



1994 All Over Again? Public Opinion and Health Care

Lawrence R. Jacobs, Ph.D.

The current moment in U.S. health care reform is eerily reminiscent of the lead-up to the 1992 election. Then, as now, the country was facing an economic downturn and had been engaged in a

war in the Middle East that threatened to distract attention from domestic matters. There was also unusually broad agreement among Americans and the presidential candidates that health care arrangements needed reform — a negative consensus that still holds today. At the end of the 1992 primary season, as now, Americans ranked health care among the four most important problems facing the country.

Between 1991 and the summer of 2007, about 90% of Americans were fairly consistent in agreeing that the U.S. health care system should be completely rebuilt or required fundamental changes (see line graph). About 70% of Americans consistently believed that the system was in a state of crisis or had major problems (see line graph), and the proportion dissat-

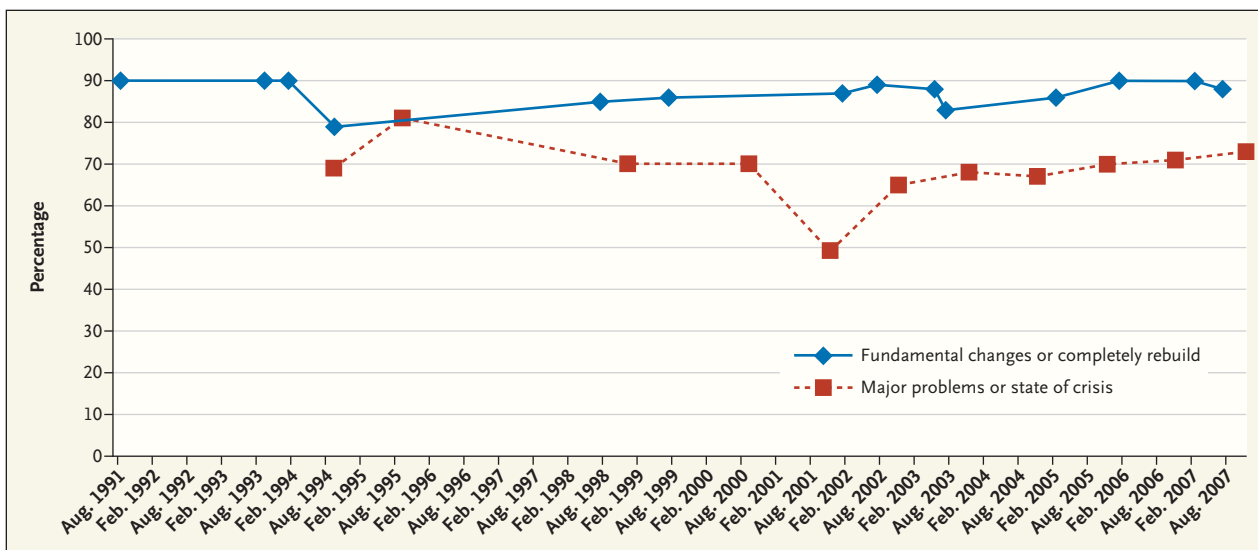
isfied with it had increased to 81% by November 2007. Despite this negative consensus, however, there is no convergence on proposals for reform. Instead, public opinion is characterized by ambivalence or divergence regarding future directions, which may foil efforts to forge agreement on the best way to improve the system.

Philosophically, many Americans are suspicious of direct, massive government intervention. This attitude was apparent in a series of polls, conducted for the Kaiser Family Foundation, in which many respondents said they oppose a “national health plan, financed by taxpayers, in which all Americans would get their insurance from a single government plan.” Of the seven polls conducted between 1998 and 2004, six found that 47 to 58% of Americans opposed a

single government plan; the most recent poll, conducted in August 2007, indicated that opposition has decreased but that Americans remain divided (41% opposed, 47% in favor).

Survey questions posing alternative options may be more revealing. When given a choice between “replacing the current health care system with a new government-run health care system” and “maintaining the current system based mostly on private health insurance,” 51 to 63% of respondents in five Gallup polls conducted since 2001 said they preferred to maintain the current system, though the proportion had declined to about 48% in November 2007.

Even supporters of reform may be uneasy with government intervention, which makes their endorsements unreliable. Although a 2006 poll conducted by ABC News, the Kaiser Family Foundation, and *USA Today* found that 56% of Americans favored government health insurance over the current system,



Negative Public Attitudes toward the U.S. Health Care System, 1991–2007.

