

# The Massachusetts Health Reform Law: Public Opinion and Perception

A REPORT FOR THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION  
November 2006

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# Contents

Executive Summary . . . . . 1

Introduction. . . . . 3

Methods. . . . . 3

The State of Health Care in Massachusetts . . . . . 4

Public Awareness of Health Reform Law . . . . . 5

Support for the Health Reform Law . . . . . 6

Elements of the Health Reform Law . . . . . 8

Impact of the Law . . . . . 10

Public Opinion on Fairness of Health Reform Insurance Premiums . . . . . 14

Implications for the Future . . . . . 18

Complete Survey Results . . . . . 21

About the Authors . . . . . 39

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## Executive Summary

The new Massachusetts health care reform law puts the Commonwealth at the national forefront of health care reform. The law, enacted in April 2006, is intended to increase health insurance coverage through a combination of Medicaid expansions, government subsidies, health insurance market reforms, and a requirement that individuals purchase health insurance coverage if affordable coverage is available. In addition, employers with more than 10 employees will be required to either make a “fair share” contribution towards the cost of coverage or pay an annual assessment per employee.

As the law is implemented, public support will be critical to its success. A new survey of Massachusetts residents finds the public is largely supportive of the new law (64%), with support widespread across a variety of demographic groups. The uninsured, the poor, younger adults, and minorities, all groups likely to be impacted most by the law, are not significantly more or less in favor of the law than other Massachusetts residents. When compared with other major health care reform proposals, the Massachusetts health reform law is more popular among the public six months after its passage than the other proposals were at similar points in their histories.

Most provisions of the law are quite popular. Massachusetts residents overwhelmingly support an expansion of MassHealth to cover more uninsured children (88%). The public is also highly supportive (70%) of the parts of the law that require businesses to do more. Public support for the state requiring individuals to purchase insurance is more mixed, with 52% supporting the new requirement. The public is divided about the individual mandate, with some of the more directly affected groups, such as people with lower incomes and minorities, who are more likely to be uninsured, opposing it. Though this requirement to purchase insurance will have a greater impact on the uninsured and younger adults, who are less likely to have insurance, there is no significant difference in support by insurance status or age, with a slight majority of both the uninsured and young adults expressing support for the provision. The public's views on the individual mandate point to a need for both widespread education about the new requirement and for the new Commonwealth Health Insurance Connector Authority to exercise care when establishing the affordability standards for the individual mandate to ensure that those standards are viewed as fair by the public.

The survey also asked respondents about their views on whether or not the premiums established for the subsidized insurance program, called *Commonwealth Care*, and the likely prices for the Connector-offered plans were reasonable. A sizable majority of the public feels the *Commonwealth Care* plan premiums for lower income residents are reasonable. The public is also supportive of prices within the range of those that have been publicly discussed for Commonwealth

Connector-offered plans for uninsured residents who do not qualify for the subsidized plans. Yet, the survey also shows that increases in premiums could shift opinion from supporting to opposing the *Commonwealth Care* and Connector-offered plans. If the premiums start to rise over time and are perceived by the public to impose an unreasonable hardship, public support for the new law could erode.

Massachusetts residents are divided on whether the new health reform law will meet the objective of providing health insurance for all. A slight majority (54%) believes the law will succeed, while 42% believe it will not. In addition, a slight majority of the public (56%) believes the law will help improve the availability of affordable health care. This skepticism reflects a more general cynicism among the public about the government's ability to solve tough problems. Making sure implementation goes smoothly will help the public gain confidence in the plan and dispel concerns about the government's capacity to implement. It will be important for the Connector Authority and other government agencies responsible for implementing the law to meet visible deadlines and issue progress reports that are widely circulated throughout the state.

While a large majority of respondents (70%) believes their taxes will go up as a result of the law, a majority of those who believe their taxes will increase are still in favor of it. This rare combination of public support for a program expected to increase taxes indicates a public commitment to the goal of providing health care for all Massachusetts residents. It also suggests an acknowledgement of the partnership among the public, employers, and government required to meet that goal.

Massachusetts residents are split on whether the economy will be helped or hurt by the new health reform law. One in three feel the economy will be hurt (33%), just over one in four say it will be helped (28%), and another one in three (32%) believe the law will not have much impact on the economy.

The survey also asked Massachusetts residents whether the law will help, hurt, or not have much impact on seven different groups. A majority believes that the law will help the uninsured (67%) and the poor (66%). Nearly two in three (63%) expect small businesses to be hurt by the law.

In the long-term, the earlier debates surrounding employers' financial responsibilities in the new law could resurface if economic conditions worsen in the state and small businesses are seen as adversely affected. It will be important for the Connector Authority to develop and maintain a close relationship with the small business community so that its concerns can be heard and addressed.

Despite these challenges, the widespread support for the Massachusetts health reform law is reason for optimism for its future if leaders can combine public support with a highly visible continuation of the implementation work already under way.

## Introduction

The new Massachusetts Health Reform Law puts the Commonwealth at the national forefront of health care reform. The law, passed and signed in April 2006, is intended to increase health insurance coverage through a combination of requiring individual coverage, employer responsibilities, and government assistance. The program will be phased in gradually with full implementation scheduled for July 2007.

The opinions of elected officials, business leaders, and public interest groups have been widely heard due to the extensive media coverage surrounding passage of the law. Yet the opinions of the broader Massachusetts public have been unknown until now. As the law is implemented, public support of the reform plan will be critical to its success.

This report presents the results of a recent survey of Massachusetts residents on their views of the new health care reform law. The report will examine seven main questions:

- (1) What are Massachusetts residents' views of the state of health care in the Commonwealth today?
- (2) How aware is the public of the new health care law?
- (3) What is the level of public support for the new law, overall and among key groups?
- (4) How does the public feel about the different elements of the new law?
- (5) What impact do Massachusetts residents think the law will have on the number of uninsured in the state, health care costs and quality, their taxes, and the economy?
- (6) Who do Massachusetts residents believe will be helped by the law and who will be hurt?
- (7) What do Massachusetts residents believe is a reasonably priced health plan for the uninsured?

## Methods

The data presented here are derived from a telephone survey of the Massachusetts public. The survey was designed by a team of researchers at the Harvard School of Public Health. The instrument was approximately 18 minutes in length. Respondents could choose to have the interview conducted in either English or Spanish. Interviews were conducted via telephone with 1,031 randomly selected Massachusetts state residents age 18 and older by International Communications Research of Media, Pennsylvania. The interviewing period was September 11–18, 2006. The data were weighted to accurately reflect the demographics of the state's adult population as described by the U.S. Census.

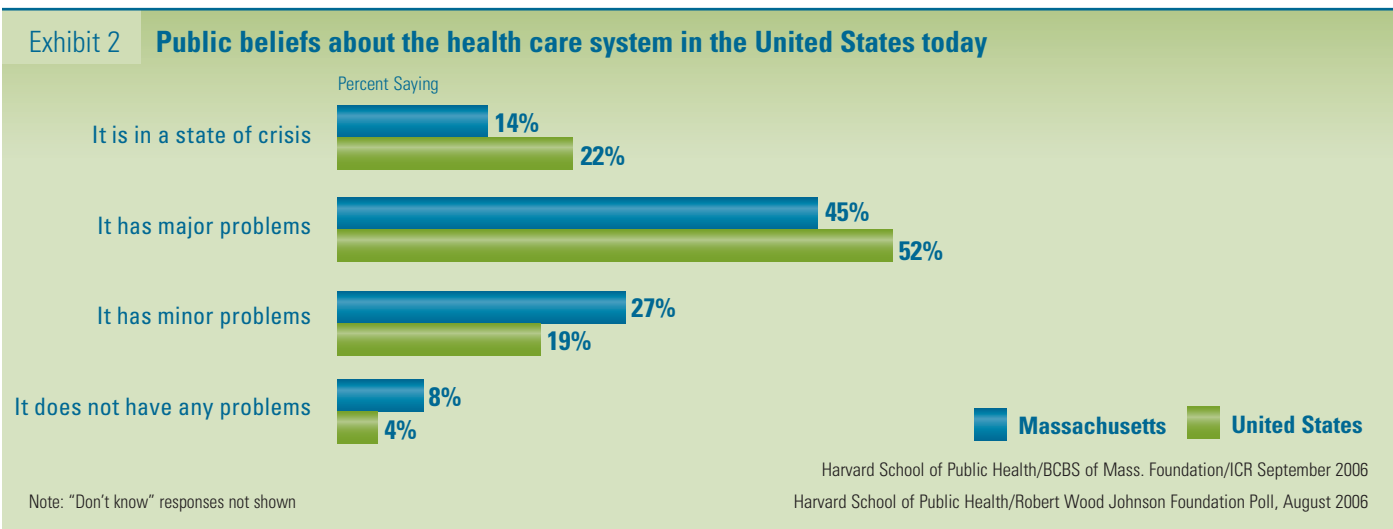
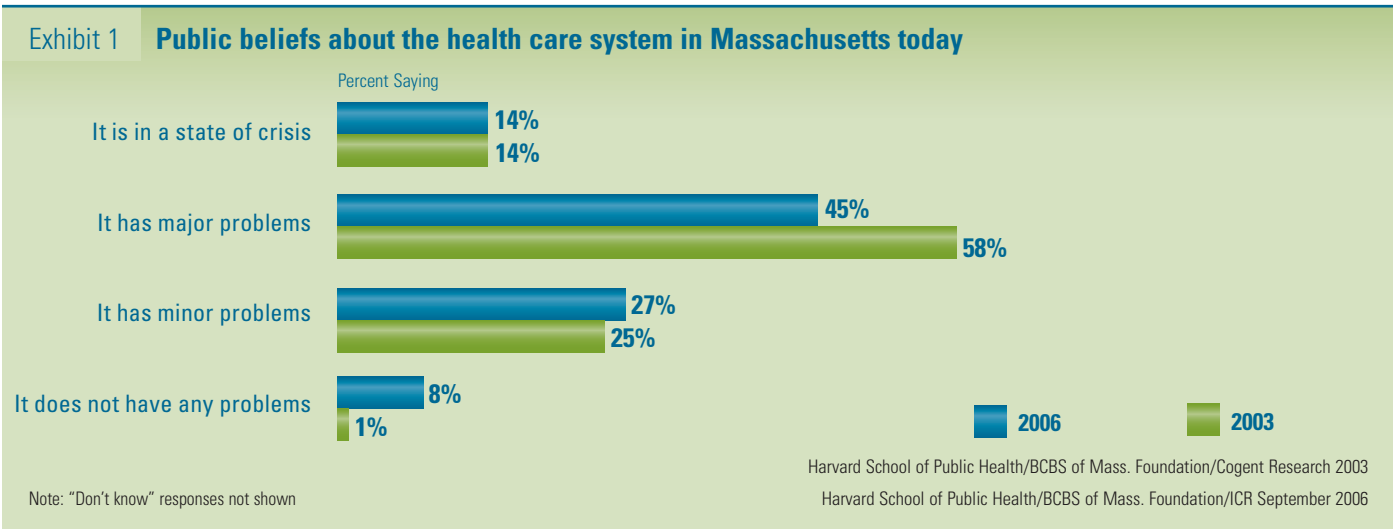
When interpreting these findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole Massachusetts adult population had been interviewed. The size of this error varies with the number of persons surveyed and the magnitude of difference in responses to each question. The sampling error for surveys of 1,031 respondents is  $\pm 4$  percentage points.



