, if I answer the first thing, "How do I feel about the Hyde Amendment?" Of course, you have to explain the Hyde Amendment, most people don't exactly go to bed debating the Hyde Amendment. It turns out, if I think it should be widely available, most people think that the Hyde Amendment should be withdrawn. If I think it should be widely available, I absolutely support the continuation of it. It's the value that is driving it, it is not the specific policy side.

What I'm going to show you in a second, how this plays out in the election. First, in the election, healthcare was a second-level issue. It's not a top issue and those of you have to follow the Post or the Times will discover that they dropped it from the exit polls. They thought it was so important, there is no healthcare in the exit polls. If you just have to write your dissertation on the exit polls, you can just say, "There is no healthcare." On the way to the forum, I guess they didn't have enough spots on the card and they just cut healthcare.

Luckily, New York Times and CBS did their own and healthcare is the third issue, but it's way down from the economy and terrorism; it's third-level issue. It's very hard to look at that and believe that the election was much affected, regardless of the talks and everything else. For that, I think some House and Senate races may have been affected for it. Where healthcare mattered is that the country is so polarized about what to do, the parties bring with it, baked in, different views totally about the future. They are so far apart, it's incredible. I'm going to show you that in a second.

Let me just deal with Medicare very, very quickly. Medicare is an issue in the election and I have to tell people this for 94 times, Medicare is not seen as the same type of issue as the ACA. In Ireland, they have a term, "Things that occurred before the troubles happened." Let me explain the troubles. It turns out, and Pew has done the most work on this, over the last 20 years... forget the Congress. I don't talk about that, it's not my business. There has been a polarization, that is, they took six areas

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

of domestic area where each says the government should do something or the government shouldn't do something.

Fifteen to twenty years ago, Republicans and Democrats, on the sixth, were like that. Each year, they edged their way out. There's only one issue left that isn't true, Social Security and Medicare. Medicare is not in that. I'll show you in a moment, and if you're in the Senate Finance Committee, my apologies. Most voters of both parties think Medicare is working, okay. I know that's going to be tough for you. It's not perfect, they know it's some money. Then we'll show you a list of things to do about it and on it. We said, "What is the top thing you would do?" Nobody gets the majority for that. For my colleagues who work on this, the top issue, if we didn't get a majority, is incentives to fix healthcare reform. It seems more painless than the other.

At the bottom is paying doctors and hospitals less, somehow that has gotten people nervous. In between in our middle, including premium support, which is not a wild success and it is the one that has the biggest polarization of any issue on the list. So, when you look at Medicare, you say, "If people actually wanted a bipartisan way to solve this, you actually could make progress." The divisions come when it comes to the ACA. So, what I'm going to show very quickly is on the Republican side, the majority of Republican voters, and with the political work, we were quite amazed. We ran it both ways. You're a Trump voter or you're Republican; on healthcare there's not a big difference. On trade, there is a big difference. It's very important on trade not to say, "A Trump voter is identical to a Republican voter." On healthcare, we could find actually no statistical difference at all.

We asked everybody what you wanted to do. On the Republican Trump voter side, basically, and this ties back to the value, the majority of Republican voters want out. I call it the Brexit option, they just want out of the ACA. About a third of them know or believe you have to have an alternative. When you gave them out, give it to the states with less or here's a tax credit. What is it about tax credits, having actually done a focus group on this, and nobody understood those bills, so what is it that you're picking? You're picking a more moderate involvement of government in your life. That's what you're picking, you're not picking that I like this or that, or I like the credits and my God, those pools are so exciting.

What's very important is, for this reason, we tracked this issue in the Republican primaries, which were 20 months. There was no advantage for a Republican candidate to offer an option to Republican voters, none. Those who did didn't get a single ounce of credit from Republican voters. What the expected you to do was get up there and announce the principle. The principle is, "We're getting out of Brexit, we're getting out of this," and that's it. It's a principle for that. So, they haven't thought a lot about what it would mean the day after.