# The State of Health Care in Massachusetts

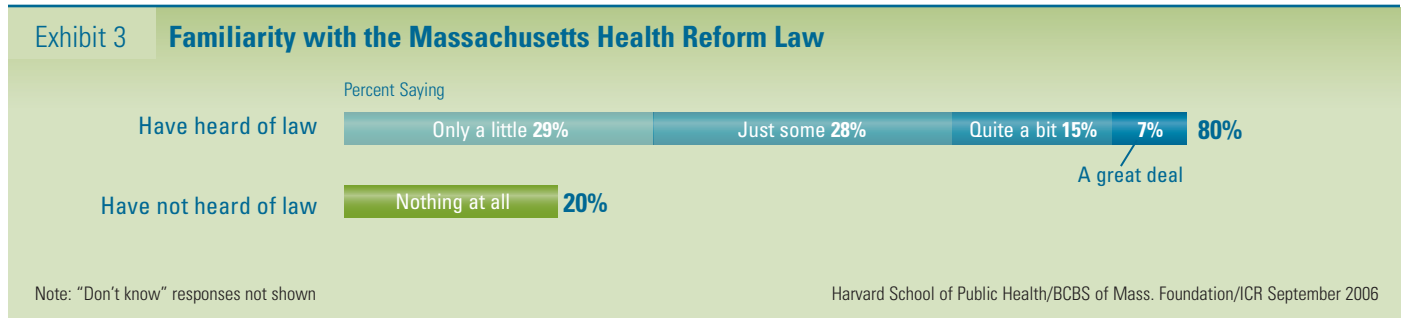
The law was enacted at a time when a majority of Massachusetts residents believe that the health care system in Massachusetts has serious problems. Forty-five percent believe that the health care system in Massachusetts has “major problems,” while 14% think that it is “in a state of crisis.” Only 8% of Massachusetts residents believe that the health care system does not have any problems.

Compared to a survey from 2003 before the law was passed, public opinion on the state of the system has improved slightly.<sup>1</sup> Although the same proportion of people feels the system is in crisis, there has been a decline in the proportion who feels the system has major problems (Exhibit 1). In addition, Massachusetts residents are less critical of the state’s health care system than the national public is about the U.S. health care system (Exhibit 2).



## Public Awareness of Health Reform Law

The survey asked Massachusetts residents how much they have heard or read about the new universal health insurance law. Most Massachusetts residents (80%) are aware of the new law, but few have heard very much about it. Only 7% have heard a great deal about the law, while 15% have heard quite a bit. Slightly over one-quarter have heard “just some.” Close to one-third have heard only a little (Exhibit 3).

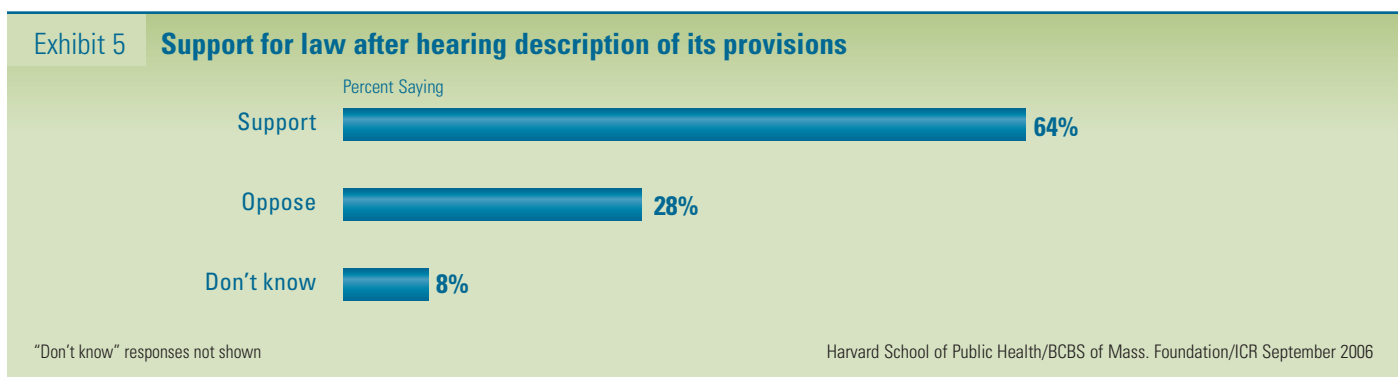
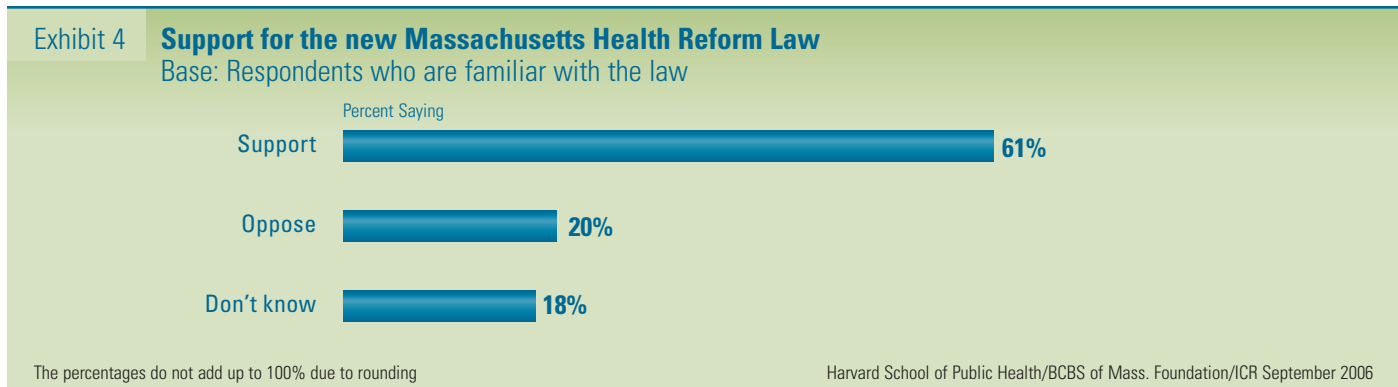


## Support for the Health Reform Law

A majority of Massachusetts residents support the new health care law. The survey asked about support for the new law in two ways. First, respondents were asked in general terms whether they supported or opposed the law. Next, they were read a summary description about the law and again asked their opinion. This latter question more closely represents what people will learn when they hear about the law in the news media in coming months. The question was worded as follows:

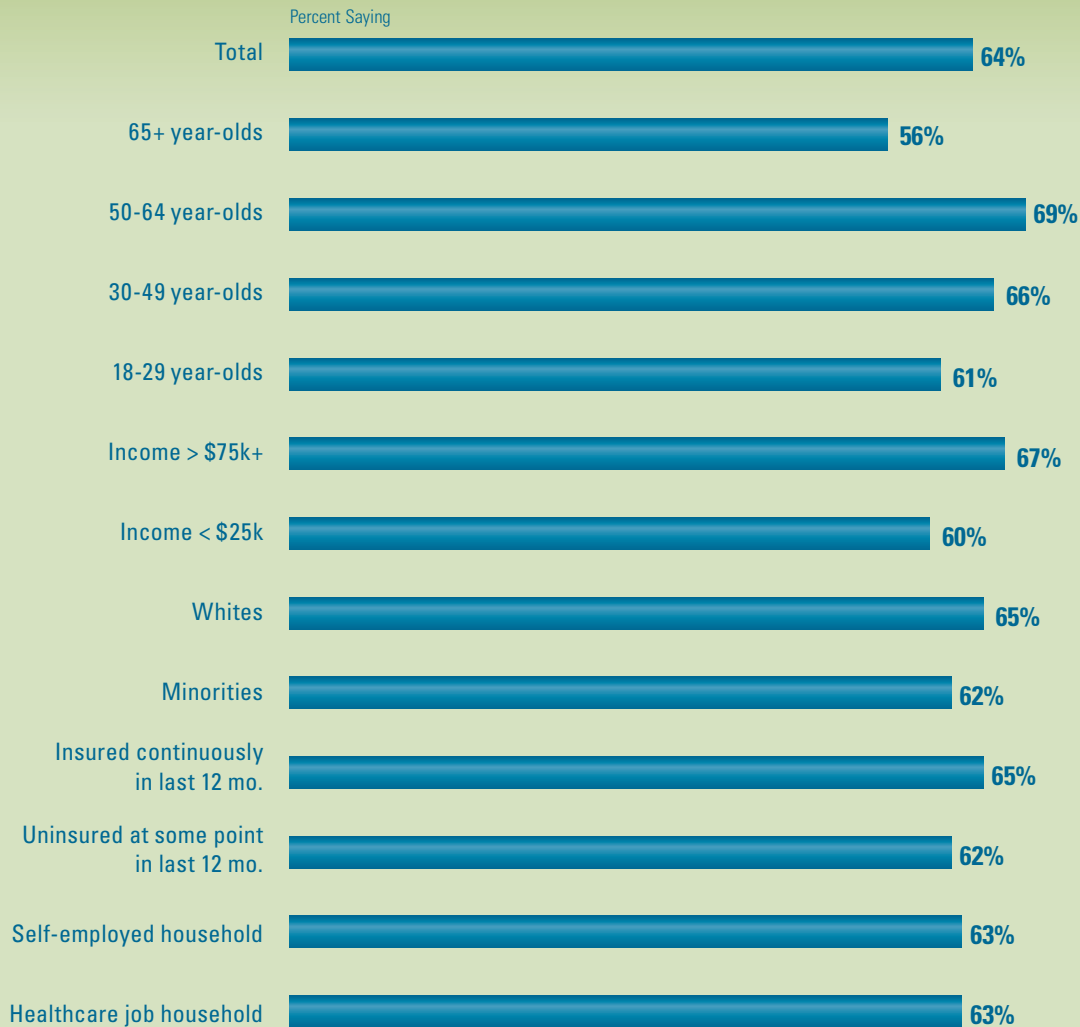
*“I’m going to give you some background information on the new law. As the law is written, the cost of the new Massachusetts Universal Healthcare Law would be shared by the state government, the uninsured, and employers. Everyone who doesn’t have health insurance would have to buy it or pay a penalty. Those who can’t afford insurance would be able to purchase a discounted plan through a state agency. Many low-income people would receive their insurance for free. All employers, with the exception of the smallest businesses, will have to provide insurance for their employees or pay a penalty. Based on what we have told you, do you support or oppose this new health insurance law?”*

Regardless of the question asked, a majority of people support the law – 61% in response to the general question and 64% when given more information (Exhibits 4 and 5). Approximately one in four oppose the law (20% general question, 28% with more information).



Support for the new law is consistent across a wide variety of demographic groups. At least a majority of all groups support the law (Exhibit 6) and they do not vary significantly in their degree of support. The uninsured, the poor, younger adults, and minorities, all groups likely to be impacted most by the law, are not significantly more or less in favor of the law than other Massachusetts residents.

### Exhibit 6 Support for law after hearing description of its provisions



\*Statistically significant difference from "65+ year-olds" at  $p < .05$

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## Elements of the Health Reform Law

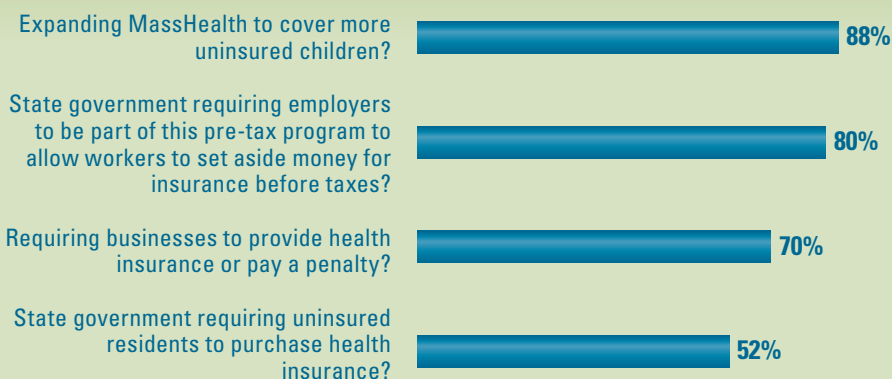
In essence, the new Massachusetts health reform law is one of shared responsibility among individuals, employers, the Commonwealth, and the federal government. Universal coverage will be achieved through the contributions and commitments of all four. The new law requires that all uninsured Massachusetts residents with access to affordable health coverage either purchase health insurance or pay a fine of up to 50% of what health insurance would cost. Individuals and families whose incomes are up to 300% of the federal poverty level (FPL) will receive varying levels of government subsidies to help them purchase insurance called *Commonwealth Care*. Three hundred percent of the FPL is \$29,412 a year for an individual and \$60,012 for a family of four. *Commonwealth Care* enrollees with incomes at or below 100% FPL, which is \$9,804 for an individual and \$20,004 for a family of four, will not be charged a premium. *Commonwealth Care* enrollees with incomes between 101% and 300% FPL will be charged a premium based on a sliding income scale. In addition to the new subsidized program, the state will expand MassHealth, the public insurance program for low income and disabled people, to cover children whose family incomes are up to 300% FPL.

Businesses that employ more than 10 employees will have new responsibilities. They will need to provide insurance for their employees and make a “fair and reasonable contribution” to its cost,<sup>2</sup> or pay a fee of up to \$295 per employee per year. These employers will also be required to offer a “cafeteria plan” through which employees can purchase health insurance with pre-tax dollars.

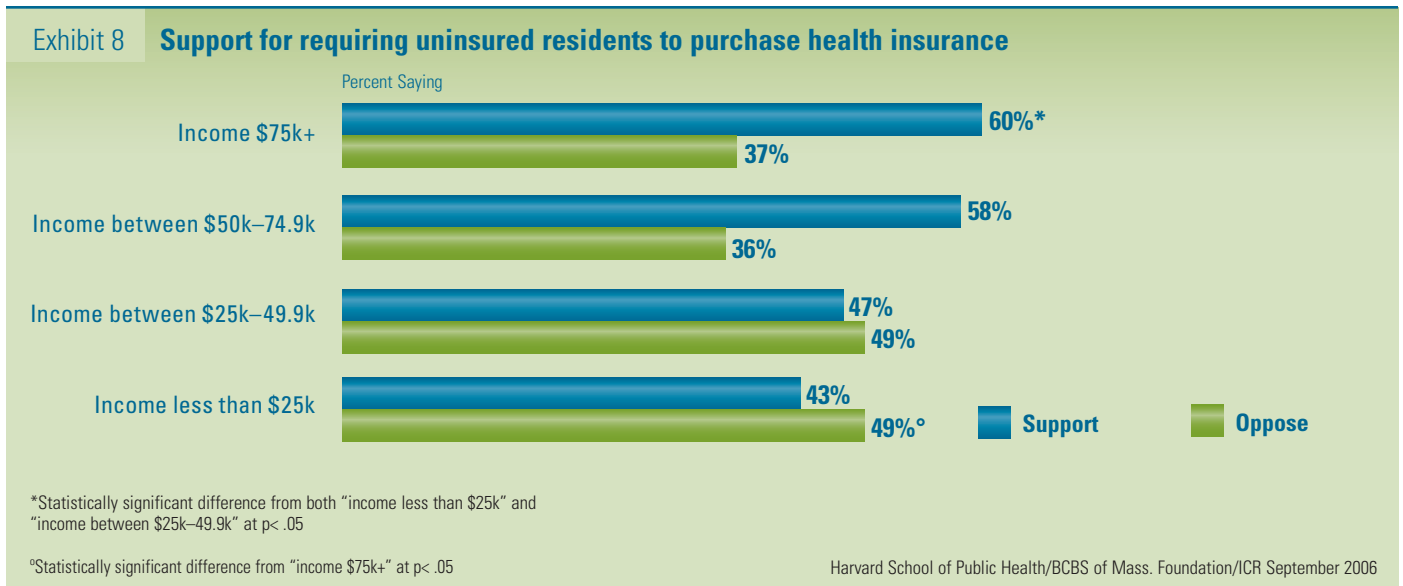
The survey finds that public support of the different provisions of the law varies (Exhibit 7). Massachusetts residents overwhelmingly (88%) support an expansion of MassHealth to cover more uninsured children. The public is also highly supportive of the parts of the law that require businesses to do more. A large majority (80%) favor requiring businesses that employ more than 10 people to set up programs so that employees can purchase insurance with pre-tax dollars. A smaller but still large number of people (70%) favor requiring these businesses to provide coverage for their employees or pay a penalty. Leading up to the law’s passage, the greatest political controversy surrounded requiring businesses to provide insurance for employees or pay a penalty. The survey finds little public controversy on this measure. Both the employer insurance contribution and cafeteria plan requirements receive majority support from a wide variety of groups.

### Exhibit 7 Summary of support for provisions of law

Percent Saying



The least popular provision is the individual insurance purchase requirement. A slim majority (52%) favors requiring uninsured adults to purchase insurance or pay a fine. Support for the individual mandate varies by income. Lower income people are the least supportive of the individual requirement to purchase insurance. As shown in Exhibit 8, Massachusetts residents who make less than \$25,000 are more likely to oppose than support it (49% versus 43%). Upper income residents, who comprise approximately half of the state's residents, are significantly more supportive than people earning below \$50,000 a year. Whites are also more likely to support it than minorities (54% versus 44%). Though this requirement will have a greater impact on the uninsured and younger adults, who are more likely to lack insurance, there is no significant difference in support by insurance status or age.



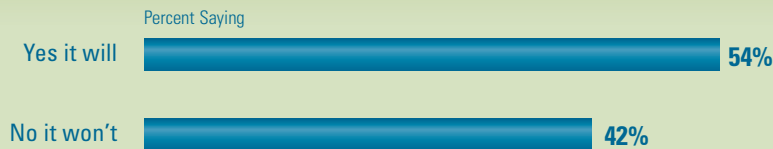
## Impact of the Law

### Overall

The new Massachusetts law has three stated goals—cover the uninsured, contain costs, and increase the quality of care. Massachusetts residents are divided on whether the new health care law will meet the objective of providing health insurance for all. A slight majority (54%) believes the law will succeed in providing health insurance for all residents, while 42% believe it will not (Exhibit 9).

Exhibit 9

#### Public confidence that the new Massachusetts Health Reform Law will ultimately provide health insurance for all Massachusetts residents



"Don't know" responses not shown

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### Health Care Costs and Quality

The growth of health care costs continues to outpace the growth of workers' wages and other goods and services.<sup>3</sup> The Massachusetts health care reform law hopes to contain future costs and make health care more affordable in several ways:

(1) By expanding coverage and bringing healthier people into the insurance pool, costs should be more stable for everyone.

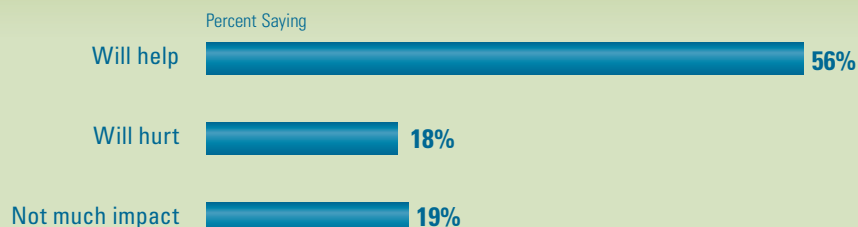
(2) Insuring the currently uninsured will allow them to seek less expensive preventative and primary care rather than wait and receive care in emergency rooms when their condition is more serious.

(3) By merging the non-group and small-group insurance markets, the costs of insurance for the non-group market are expected to decline significantly.

A slight majority of the public (56%) believes the law will help with the availability of affordable health care. Eighteen percent are pessimistic and think the law will actually hurt the availability of affordable health care, and another 19% feel the law will not have much impact (Exhibit 10).

Exhibit 10

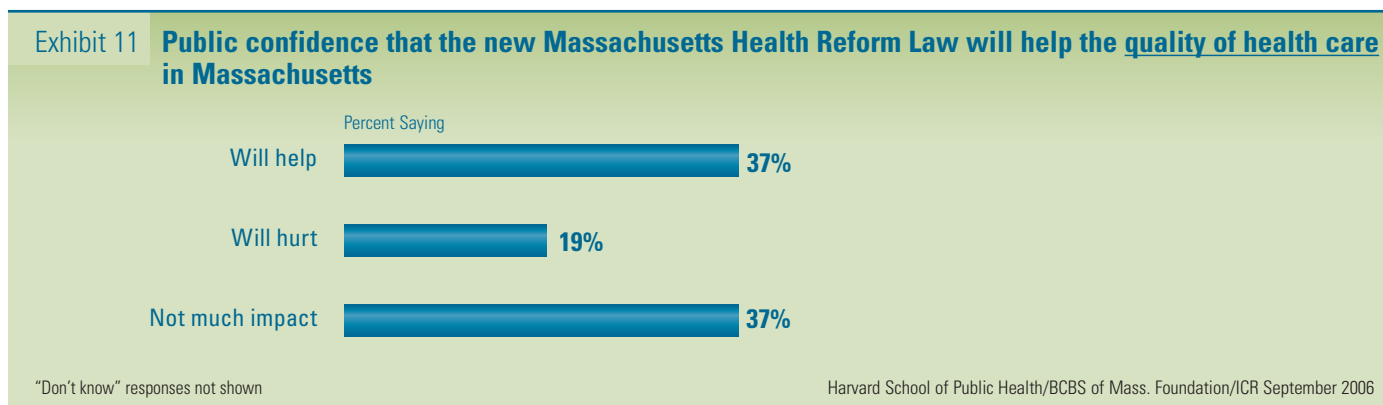
#### Public confidence that the new Massachusetts Health Reform Law will help the availability of affordable health care in Massachusetts