We're going to do this very quickly. This is what a value looks like, so do you believe, and these are all likely voters, that the Federal Government should play a major role; 87 versus 28. Then watch what happens, if I say I think it should play a major role, 67 percent said, "You know, that ACA is really working well. Damn, it's working well." Guess what? If I say it shouldn't, go down to no role at all, two percent thought it was doing something useful; everybody else thinks it's failing. It didn't get there because the exchanges didn't work.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

You've got to back up a bit here. It got there because people who are on that side are very afraid about the share of government involvement. They're no different from the British who didn't like, and basically Brussels telling them how to live their lives here. So, here is very important... this was before the premiums were announced. Sixty-eight percent of likely Republican voters said that the ACA was doing very poorly before the premiums came out. Eighty percent of Democrats said it was doing fine.

So, you can decide who reads what newspaper; is there a factoid that's different? But that's quite a difference. This is a factually measurable thing but it's not a factually believable thing. This is just a simple value here, I don't think we need a calculator to look at this. It just said, "Do you think it's the Federal Government's role to ensure that all Americans have insurance?" And one set of voters say, "Yes," and one set of voters say, "No."

For this, this has huge impacts on how I feel about the Medicaid expansion and this and that, and everything else. So, this is just the equity argument for this about whether or not you think the Federal Government should spend a lot of time evening out the differences in healthcare between the rich and the poor. If you're in the public side, this actually is the closes that Republicans and Democrats come on an equity question of any question you can ask. About income, it's 70 points different. Republican voters don't think it's the job of the Federal Government to be evening out incomes, it's growth. Every chart, growth, growth, growth, not that. So, briefly, this is the issue in the election. This is what I call a broad consensus across voters. Come on, somewhere there should be a chuckle. This is from the exit polls.

So, let me briefly deal with the Democratic side and you can quote me. Senator Sanders moved the Democratic party to the left during the primaries. So, what happened, both on Kaiser surveys and others, the share of Democrats who said, "Just implement what we have," went down. The share of people who said, "Expand it," went up, and then when you offered them a government option, and I don't think they know what the government option is, they just want the government to play a very different role. It really has grown here. These are the choices here. Essentially, the majority of the Republican voters picked those three. The majority of Democratic voters picked the left.

So, quickly you can say to me, "Well, Bob, what happens if everybody elected is just on the right set of bars?" I'll let you decide what that is. The thing that you have to understand, and it may change the during the debate, a very substantial share of Republicans are what I call, "Brexit people." They're not thinking about the next day; they just want out. They really are angry, they want out of this program.

What the alternative is isn't a lot on their minds. There are so many issues in Britain, they're overwhelming. People are saying, "I didn't think about that. The banks may leave Britain, I didn't know that." So, there's all kinds of things that occur after a vote, but a lot of these people have not thought about them.

What's very important on the other side is, if there is ever a Democratic Congress and a President, there is going to be a push for a much larger government role and the next generation will be telling you how the ACA was anemic, it was not enough, it did not go far. Government has to play a much bigger role. Elections here are going to matter over this issue in the future because the parties have no commonality.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

We decided we would try a public option. We had a big debate with Political about that, and we wrote it as best we could. Why did we have a debate? Because I went on my floor of Economist from room to room and asked them what a public option was. I could not get the same answer, so I don't know why I thought a high school graduate would just grasp this right away. Hillary had it, it showed up. What do see immediately? Throw it out there, Democrats say, "Absolutely. That's what I've always wanted." Republicans say, "This is awful. No, I don't want it." Let's say it's not vetted but it shows just how people are going.

We looked at the inequality issue and here is the abortion issue and what's important to realize is that American politics... in 1973, there was very little party difference on that question. They had not separated between parties. If I am in the red, that is my statement, I am not for funding Planned Parenthood. What I want to take you away from is, "Oh, it's all about Planned Parenthood." No, it's not about Planned Parenthood, it's about the values people are bringing to this. This is Medicare, how's it doing? Oh, sure, everybody agrees to that.