"Don't know" responses not shown

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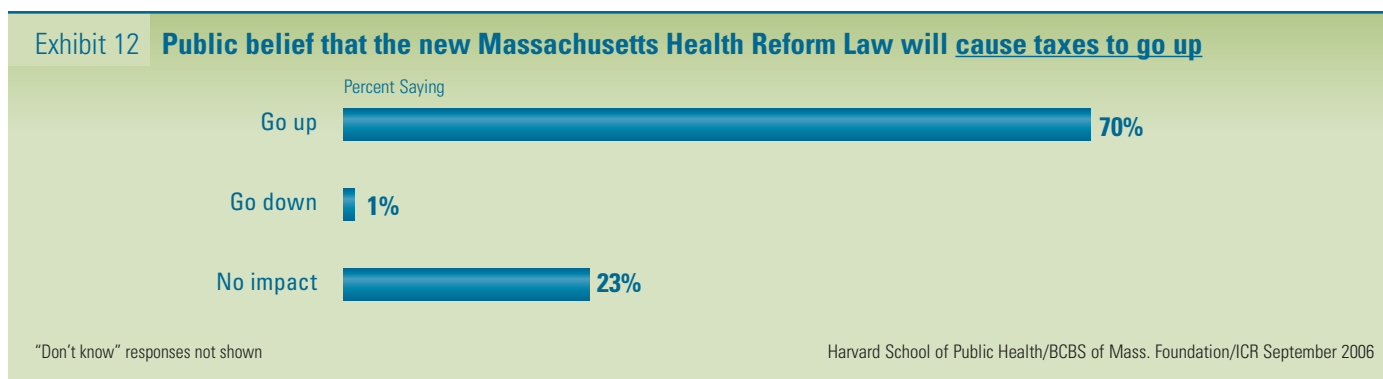
Opinion is more divided on the impact of the law on health care quality. Just over one in three (37%) feel that the quality of health care will be improved by the law, the same percentage (37%) do not think quality will be affected, and one in five (19%) feel that quality will be hurt by the law (Exhibit 11).



## Taxes and the Economy

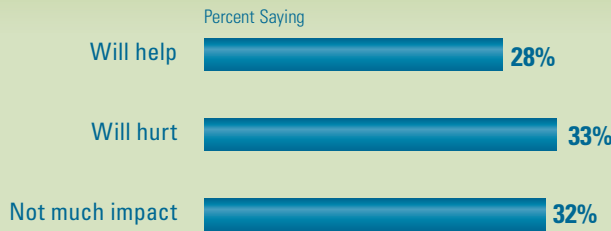
The public is generally in agreement on the impact of the new law on their taxes. A large majority (70%) feel their taxes will go up as a result of the law (Exhibit 12). There is widespread agreement across a variety of demographic groups that their taxes will go up; however, support for the law withstands the belief that it will increase taxes. A majority of people who feel their taxes will go up (60%) support the new health reform law.

Opposition to the greater employer responsibilities in the new law has been based in part on the impact these requirements might have on the economy if they create a negative business environment. Supporters have argued that the law will create a more positive environment by helping to control health care costs. While public opinion shows a relatively high level of support for the employer responsibilities in the law, public opinion is divided on the impact the law will have on the state's economy. Massachusetts residents are split on whether the economy will be helped or hurt by the new health reform law. One in three (33%) believe the economy will be hurt, just over one in four (28%) say it will be helped and another one in three (32%) believe the law will not have much impact on the economy (Exhibit 13).





**Exhibit 13 Public confidence that the new Massachusetts Health Reform Law will help the Massachusetts economy**



"Don't know" responses not shown

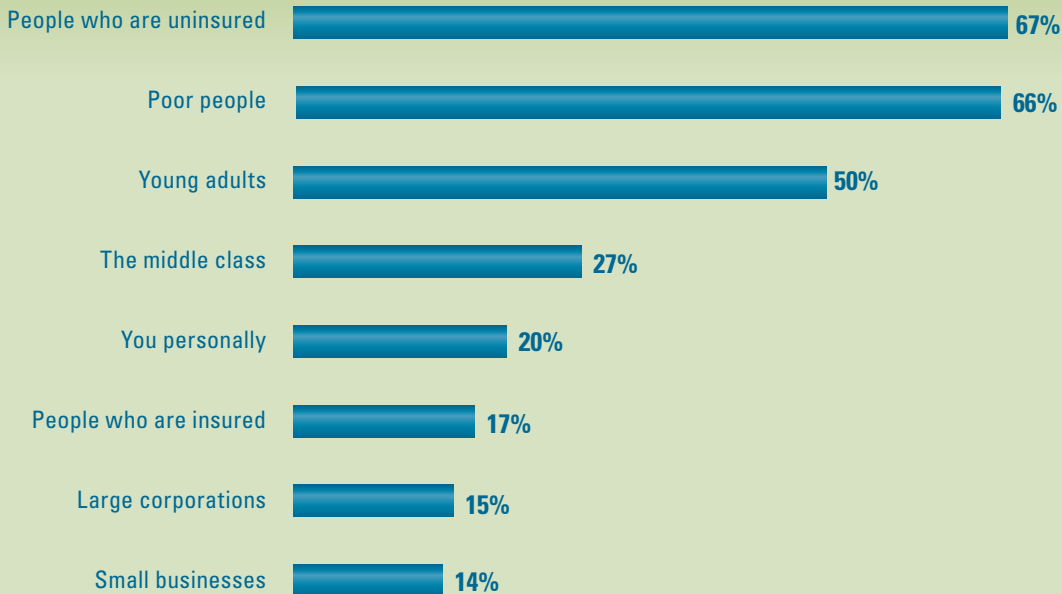
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**The Impact on Individuals: Who Will the Law Help and Who Will It Hurt?**

Because the Massachusetts health reform law splits responsibility for health insurance among individuals, employers, the Commonwealth and the federal government, its impact could be widespread. The survey asked Massachusetts residents whether the law will help, hurt, or not have much impact on seven different groups plus the respondent personally: people who are uninsured, poor people, young adults, the middle class, people who are insured, large corporations, and small businesses.

A majority of Massachusetts residents believe that the law will help the uninsured (67%) and the poor (66%). Fifty percent feel young adults will be helped (Exhibit 14).

**Exhibit 14 People who think the law will help**



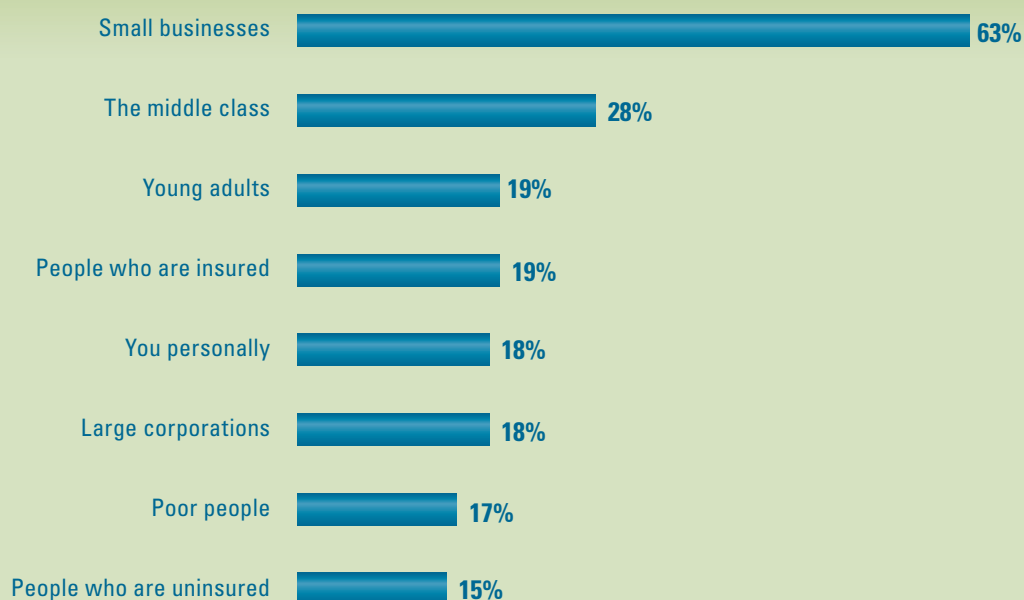
"Don't know" responses not shown

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With the exception of small businesses, the public does not expect many groups of people to be hurt by the law. Nearly two in three (63%) expect small businesses to be hurt by the law. A majority of the public did not think the law would harm any of the six other groups (Exhibit 15).

Most Massachusetts residents (60%) believe the law will not have much impact on them personally. Few expect the law will help (20%) or hurt (18%) them. The uninsured are the exception. A majority of the uninsured believe the law will impact them, but opinion is mixed on whether that impact will be positive or negative (42% positive v. 30% negative) (Exhibit 16).

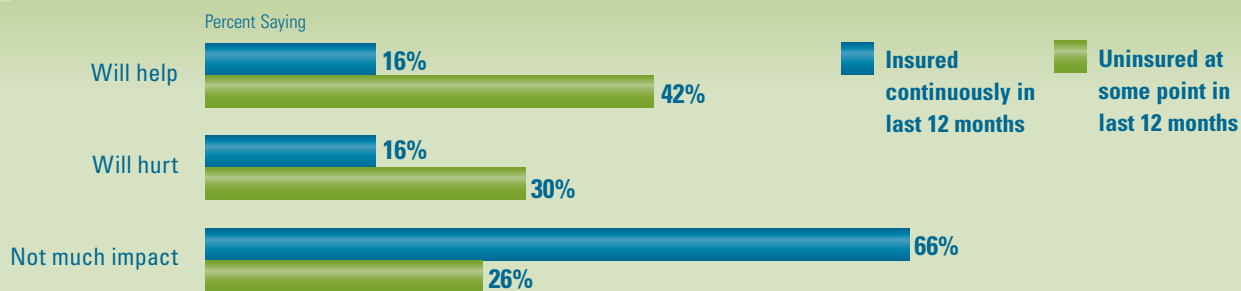
#### Exhibit 15 People who think the law will hurt



"Don't know" responses not shown

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#### Exhibit 16 Public confidence that the new Massachusetts Health Reform Law will help you personally



"Don't know" responses not shown

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## Public Opinion on Fairness of Health Reform Insurance Premiums

A key feature of the new health insurance reform law is the requirement that individuals purchase insurance if affordable coverage is available to them. Massachusetts residents who do not have insurance and whose incomes fall below 300% FPL may be eligible for a state subsidized insurance program called *Commonwealth Care*. Those with incomes below 100% FPL will not have to pay any premiums, but those whose incomes range from 100% to 300% FPL will pay premiums based on a sliding income scale.

Individuals whose incomes are above 300% FPL and who do not receive insurance from their employer or another source will be able to purchase insurance through the Commonwealth Health Insurance Connector Authority. These insurance plans will be certified by the Connector Authority for affordability and quality.

The ability of the uninsured to afford these new insurance products is crucial for the reform plan's success. The survey asked each respondent two questions about the affordability of different insurance plans based on a hypothetical person's income and family size. One-half of the respondents were asked about *Commonwealth Care* plans for lower income people. The other half were asked about Connector plans for the rest of the uninsured. Each respondent was asked about two plans: one for a single person and another for a family. Yearly incomes for each family were supplied. Pricing and income levels were based on the recently released *Commonwealth Care* plan pricing. Income levels for the Commonwealth Connector-offered plans were chosen to be just above the 300% FPL cut-off for *Commonwealth Care* and the prices tested were within a range that included current premiums for employer-sponsored coverage in Massachusetts and prices that have been publicly discussed as premiums targets for Commonwealth Connector plans.