Before that, let me just remind you that when Medicare wasn't active, just so we know what the other era was, the majority of the public supported it. It had bipartisan support in the Congress, it had co-sponsors who were Republicans and Democrats, and that year was the highest trust in the Federal Government in 60 years. This is before the troubles. Remember some grand-mom who said, "Keep your hands out of it?" Well, there is a bipartisan spirit about where this goes.

Here is, what do you want to do about it? You can see, there's no grand consensus anywhere, but at the moment, basically trying to do ACOs or anything else, that seems to make the system more efficient, seems to appeal most to voters. Is there anything coming out of this election that people, and then we're going to quit, agree to?

So, it turns out that I opposed the government in anything major, except in one area. For some reason, people who hate the government are willing to have them involved dealing with pharmaceutical prices at the moment. Some of you are going to start snickering, so I will allow that. What are you going to do? You're going to smile and say, "Mom, did you see they spent \$100 million in California?" They depressed the support for this idea; that's not my field.

In the public opinion voter field, there is an issue that cuts across the bar. I'm just going to sum it up very quickly. First is, the debate we're about to have is about values. The values are what role a Federal Government plays. Then on the other side is, if I don't want the Federal Government, and that's what the Republican voter, forget the member, is answering. "I don't want them involved in medicine, healthcare, and health insurance the way it is now." The question is, if they don't continue, do you want an alternative or do you want to do a Brexit? Let's get out and see what happens and then do something later.

At the moment, if you were just interviewing voters, you would be surprised how many Republican voters are not thinking about the "it." They don't have the newspapers in front of them for that. We talked about the Democratic side, basically if their side ever comes, this will be a big issue and government will play a different role, but not a single pair. I think when you lose a referendum by 80 percent, it suggests you need another root, but a larger role for government is there.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.



Medicare sits there waiting for a painful but easy bipartisan compromise sometimes. People or will-be voters will not, if you just don't take one thing and penalize them, they will go along with some agreement. Let me quit. Where is this all going to go? What worries me is what worried me about, when I looked at the Brexit data, how many people just said, "Get out," and they did not think about the future. What are the alternatives?

It is very possible that members of the Republican Congress will have people back home who just say, "Get out." So, the latest political poll has at the top of the agenda of what Republicans want Donald Trump to do. I'll quit; that's all I know. Just for those of you who are graduate students, Professor Blendon wrote this two ways depending who won. So, the other will be published very anonymously somewhere else, what this speech would've been if we would've talked about Hillary Clinton's first 90 days, but it's not. We're open for questions, wherever you want to go, except how we got here.

Sarah Dash: Thank you. Thank you so much, Bob. Wow. So, I'm going to ask Bob a question and then we'll open it up for the audience. We will have staff coming around with a mic, so if you do have a question when it's time and you want to raise your hand, please just introduce yourself and if you could try to keep your questions as brief as possible, that way we'll get to as many as we can in the next 20 minutes or so.

Bob, you talked about essentially the polarization and the sense that there wasn't a lot of expectation amongst the repeal voters for any kind of a replacement plan. Now it is the morning after, the week after; how worried to Republicans need to be about creating a replacement plan? And if so, how does that play out over the next 100 days, over the next Congress?

Robert Blendon: A problem about teaching politics, even though I couldn't predict either one of these elections, my view is, a moment where 20 million people ever lost coverage is a political disaster for either party. I just can't imagine that if I was thinking about the next four years and all, that I would ever want a moment where you had that. The issue that people who think ahead is, how can I transition out to where I am, where we're not talking about 20 million people losing coverage but what ends up does not look like Obamacare?