In the questions, the *Commonwealth Care* premiums for a single individual earning \$25,000 a year (which is just above 250% FPL) ranged from \$50 to \$200 a month. For a family of four whose income is \$45,000 (which is roughly 275% FPL), the monthly premiums ranged from \$150 to \$450.

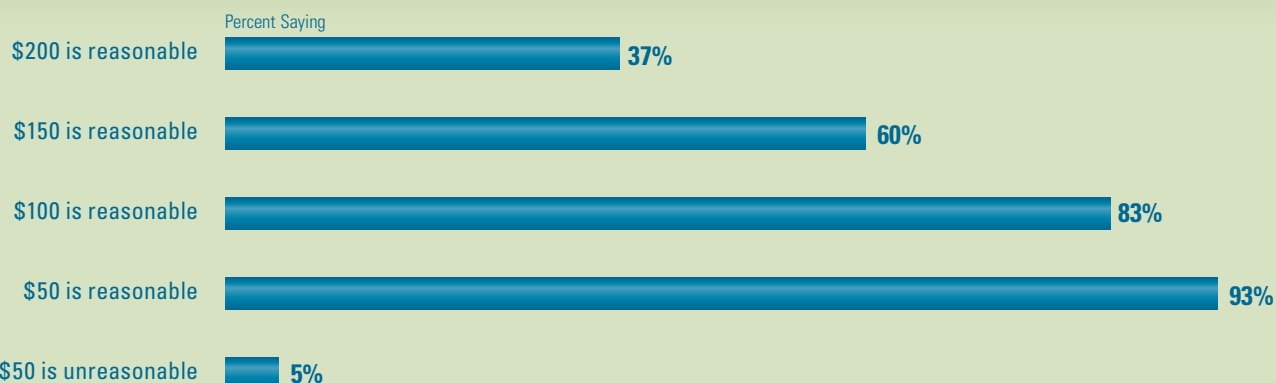
The Commonwealth Connector-offered plan premiums for a single individual earning \$35,000 a year (which is roughly 350% FPL) ranged from \$100 to \$400 a month. For a family of four whose income is \$70,000 (which is roughly 350% FPL), the monthly premiums ranged from \$400 to \$1000.

Respondents were asked whether the top price was a reasonable one for each person or family. If the respondent said it was not, the price was lowered and the question asked again. This continued until the respondent said the price was reasonable or the bottom price was reached.

The survey finds that for all four health plans, a majority of respondents felt the highest price offered was unreasonable (Exhibits 17–20). Only one-quarter to just over one-third of Massachusetts residents felt the highest priced plans are reasonable amounts to pay. However, a sizable majority of the public feels the actual *Commonwealth Care* plan premiums are reasonable.<sup>4</sup> Seventy-three percent feel that \$250 a month is reasonable for a family plan and 83% feel that \$100 is reasonable for an individual plan. With regards to the Commonwealth Connector-offered plans, 66% of respondents viewed a family plan price of \$600 per month to be reasonable and 78% viewed a price of \$200 for an individual plan to be reasonable. These prices are within the range of those that have been discussed as targets for the Connector's affordable products.

**Exhibit 17 Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured single adult whose income is \$25,000 a year to pay for health insurance?**

Base: One half of respondents

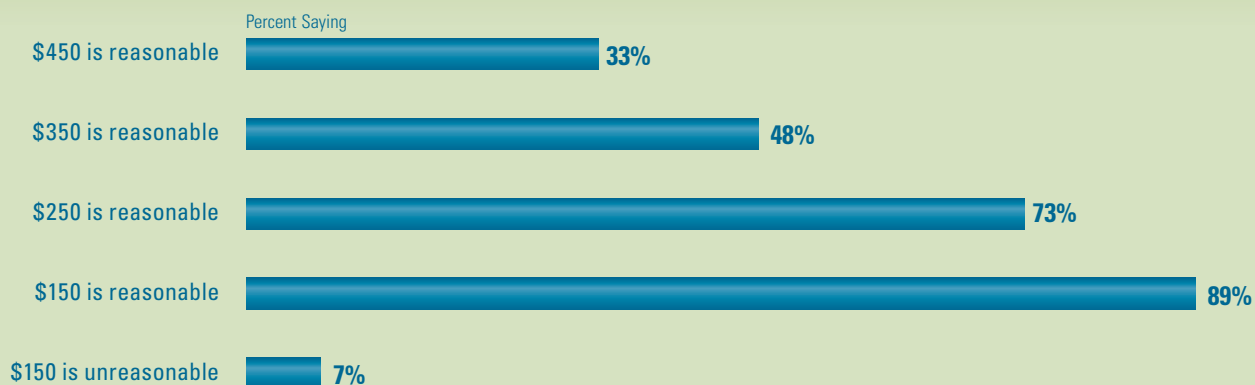


"Don't know" responses not shown

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**Exhibit 18 Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured family of four whose income is \$45,000 a year to pay for health insurance?**

Base: One half of respondents

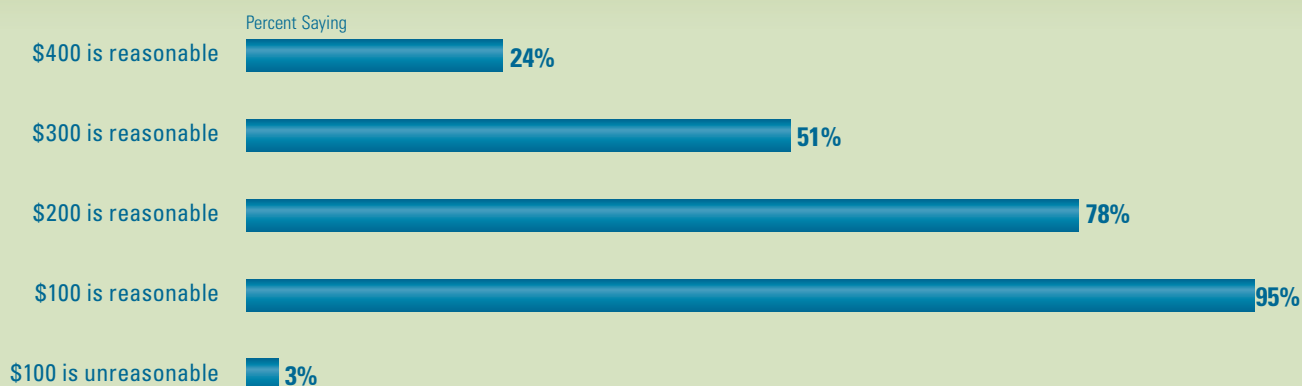


"Don't know" responses not shown

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**Exhibit 19 Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured single adult whose income is \$35,000 a year to pay for health insurance?**

Base: One half of respondents

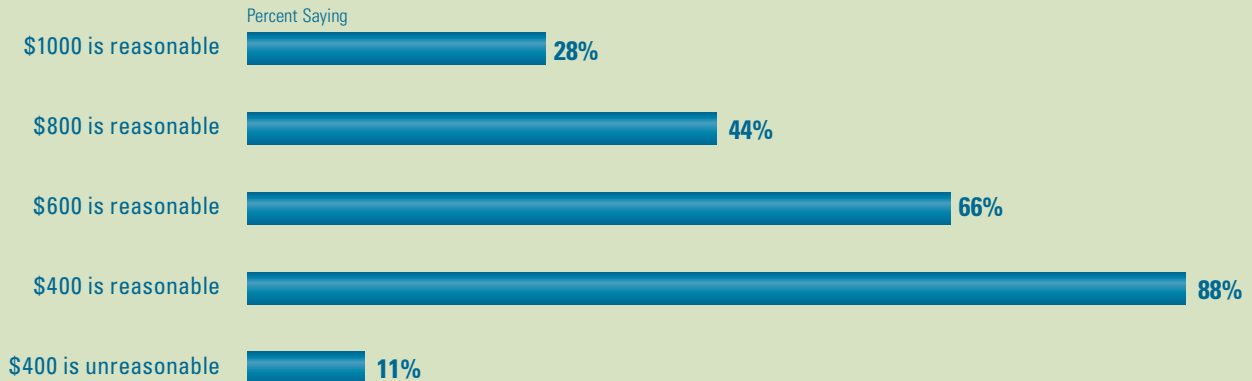


"Don't know" responses not shown

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**Exhibit 20** **Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured family of four whose income is \$70,000 a year to pay for health insurance?**

Base: One half of respondents



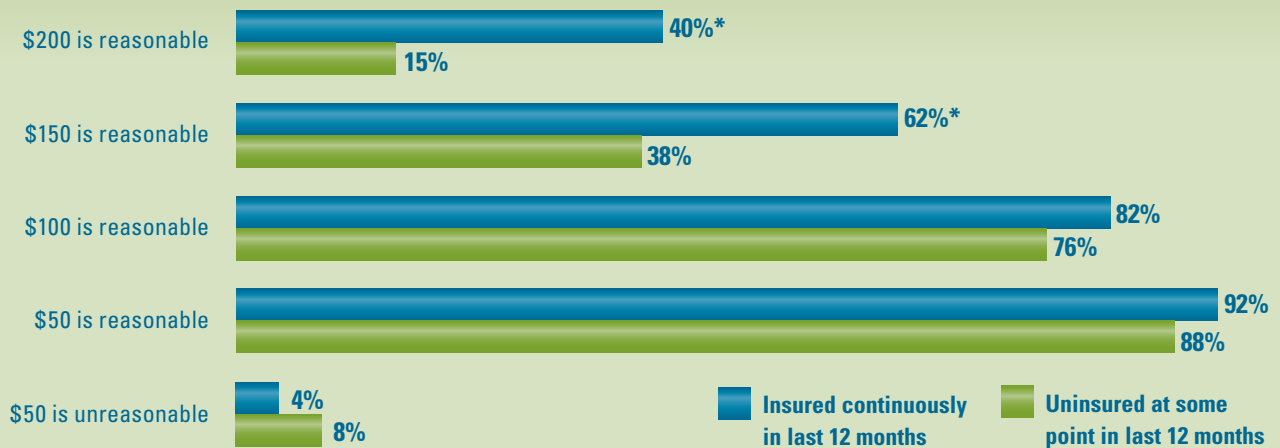
"Don't know" responses not shown

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The uninsured will ultimately have to purchase these insurance plans so their opinions about the pricing of the premiums are particularly important. Those who lacked insurance at some point during the past 12 months are more price sensitive than those who were continuously insured, but this is only true with regard to the *Commonwealth Care* plans for lower income residents. The uninsured are significantly less likely to believe that the top two premiums for both the individual and family plans are reasonable. Still, a majority of the uninsured does feel the actual premium price, \$250 for a family of four and \$100 for an individual is reasonable. But for the family plan, it is a small majority (58%). The uninsured are not different from the insured on the higher priced Commonwealth Connector-offered plans (Exhibits 21–24).