I just have to say, when you have this really wide split, there are a share of people who others will just have tears in their eyes, want to be screaming at night, "We got rid of it, we got rid of it." People keep emailing me about small modifications that the Republican leadership will make to the ACA. I cannot see how that could be possible, for them to go back to Wisconsin and Ohio and everything and say, "We made some small modifications." Somewhere in between not getting rid of it and others.

Let me make a statement because it's in-between. We have reached the stage that Medicaid is nowhere near as unpopular as it was 20 years ago. That's true for Republicans, et cetera. The expansion issue has gotten caught up with the ACA. The only thing you could make a Republican governor do is do that. The polling on Medicaid is quite mixed; I don't think people envision lots of people losing Medicaid coverage, nor if you listen to the president elect at times, that didn't sound like exactly where he was going.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

There's a separate issue about what happens with Medicaid and Medicaid coverage but the issue that will really bother conservatives are mandates. Mandates on having to buy insurance, mandate on what the policy looks like, mandates the business has to contribute. I think it'll be very hard to keep that. At the same time, they're going to surely have some terrific economists figuring out how people with very serious diseases don't lose coverage. They cannot keep the mandates, the fact is it's the only way the pool works. It works in an Economics class; it does not work in a Politics class. If you really are anti-government about the healthcare issue, the mandate thing really bothers you, and that is their constituency.

Sarah Dash: Do we have a question?

Robert Blendon: I have questions but I'll gladly take yours.

Daniel Davis: Hi, Daniel Davis. Two questions, and you sort of touched on it but on the other side; I think on preexisting conditions, which is a population that I work on, there is a significant question now. The president elect talks about preserving preexisting condition coverage but essentially, as you said, getting rid of the mandate. I know a lot of economists have questions about how that's possible. I guess the question is, did you poll at all on how people on both sides felt about the preexisting condition protection itself, because that issue seems intertwined? The second question is, there's a lot of things in the ACA like long-term care reform and prevention, that have very little to do with government mandates; where do you see those factoring in?

Robert Blendon: I have to be very careful; people who study public opinion should not be allowed to answer questions when the public wouldn't know what was in the bill. You get in these big discussions as if they knew... they might've thought. The two most popular things, and this is the Kaiser [survey] has to do with keeping kids age 26 and preexisting conditions. The problem is buried in a poll result, is how much people hate mandates.

The person that I would be interviewing on the Topeka Turnpike would say, "I want those preexisting conditions covered, butt his mandate stuff, that's awful." That's why it's very important to remember some people miss graduate school. How this fits with that and you need that in the pool, that's not the people I survey? The people I survey are not in the pool. If they are in, they think it's wrong. It's going to be very hard to walk away from the principle of doing something about it. The policy, and I follow everybody's blogs and everything, how that'll work, and that's what the other discussions will be.

The two things that are most visible and president elect Trump picks up things that as he says, I see on TV, of how people don't like preexisting condition exclusions and nobody wants to drop the age 26. How to make that work in a different arena, that's where it is. And if it doesn't work, how to make it so that average people who care would understand that. That is a real problem with a lot of what we work with, that people believe in the goal but you change things and there's no way to know the "it" is really seriously flawed.

As a principle, those two principles, the president elect was right out there in a second. Likewise, he said the poor are not going to lose coverage, nobody is on either side. A lot of the things in the bill may be very important to people who work in the field but they are unknown to constituents. That's what lobbying about, if there's a bill with a different name, is it in or not? The people that we would

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

survey would not know. By the way, I'd rather be in the audience asking questions and particularly this issue, where I have to answer. I had a great other talk, I promise you that.

Sarah Dash: I think I saw Krista first and then Mike.

Krista Drobac: Let's say we have guaranteed issue and no mandate and we have a death spiral with 30 percent increases in premiums in the individual market. Is there a point at which you think that some voters, maybe not on the extreme sides but in the middle, would say, "Now we need a government solution because we've seen the market not working continually?"