**Exhibit 21** **Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured single adult whose income is \$25,000 a year to pay for health insurance?**

Base: One half of respondents



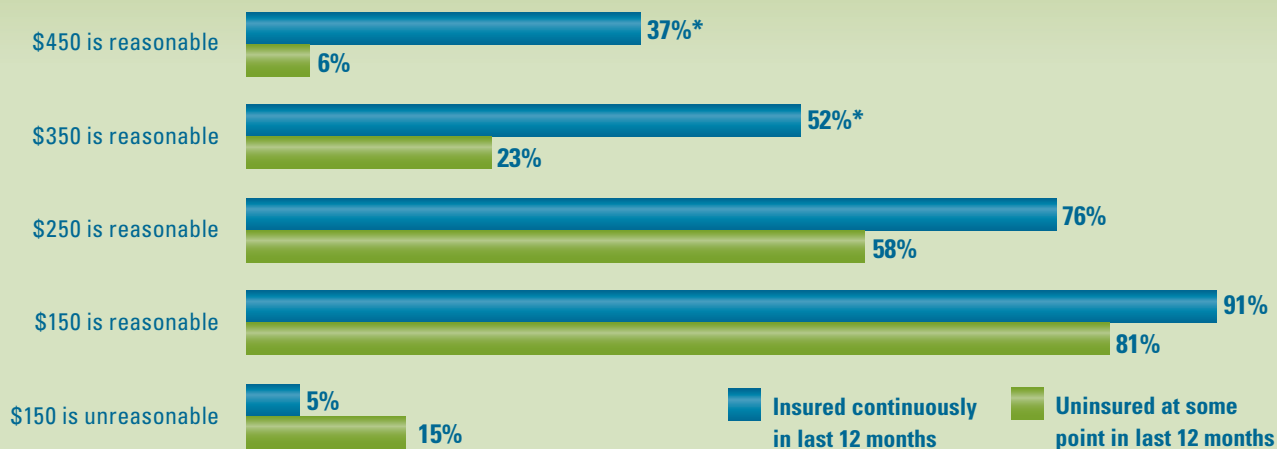
\*Statistically significant difference from uninsured at p < .05

"Don't know" responses not shown

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**Exhibit 22 Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured family of four whose income is \$45,000 a year to pay for health insurance?**

Base: One half of respondents



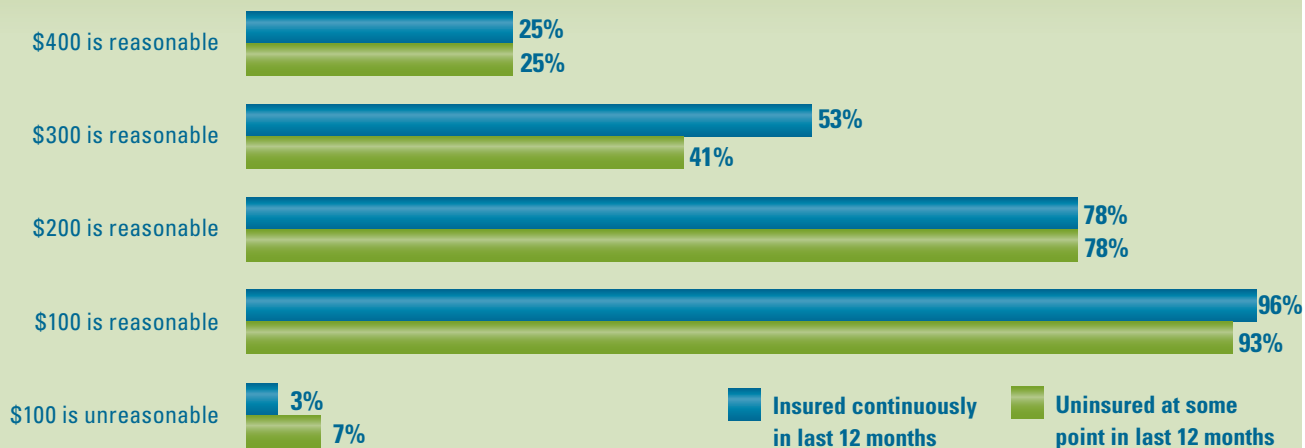
\*Statistically significant difference from uninsured at  $p < .05$

"Don't know" responses not shown

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**Exhibit 23 Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured single adult whose income is \$35,000 a year to pay for health insurance?**

Base: One half of respondents

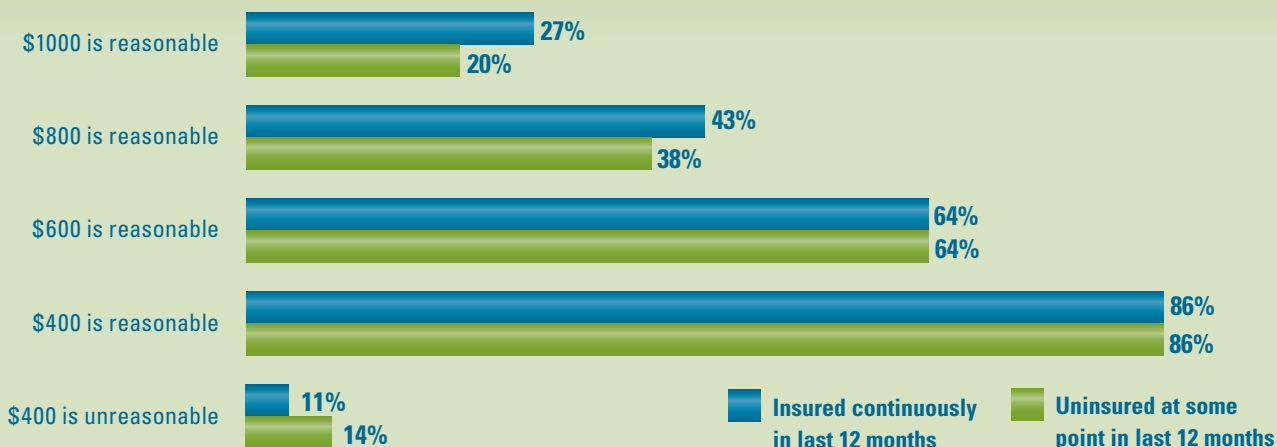


"Don't know" responses not shown

Harvard School of Public Health/BCBS of Mass. Foundation/ICR September 2006

**Exhibit 24 Would each of these monthly rates be a reasonable or unreasonable amount to require an uninsured family of four whose income is \$70,000 a year to pay for health insurance?**

Base: One half of respondents



"Don't know" responses not shown

Harvard School of Public Health/BCBS of Mass. Foundation/ICR September 2006

## Implications for the Future

This survey finds that in its early stages of implementation, a majority of Massachusetts residents support the new universal health insurance reform law. This support is widespread across a large variety of demographic groups in the state, including the groups likely to be affected most by the law. In addition, the public believes that the reform plan will help the poor and uninsured, the principal targets of the legislation.

The survey results also reveal some potential challenges the law may face during implementation. Although most provisions of the law are very popular, public support for the state requiring individuals to purchase insurance is more mixed. The groups most directly affected are also divided in their support of this provision of the law. The public's views on the individual mandate point to a need for widespread education about the new requirement. Since employers are often a conduit for information about health benefits, they should be included in any education effort, in addition to other forms of public education.

One of the largest and most immediate challenges is ensuring that the Commonwealth-approved insurance plans are affordable. Public opinion about the fairness of the plans' pricing will be critical to the program's success. Currently, a sizable majority of the public feels the *Commonwealth Care* plan premiums for lower income residents are reasonable. The public is also supportive of the likely pricing of the Commonwealth Connector-offered plans for uninsured residents who do not qualify for the subsidized plans.

Yet the survey results suggest the limits on what the public feels is affordable. The Connector Authority is working within a small price range for the new insurance plans. An increase in monthly premiums of \$50 for an individual plan or \$100 for a family plan could shift opinion from supporting to opposing the Connector-offered insurance plans. If the premiums start to rise over time and are perceived by the public to impose an unreasonable hardship, public support for the new law could decline.

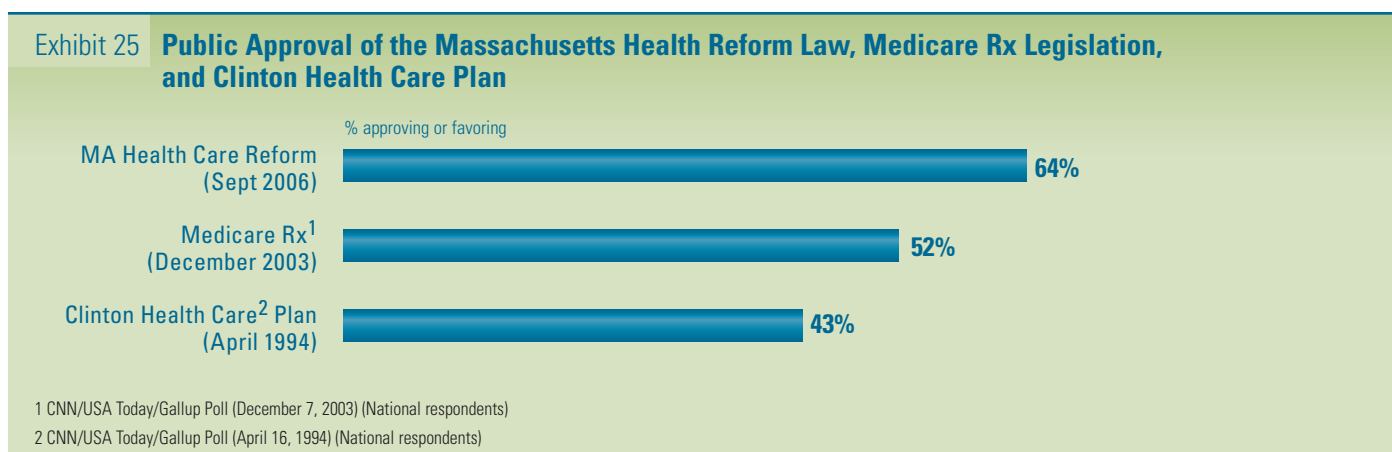
In the long-term, the earlier debates surrounding employers' financial responsibilities in the new law could resurface if economic conditions worsen in the state and small businesses are seen as adversely affected. Reaching a compromise among public and business interests was necessary for the law to pass. To maintain this coalition, it is important that the Connector Authority develop and maintain a strong relationship with the small business community so that its concerns can be heard and addressed. Likewise, making it easy for employers and employees to participate with few administrative burdens should be a priority.

An additional future concern is the impact of the law on taxes. The public believes the law could lead to tax increases, an issue that remains contentious within the Commonwealth. Nonetheless, a majority of those who believe their taxes will increase as a result of the law remain supportive of it. Support for a program expected to increase taxes indicates a public commitment to the goal of providing health care for all Massachusetts residents. It also suggests an acknowledgement and understanding of the partnership among the public, employers, and government required to meet that goal.

Because the public is skeptical about the government's ability to solve tough problems, it will be important for leadership to keep the public apprised of the state's successes with implementation. This will be particularly important because the survey shows the public is divided on whether the reform law will ultimately succeed in expanding health care access, improving quality, and reducing costs. Making sure implementation goes smoothly and publicizing successes will help the public gain confidence in the plan and dispel concerns

that the government cannot do a good job with implementation. It will be important for the Connector Authority and other government agencies responsible for implementing the law to meet visible deadlines and issue progress reports that are widely circulated throughout the state.