Robert Blendon: It would have to be a much larger... this is a real broad debate philosophically. Republican conservative voters do not want to wake up in the morning with a big government solution, particularly now they believe they've won. Also, it's not my job to tell you this, but they think that 2018 is going to be an incredibly good year for Republican candidates in the Congress. Unless it really is going to drive potential voters away, they're not going to be instantly responding. At the same time, these issues build up over time. I think anybody involved would prefer there's some way to do this, but it's very hard when you just interview people who say, "I want out of this thing and I hate mandates," for this to say, but you have to put up with this mandate in order to get this done, then I'm back to the Democratic side of my interview. I don't think that alone is going to drive that in the short-term. There will be a lot of effort to find some way to deal with part of those issues so that you don't read about it in the front page of every newspaper.

Krista Drobac: Thanks.

Mike Miller: Hi, Mike Miller. I wanted to go back to slide five, where you talk about the question, "How well is the ACA working?" and the stark difference between Democrats and Republicans. I'm wondering if you asked any second-level questions, because I'm wondering if the Democrats looked at the ACA and the patient protection side, and all the people who got insurance and Medicaid expansion and they thought that was a great thing. The Republicans were like, "The affordability... affordability, shmord-ability. The costs are killing us, it's a horrible thing." Was there that kind of split or simply the government role and the mandates you've been saying?

Robert Blendon: First, I try to divert the anger from me to the broader people involved in this. In the surveys that were done which asked people if they benefitted by this, and I want to be very careful because I was attacked by a whole group of conservatives over my answer to this, the majority of Americans do not believe themselves were helped. Actually, which they will point, if there's somebody from one of the conservative groups, they'll say, "Blendon, you either tell us or I'm going to put it in the front page of Heritage." More people said on the surveys that they were hurt than helped, in the ones that we were involved with. Where I got caught, I said, "Most experts believe that middle income people were helped by this bill." I had a whole stream of emails which said not.

I now can say, some experts on my floor believe that middle income... but there is not a recognition and you can have a discussion, is this an education failure by people who are advocates for this? If you had the response, the Medicare by seniors that we have here, we'd be looking at some tiny program. The ability for people who we believe might've gotten some benefit, they do not see they got the benefit. They do see they got the premium end cost, so among middle income people, there are not a lot of people saying that they got great benefits out of this law. When you're saying you're

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

changing it and you're rolling it back or scaling, a lot of them are going to say, "I'm worried about the premiums and I don't know what I got." You can scream and yell at me but they got this and this and this, and did you read page 244? And they got all these additional benefits but the people surveyed do not report, particularly middle income people that they know got those benefits.

Sarah Dash: Thanks. Very interesting conversation about the correlation, if any, between the views and the values and people's actual experience of the law. I'm curious if there will be more research on that and what there will bear out, what do you think?

Robert Blendon: So, at least for a moment in a polarized world, we have become dominated by values. I'm trying to fight this because I've been on three panels where people say, "Tell them, Bob." We're in a post-evidence world, I'm not willing to say that yet, where you can just assert, nobody benefitted. Everybody sits there and says, "Yeah, I guess that's true." The values are much more dominant than this. We're not getting the Medicare response, we're not getting millions of middle income people that say, "This is really terrific for me." For that, that could change and it could change if a lot of people lose coverage.

At the moment, this battle really is about philosophy and values, and people saying, "In my world. I didn't get a lot out of this thing and so I don't feel very strongly about it." On the Democratic side, I want to give absolutely recognition. Democrats care about the values involved. They want to cover people who don't look like middle income Democrats. It's a values issue, they absolutely do. They want the government to protect people who are not them. So, this is really what the value debate is really about, but of course, years ago, some of us called it the end of ideology and then we could move on, is not true. It didn't end and it clearly came out in this election, and it's going to come out in a debate about what happens to the ACA.

Many people will get emotional, not based on how it works, but their view of what the government should be doing in this area over the next four or five years.

Sarah Dash: Thanks, Bob. There's a question from Paul and then in the back.

Paul Cotton: Thank you. Paul Cotton with NCQA. Struggling to find some consensus here, I noticed on your third-to-the-last slide how to address high health care costs, the top answer there was the incentives to provide high-value...

Robert Blendon: No, that's Medicare. Medicare is in a totally different package, wherever it is here. Come on, where's Medicare? There it is. So, that was all around Medicare. It's working, bipartisan, the agreements, people just feel differently, they are answering a different question. Medicare in politics is on Mars and the other is on the Moon and we try to wrap it in. For those in the Congress who decided they want to fix the ACA and Medicare at the same time, just free advice, buy some other insurance. It's not going to play out well. People have a protectiveness about Medicare and Social Security that's quite incredible. You say to them it's in trouble, yeah, it is, but they're not going to touch it, are they? Just remember, on the Republican side, the base that they have and growing, are age 50 and up. These are the recipients of our retirement program. Putting Medicare in with ACA issues or Medicaid is not going to be smart politics. Medicare is a separate issue, as is Social Security, in the American mind.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

Unidentified Female: Since the British are a few months ahead of us, are there any lessons learned from Brexit that we can apply here?

Robert Blendon: The lessons they had to learn, since they were speechless, having spent an evening with this, is that you have to have alternatives that you can put on the table. If you actually watch the economist, they're trying to exempt some trade agreements with the European Union. They're trying to have some wiggle room from this that allows you to have a different role. If there is some sudden big change here, the real question is agendas to pick up pieces of this that can carry on. The big British problem is, don't wake up in the morning, never thought that this could happen. So you haven't given any thought to how you could adjust to this. In this regard, these issues are going to play out in this new Congress with this new President, you can't escape it. Thinking about what some of the options are, which aren't exactly continuing where they were going.

Sarah Dash: Question over here? Oh, sorry, you go ahead.

Amy Grace: Thanks. Hi, Amy Grace. Thank you for an excellent presentation. I was just wondering, in terms of the popularity of Medicare and also the unpopularity of a mandate, whether, again, trying to find common ground... if a public option were framed like a Medicare buy-in, do you think that would go over better with voters?

Robert Blendon: They're not going to go over better with Republican voters, so let's agree to that. I think what's going to happen in the Democratic party, there's going to be a lot of effort to rethink, "What is it that we stand for?" in the next round, and it may include that. People are going to have to understand what it is. What's clear to me is the Democrats want basically government to be in the middle of this. If you're a Democrat and you read that Tennessee has only one insurer left, your feeling is, "Why isn't the government doing something?" that's what you will be. A Republican will say, "Make the market easier to work."

There's going to be a lot of rethinking and that's where groups are very important, what is it that Democrats could be for that might have a much more visible role for government without saying, "Oh, no, we're going to have a Medicare for all." I don't think the politics is going to play there. I think rethinking that... and the mandates all make sense from an insurer's point of view. It's always been politically difficult. We did a lot of polling in Massachusetts and every point I always made is, Massachusetts is a state that requires kids to wear helmets on the highway, fire extinguishers in the home, and it was the lowest-ranked thing when we surveyed for it. Everybody said, "If it worked in Massachusetts, it'll work in Mississippi," and I scratched my head. I don't know, they don't wear motorcycle helmets in Mississippi.

That just was all the things that Massachusetts had that ranked lower, there was a real concern even among Democrats that mandated. I know it made sense insurance-wise but it had a real political side. People have to rethink about what some of the options will be for that. Again, it's like with the Brexit vote, it isn't over until it's over. There will be a big debate in Congress and there are things that can be negotiated. If it doesn't go that way, then you really have to think about other alternatives that will play better with some of these voting audiences.

Sarah Dash: We have time for one more question and then I'm going to ask you a final closing question before we round out the panel.