Despite these challenges, the Massachusetts universal health insurance law is more popular among the public than other recent major health care reform proposals were at similar points in their histories. As Exhibit 25 shows, neither the recent Medicare drug plan nor the Clinton health care plan received such a high degree of public support when they were acted upon by the U.S. Congress. Although each piece of legislation is different, the greater level of public support for the Massachusetts law six months after its passage is reason for optimism for the future if leaders can combine that public support with a highly visible continuation of the implementation work already under way.



<sup>1</sup> R.J. Blendon, C.M. DesRoches, E. Raleigh, J. Benson, “The Uninsured in Massachusetts: An Opportunity for Leadership” October 2003. Report for the Blue Cross Blue Shield of Massachusetts Foundation.

<sup>2</sup> The MA Division of Health Care Finance and Policy has defined “fair and reasonable contribution” to be either (1) at least 25% of fulltime employees purchase employer-sponsored insurance, or (2) the employer contributes at least 33% of the premium cost to any group health plan offered by the employer. See 114.5 CMR 16.00.

<sup>3</sup> Kaiser Family Foundation, “Annual Employer Health Benefits Survey” May 2006.

<sup>4</sup> The actual minimum monthly enrollee contribution levels established by the Connector Authority for the two scenarios tested are \$106 for a single individual earning between 250% and 300% FPL and \$268 for a family of four, assuming that, in addition to the Commonwealth Care premiums, the family also pays premiums to MassHealth for its two children to obtain MassHealth Family Assistance.





# Public Impressions of the Massachusetts Health Reform Law

Harvard School of Public Health

## Topline Report

The study was conducted for Harvard School of Public Health via telephone by International Communications Research, an independent research company. Interviews were conducted from September 11–18, 2006 among a representative sample of 1031 Massachusetts residents age 18 and older. The margin of error for total respondents is +/- 4 percentage points at the 95% confidence level.

### 1. Which of these statements do you think best describes the health care system in Massachusetts today?

It is in a state of crisis	14
It has major problems	45
It has minor problems	27
It does not have any problems	8
Don't know	6
Refused	<1

### 2. As you may know, Governor Mitt Romney and the Massachusetts Legislature recently approved a new law that is aimed at providing health insurance for all Massachusetts residents. How much have you heard or read about the recently enacted Massachusetts Universal Health Insurance Law? Would you say a great deal, quite a bit, just some, only a little, or nothing at all?

A great deal	7
Quite a bit	15
Just some	28
Only a little	29
Nothing at all	20
Don't know	<1
Refused	0

*(Asked of respondents who are familiar with the recently enacted Massachusetts Universal Health Insurance Law; n=879)*

### 3. Given what you know about it, in general, do you support or oppose this new Massachusetts Universal Health Insurance Law?

Support	61
Oppose	20
Don't know	18
Refused	1

## 2/3 Combination Table

Familiar with Mass. Universal Health Insurance Law	80
Support Law	48
Oppose Law	16
Don't know	15
Not familiar with Mass. Universal Health Insurance Law	20
Don't know	<1
Refused	0

**4.** I'm going to give you some background information on the new law. As the law is written, the cost of the new Massachusetts Universal Health Care Law would be shared by the state government, the uninsured, and employers. Everyone who doesn't have health insurance would have to buy it or pay a penalty. Those who can't afford insurance would be able to purchase a discounted plan through a state agency. Many low-income people would receive their insurance for free. All employers, with the exception of the smallest businesses, will have to provide insurance for their employees or pay a penalty. Based on what we have told you, do you support or oppose this new health insurance law?

Support	64
Oppose	28
Don't know	7
Refused	1

**5.** The new law requires that all uninsured Massachusetts residents either purchase health insurance or pay a fine of up to 50% of what health insurance would cost. If a state agency determines that a person can't afford a policy, they would not be required to buy one. People whose incomes fall below a certain level would receive help paying part or all of their insurance premiums. Do you support or oppose state government requiring uninsured residents to purchase health insurance?

Support	52
Oppose	42
Don't know	6
Refused	<1

**6.** The new law requires that businesses that employ more than 10 people either provide health insurance for their employees, or pay a penalty of up to \$295 per employee per year. Do you support or oppose requiring businesses to provide health insurance or pay a penalty?

Support	70
Oppose	26
Don't know	4
Refused	<1

7. The new law requires that businesses that employ more than 10 people offer their employees the chance to purchase private health insurance with pre-tax dollars through a new state program. Employers would be required to administer a program that allows workers to set aside a portion of their salaries for health insurance before taxes are taken out. This could save people up to 25% on their health insurance. Do you support or oppose state government requiring employers to be part of this pre-tax program?

Support	80
Oppose	16
Don't know	4
Refused	<1

8. The new law expands eligibility for MassHealth, a program that provides health insurance for many low-income Massachusetts residents. The expansion will provide health insurance for more uninsured children. Do you support or oppose expanding MassHealth to cover more uninsured children?

Support	88
Oppose	9
Don't know	2
Refused	<1

9. Generally speaking, do you think the new Massachusetts Universal Health Insurance Law will help or hurt (INSERT ITEM) or don't you think it will have much of an impact one way or another?

**a.** People who do not have health insurance

Will help	67
Will hurt	15
Not much impact	13
Don't know	4
Refused	<1

**b.** People who do have health insurance

Will help	17
Will hurt	19
Not much impact	58
Don't know	6
Refused	0

**c.** Small businesses

Will help	14
Will hurt	63
Not much impact	19
Don't know	4
Refused	0

**d. Large corporations**

Will help	15
Will hurt	18
Not much impact	64
Don't know	4
Refused	<1

**e. Young adults**

Will help	50
Will hurt	19
Not much impact	24
Don't know	7
Refused	<1

**f. Poor people**

Will help	66
Will hurt	17
Not much impact	12
Don't know	5
Refused	<1

**g. The middle class**

Will help	27
Will hurt	28
Not much impact	39
Don't know	6
Refused	<1

**h. You personally**

Will help	20
Will hurt	18
Not much impact	60
Don't know	2
Refused	0

**10.** Do you think the new Massachusetts Universal Health Insurance Law will cause your taxes to go up, go down, or do you think it won't impact how much you pay in taxes?

Go up	70
Go down	1
No impact	23
Don't know	6
Refused	0

**11.** Generally speaking, do you think the new Massachusetts Universal Health Insurance Law will help or hurt (INSERT ITEM) or don't you think it will have much of an impact one way or another?

**a.** The Massachusetts economy

Will help	28
Will hurt	33
Not much impact	32
Don't know	7
Refused	0

**b.** The quality of healthcare in Massachusetts

Will help	37
Will hurt	19
Not much impact	37
Don't know	7
Refused	0

**c.** The availability of affordable healthcare in Massachusetts

Will help	56
Will hurt	18
Not much impact	19
Don't know	7
Refused	<1

**12.** Based on what you know about the new Massachusetts Universal Health Insurance Law, do you think the program will ultimately provide health insurance for all Massachusetts residents?

Yes it will	54
No it won't	42
Don't know	4
Refused	0

**13.** Next I have a question about different kinds of health insurance people have, including those plans provided by the government. After I read each one, please tell me whether or not you personally are covered by it. First/Next, are you covered by (READ ITEM)

**a.** Health insurance through your or a family member's work or union

Yes, covered	63
No, not covered	36
Don't know	1
Refused	1

**b.** Health insurance bought directly by yourself or your family

Yes, covered	42
No, not covered	56
Don't know	1
Refused	1

**c.** Medicare, a government plan that pays health care bills for people aged 65 or older and for some disabled people

Yes, covered	23
No, not covered	75
Don't know	1
Refused	1

**d.** MassHealth or Medicaid

Yes, covered	16
No, not covered	82
Don't know	2
Refused	1

**e.** Health insurance through some other group

Yes, covered	30
No, not covered	68
Don't know	1
Refused	1

*(Asked of respondents who are NOT personally covered by a health insurance plan; n=58)*

**14.** Does this mean that you are currently uninsured?

Yes, currently uninsured	79
No, insured	11
Don't know	1
Refused	9

**13/14 Combination Table**

Insured	93
Uninsured	6
Don't know	<1
Refused	1

**15. How many children under the age of 18 live in this household?**

1	15
2	14
3	5
4+	2
None	63
Refused	1

*(Asked of respondents who have children under the age of 18 living in the household; n=316)*

**16. Is this child/Are any of these children currently uninsured?**

Yes	7
No	92
Don't know	1
Refused	<1

*(Asked of respondents who have uninsured children under the age of 18 living in the household; n=11)*

**17. How many of these children are uninsured?**

1	49
2	18
3	11
4+	22
None	0
Don't know	0
Refused	0

**15/16/17 Combination Table**

Have children	36
1 Child uninsured	1
2 Children uninsured	<1
3 Children uninsured	<1
4+Children uninsured	1
None uninsured	33
No children	63
Refused	1



**18.** Besides yourself or your children, is there anyone living in your household who is currently uninsured?

Yes	8
No	91
Don't know	<1
Refused	1

*(Asked of respondents who are currently insured; n=980)*

**19.** Was there any time in the past 12 months when you were without health insurance?

Yes	9
No	90
Don't know	1
Refused	<1

*(Asked of respondents who are currently uninsured OR have been without health insurance in the past 12 months; n=101)*

**20.** Please tell me the MAIN reason why you (are/were) uninsured.

It (is/was) too expensive	28
Your employer (did not/doesn't) offer health insurance	7
Your employer offers health insurance but you (are not/were not) eligible for it	10
You (don't/didn't) think you need it	5
You are/were unemployed	22
You tried to get insurance but were unable to, due to a pre-existing condition	0
Some other reason	26
Don't know	0
Refused	3

**21.** In the past two years, have you gotten any medical care or health care services FREE or at a greatly reduced cost because you were not covered by insurance and could not afford to pay for it, or not?

Yes	10
No	89
Don't know	1
Refused	1

## Unsubsidized Plans

The new Massachusetts Universal Health Insurance Law requires all uninsured Massachusetts residents to buy health insurance or pay a fine. I'd like to get your opinion about the costs of two health insurance plans.

*(Asked of half of total respondents; n=513)*

**22.** The first plan is for an uninsured single adult whose income is \$35,000 a year. Would \$400 a month be a reasonable or unreasonable amount to require this person to pay for health insurance?

Yes, reasonable amount	24
No, unreasonable amount	72
Don't know	3
Refused	<1

*(Asked of respondents who feel \$400 per month is unreasonable or are unsure; n=384)*

**23.** How about a policy that costs \$300 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	35
No, unreasonable amount	61
Don't know	3
Refused	<1

*(Asked of respondents who feel \$300 per month is unreasonable or are unsure; n=252)*

**24.** How about a policy that costs \$200 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	55
No, unreasonable amount	41
Don't know	4
Refused	1

*(Asked of respondents who feel \$200 per month is unreasonable or are unsure; n=106)*

**25.** How about a policy that costs \$100 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	76
No, unreasonable amount	15
Don't know	7
Refused	2

*(Asked of half of total respondents; n=513)*

**22/23/24/25 Combination Table**

\$400 is a reasonable amount	24
\$300 is a reasonable amount	27
\$200 is a reasonable amount	27
\$100 is a reasonable amount	17
\$100 to \$400 is an unreasonable amount	3
Don't know	2
Refused	<1

*(Asked of half of total respondents; n=513)*

**26.** Now I'd like to get your opinion on the cost of a health insurance plan for an uninsured family of four whose income is \$70,000 a year. Would \$1000 a month be a reasonable or unreasonable amount to require this family to pay for health insurance?