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

Unidentified Female: I was just wondering if there's any research behind what the value-related... because you talked about how values are super-important in this election, the value-related support of Medicare was. Is it just taking care of older people or is there something else there that least people to be more in support of Medicare than the ACA?

Robert Blendon: Medicare is built on the most successful domestic program, which was Social Security. It's a retirement program, and we'll reduce this very quickly, people are not as in love with how Medicare works. There is a feeling that it is the Medicare working that they love, they actually don't. A third of people have signed up for the private option among younger people. It is security and they like the principle of paying through your whole life and then when you retire. That is incredibly important. Having had focus groups and I say, "Why are you so against this?" They say, "The oldest people are getting it and they didn't pay for that." The Social Security thing and, if you're again, on the finance committee, only you and I will know they think they pay just enough that it's already taken care of. Only you and your shrink can figure out how you're going to tell them that what they paid into Medicare isn't enough to cover what it is. Most people believe that what I paid in, there's enough there to take care of me when I retire. It's the payment in and earned side of it, and it's for retirement, it's not for the whole healthcare system. The in-depth support for it is just incredible and nothing runs against it the way Medicare does in the political arena.

Sarah Dash: Let me pick up on what you were saying about finding some alternative solutions. We've been, pretty much since the enactment of the ACA, in this little bit of a deadlock of, we can't fix it unless fixing it is repealing it. Then there's people from both sides of the aisle that would like to fix things about it to make it better. Obviously, we're now beyond that conversation. My question is, is this an opportunity for fresh thinking on both sides of the aisle or are both sides of the aisle going to become more entrenched as a result of this election and the polarization? Do you have any comment on that?

Robert Blendon: In the short-term, they're going to be much more entrenched. So, this is not the audience for this. There's something wrong with the U.S. primary system. The primary system went 20 months, only 20 percent of American adults voted in it, and if you're running, you spend your life running in these primaries. The primaries force you to take positions which are very hard to then sit down and say, "Now you and I are going to negotiate a way out of that." It's very, very hard.

The primary thing really worries me because by the time the primaries were over, people were so locked in and this idea, okay, now it's May and I'm going to say, "I don't believe any of that. I'm really moving to the center." That's not possible after 20 months. We have to do something at the primary system which essentially has a broader range of people voting so we're not as polarized. This is very, very serious. All the things we discuss, if there was some bipartisan way to have a discussion for this, it could move ahead. But it's going to be very, very hard for many members who were elected, particularly with President Trump, to find that they're in a bipartisan discussion. They're going to say, "It's better that I stay where I am staying," and for Democrats to say, "I am in opposition for that."

Hopefully, we can find some way out of this because this polarizing on every issue makes no sense as a country; it's embarrassing. Because I only do health policy, I sneak up and I look at this, they must agree on education, right? No, they must agree on climate change, right? We all agree as a

The Alliance makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material, this transcript may contain errors or incomplete content. The Alliance cannot be held responsible for the consequences of the use of the transcript. If you wish to take direct quotes from the transcript, please use the webcast of this briefing to confirm their accuracy.

nation on climate change. And then you go up again, well, they must agree on what to do about the poor. Well, no they don't, exactly.

We just can't keep going on with all those boxes, but we are stuck with this after this election, that we shifted. Many of the voters have strong views and a lot of people say, "Well, ignore it," but it's going to be very hard to ignore when the president elect talked about it so much and the various leaders of the Republican party did. The voters, on their side, were quite extreme. It's going to be very hard to walk away and say, "We're really going to work on another issue." I think it's going to be a front-and-center issue.

Sarah Dash: Thank you. Bob. Please join me in thanking Doctor Bob Blendon.

Robert Blendon: I don't know about you, but I'm going back to London to work on this.

Sarah Dash: We are going to move straight into our next panel. Just a reminder, if you want to use the hashtag #Health2017. If you really need to, you can go out the back and the restrooms are out in that corner. Thank you.