Yes, reasonable amount	28
No, unreasonable amount	70
Don't know	2
Refused	<1

*(Asked of respondents who feel \$1000 per month is unreasonable or are unsure; n=382)*

**27.** How about a policy that costs \$800 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	22
No, unreasonable amount	75
Don't know	2
Refused	<1

*(Asked of respondents who feel \$800 per month is unreasonable or are unsure; n=290)*

**28.** How about a policy that costs \$600 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	38
No, unreasonable amount	58
Don't know	3
Refused	0

*(Asked of respondents who feel \$600 per month is unreasonable or are unsure; n=178)*

**29.** How about a policy that costs \$400 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	63
No, unreasonable amount	33
Don't know	3
Refused	1

(Asked of half of total respondents; n=513)

### 26/27/28/29 Combination Table

\$1000 is a reasonable amount	28
\$800 is a reasonable amount	16
\$600 is a reasonable amount	22
\$400 is a reasonable amount	22
\$400 to \$1000 is an unreasonable amount	11
Don't know	1
Refused	<1

## Subsidized Plans

The new Massachusetts Universal Health Insurance Law requires all uninsured Massachusetts residents to buy health insurance or pay a fine. I'd like to get your opinion about the costs of two health insurance plans.

(Asked of half of total respondents; n=518)

**30.** The first plan is for an uninsured single adult whose income is \$25,000 a year. Would \$200 a month be a reasonable or unreasonable amount to require this person to pay for health insurance?

Yes, reasonable amount	37
No, unreasonable amount	60
Don't know	2
Refused	1

(Asked of respondents who feel \$200 per month is unreasonable or are unsure; n=312)

**31.** How about a policy that costs \$150 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	36
No, unreasonable amount	60
Don't know	4
Refused	1

(Asked of respondents who feel \$150 per month is unreasonable or are unsure; n=210)

**32.** How about a policy that costs \$100 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	56
No, unreasonable amount	39
Don't know	4
Refused	1

*(Asked of respondents who feel \$100 per month is unreasonable or are unsure; n=96)*

**33.** How about a policy that costs \$50 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	56
No, unreasonable amount	27
Don't know	13
Refused	4

*(Asked of half of total respondents; n=518)*

**30/31/32/33 Combination Table**

\$200 is a reasonable amount	37
\$150 is a reasonable amount	23
\$100 is a reasonable amount	23
\$50 is a reasonable amount	10
\$50 to \$200 is an unreasonable amount	5
Don't know	2
Refused	1

*(Asked of half of total respondents; n=518)*

**34.** Now, I'd like to get your opinion on the cost of a health insurance plan for an uninsured family of four whose income is \$45,000 a year. Would \$450 a month be a reasonable or unreasonable amount to require this family to pay for health insurance?

Yes, reasonable amount	33
No, unreasonable amount	62
Don't know	5
Refused	1

*(Asked of respondents who feel \$450 per month is unreasonable or are unsure; n=351)*

**35.** How about a policy that costs \$350 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	22
No, unreasonable amount	70
Don't know	7
Refused	1

*(Asked of respondents who feel \$350 per month is unreasonable or are unsure; n=256)*

**36.** How about a policy that costs \$250 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	49
No, unreasonable amount	43
Don't know	6
Refused	2

*(Asked of respondents who feel \$250 per month is unreasonable or are unsure; n=142)*

**37.** How about a policy that costs \$150 a month? Would this be a reasonable or unreasonable amount?

Yes, reasonable amount	61
No, unreasonable amount	25
Don't know	11
Refused	3

*(Asked of half of total respondents; n=518)*

**34/35/36/37 Combination table**

\$450 is a reasonable amount	33
\$350 is a reasonable amount	15
\$250 is a reasonable amount	25
\$150 is a reasonable amount	16
\$150 to \$450 is an unreasonable amount	7
Don't know	3
Refused	1

**38.** Now thinking about your own health status... In general, would you say your health is Excellent, Very good, Good, Fair, or Poor?

Excellent/Very good/Good	80
Excellent	23
Very good	27
Good	29
Fair/Poor	19
Fair	13
Poor	6
Don't know	<1
Refused	1

**39.** What is your age?

18-29	21
30-49	39
50-64	22
65+	14
Refused	4

**40. What is the last grade or class that you completed in school?**

<b>HS or Less</b>	<b>44</b>
<b>Less than HS</b>	<b>13</b>
<i>None, or grade 1-8</i>	2
<i>High school incomplete (grades 9-11)</i>	11
<b>HS Grad (sub net)</b>	<b>32</b>
<i>High school graduate (grade 12 or GED certificate)</i>	30
<i>Business, technical, or vocational school AFTER high school</i>	2
<b>Some college or more</b>	<b>55</b>
<b>Some college</b>	<b>21</b>
<b>College graduate+</b>	<b>33</b>
<i>College graduate</i>	20
<i>Post-graduate training or professional schooling after college</i>	13
<b>Don't know</b>	<b>0</b>
<b>Refused</b>	<b>1</b>

**41. Currently, are you yourself employed full-time, part-time, or not at all?**

<b>Employed</b>	<b>64</b>
<b>Full-time</b>	<b>49</b>
<b>Part-time</b>	<b>15</b>
<b>Not Employed</b>	<b>35</b>
<b>Don't know</b>	<b>0</b>
<b>Refused</b>	<b>1</b>

*(Asked of respondents who are employed full-time or part-time; n=623)*

**42. Are you self-employed?**

<b>Yes</b>	<b>17</b>
<b>No</b>	<b>83</b>
<b>Don't know</b>	<b>0</b>
<b>Refused</b>	<b>0</b>

*(Asked of respondents who are employed full-time or part-time; n=623)*

**43. Does your place of employment employ 10 or more people?**

<b>Yes</b>	<b>74</b>
<b>No</b>	<b>26</b>
<b>Don't know</b>	<b>&lt;1</b>
<b>Refused</b>	<b>0</b>

(Asked of respondents who are not employed; n=396)

**44. Are you: (read list)?**

Retired	43
A homemaker	11
A student	4
Temporarily unemployed	15
Not working for some other reason	27
Don't know	0
Refused	0

**41/44 Combination Table**

Employed	64
Employed FT	49
Employed PT	15
Unemployed	35
Retired	15
Homemaker	4
Student	1
Temporarily unemployed	5
Other reason	10
Don't know	0
Refused	1

**45. Is there anyone in your household who (INSERT ITEM):**

**a. Is a member of a union**

Yes	24
No	74
Don't know	1
Refused	1

**b. Is a business owner who employs more than 10 people**

Yes	2
No	96
Don't know	1
Refused	1

**c. Has a healthcare-related job**

Yes	19
No	78
Don't know	1
Refused	1



**d. Is self-employed**

Yes	17
No	82
Don't know	0
Refused	1

**46. Are you currently married, living with a partner, widowed, divorced, separated, or have you never married?**

Married	50
Partner	7
Widowed	7
Divorced	9
Separated	2
Never Married	23
Don't know	<1
Refused	2

**47. Are you, yourself, of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or other Latin American background?**

Yes	7
No	91
Don't know	<1
Refused	2

*(Asked of total Hispanics; n =30)***48. Are you White Hispanic or Black Hispanic**

White	53
Black	18
Don't know	29
Refused	0

*(Asked of total non-Hispanics; n =1001)***49. Do you consider yourself to be white, black or African-American, Asian-American, or some other race?**

White	85
Black or African-American	5
Asian-American	6
Some other race	1
Don't know	<1
Refused	4

### Race Summary Table

White, non Hispanic	79
Black, non Hispanic	5
Asian	5
Some other race	1
Hispanic	7
White	4
Black	1
Unspecified	2
Don't know	<1
Refused	3

50. In politics today, do you consider yourself a Republican, a Democrat, or an Independent?

Republican	10
Democrat	30
Independent	50
Other	1
Neither	3
Don't know	2
Refused	3

51. Is your total annual household income from all sources, and before taxes: (READ LIST)

Less than \$40,000	32
Less than \$15K	9
\$15K but less than \$20K	4
\$20K but less than \$25K	5
\$25K but less than \$30K	5
\$30K but less than \$40K	7
Less than \$40K (unspecified)	2
\$40,000 or more	58
\$40K but less than \$50K	7
\$50K but less than \$75K	17
\$75K but less than \$100K	14
\$100K +	15
\$40K + (unspecified)	4
Don't know	3
Refused	7

**52. Respondent gender**

Male	48
Female	52

## About the Authors

**Robert J. Blendon, Sc.D.** is currently Professor of Health Policy and Political Analysis in both the Harvard University School of Public Health and the John F. Kennedy School of Government. He also serves as a faculty member in the Shorenstein Center on Press and Politics at the Kennedy School. In addition, he directs the Harvard Opinion Research Program and the Henry J. Kaiser National Program on the Public, Health and Social Policy, which focuses on the better understanding of public knowledge, attitudes, and beliefs about major domestic public policy issues. He co-directs the *Washington Post/* Harvard University/Kaiser Family Foundation survey project, which was nominated for a Pulitzer Prize. Dr. Blendon co-directed a special survey project for the *Minneapolis Star Tribune* on health care, part of a series that received the National Press Club's 1998 Award for Consumer Journalism. In the spring of 1999, Dr. Blendon began co-directing a new project for National Public Radio and the Henry J. Kaiser Family Foundation on American attitudes toward health and social policy. The series was cited by the *National Journal* as setting a new standard for use of public opinion surveys in broadcast journalism.

Between 1987 and 1996 he served as Chairman of the Department of Health Policy and Management at the Harvard School of Public Health and as Deputy Director of the Harvard University Division of Health Policy Research and Education. Prior to his Harvard appointment, Dr. Blendon was senior vice-president at The Robert Wood Johnson Foundation. He is best known for his analysis of public opinion and voting behavior on domestic and health policy issues and national spending priorities, for his work comparing public satisfaction with national health systems in 12 countries and for his research on public attitudes on Social Security and Medicare reform. Following September 11th, he has taken on new responsibilities co-directing a special survey series on Americans' response to terrorism and concerns about civil liberties in wartime. Dr. Blendon was the senior editor of the three volume series on the Future of American Health Care that was published by Faulkner and Gray. In addition, he has served as a senior faculty member for the U.S. Conference of Mayors, the National Governors Association, and the U.S. Congress Committee on Ways and Means.

Dr. Blendon is a member of the Institute of Medicine, of the National Academy of Sciences, and of the Council of Foreign Relations, a former member of the advisory board to the Director of the Centers for Disease Control and Prevention, a former member of the editorial board of the *Journal of the American Medical Association*, and a former Board of Trustees member of Johns Hopkins Hospital. He is also a Past President of the Association of Health Services Research and winner of their Distinguished Investigator Award. He is also a recipient of the Baxter Award for lifetime achievement in the health services research field.

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