Data for “fundamental changes or completely rebuild” are from surveys conducted by CBS News and the *New York Times*, which asked, “Which of the following three statements comes closest to expressing your overall view of the health care system in the United States?” The data points reflect the percentage of respondents who answered either “There are some good things in our health care system, but fundamental changes are needed” or “Our health care system has so much wrong with it that we need to completely rebuild it.” Data for “major problems or state of crisis” are from surveys conducted by Gallup, which asked, “Which of these statements do you think best describes the U.S. health care system today?” These data points reflect the number of respondents who answered either “It has major problems” or “It is in a state of crisis.”

support eroded when these respondents were told that such a program could mean reduced access to some medical treatments (64% of initial supporters became opponents), limits on the choice of doctors (49% became opponents), increased waiting times (40% opposed), and greater cost sharing (36% opposed). Whether these downsides would actually materialize and, even if they did, how much the resulting system would differ from current managed-care practices are matters of debate. The point is that public perceptions appear fragile and susceptible to change.

Despite their conservative leanings, Americans are also pragmatists who favor the use of concrete government programs to address specific threats to citizens. In nine Gallup polls conducted since 2000, the majority (59 to 69%) of respondents have favored the idea of the federal government taking responsibility for ensuring that all Americans have health care coverage. In

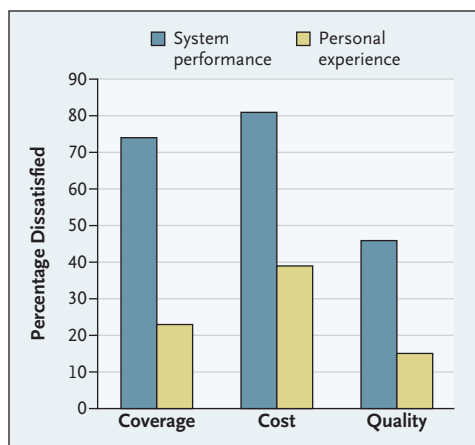
11 surveys conducted between 1980 and 2000 by the *New York Times* and CBS News, 10 found majorities of 50 to 66% in favor of national health insurance, financed by tax money, that would pay for most health care services. And about 70% of Americans continued to support the State Children’s Health Insurance Program even after President George W. Bush vetoed its expansion, an action that could have polarized public opinion of the program and diminished overall support.

Decision makers and experts in health policy decry rising costs, but a cross-section of the public has apparently concluded that the government doesn’t spend enough on health care. At least 61% of respondents in surveys by the Pew Research Center and by the *New York Times* and CBS News have indicated that they believe that the average American spends too much on health care and that their own personal health care costs are high. Large majorities look to

government to reduce the burden on household budgets: 70% of Pew survey respondents believe that the government spends “too little,” and only 11% think it spends “too much.”

Discussion of the public’s attitudes toward health care reform too often misses these contradictory strains. An accurate assessment requires recognition of Americans’ multiple and competing considerations, which will affect the debate over the government’s role in health care during the presidential campaign.

Republican candidate John McCain’s proposals for using tax credits for health insurance and taking other incremental steps toward improving the system may convey that he understands health care’s importance to Americans. Yet many Americans question whether he is adequately addressing such pragmatic concerns as the burden of paying for health insurance premiums, deductibles, and other charges. Indeed, his fo-



Dissatisfaction with National and Personal Experiences with Health Care.

Data are from Gallup polls conducted in November 2006 and November 2007. For coverage and quality, the data represent the percentage of respondents who said these aspects of care were “only fair” or “poor”; for cost, the data represent the percentage who indicated they were “dissatisfied.”

cus on consumer choice may actually increase the visibility and burden of costs that fall on individuals. Democratic criticism that McCain’s proposals fail to alleviate the burden of price on Americans may well resonate with many Americans who believe that government should spend more to relieve the pressure on family budgets.

By contrast, Democrats Barack Obama and Hillary Clinton seek to mitigate anxiety about inadequate coverage and high costs by covering all or large segments of the uninsured population through mandates on individual taxpayers and businesses, expansions of government programs, and regulation of private insurers. Although both candidates plan to build on the employer-based system and are

trying to avoid the wide scope and government visibility that characterized President Bill Clinton’s 1993 plan, their plans for comprehensive change may overreach. Republican criticisms of the Democrats’ “big-government” proposals could activate Americans’ entrenched conservatism and uneasiness about government intrusion.

Health care reform efforts have been undermined not only by Americans’ ambivalence toward government but also by the split between public dissatisfaction with the overall system’s performance and patients’ satisfaction with personal health care. Whereas more than 70% of Americans are quite negative about the country’s coverage and costs, less than 40% are disappointed with their own circumstances. A mere 15% complain about the quality of care they receive.

These dueling evaluations offer ample ammunition to both reformers and their opponents. Although those supporting reform can appeal to people’s dissatisfaction with the system’s inadequate coverage and high costs, opponents can activate anxieties by warning of the personal threat reform presents, especially to the quality of care. And indeed, such tactics defined the debate over Bill Clinton’s proposal in 1993 and 1994. Clinton directed his pollsters to identify key words, symbols, and arguments to highlight the collective benefits and security that would be created by system reform, which helped to drive sup-

port for his plan to nearly 60% by the fall of 1993. Reform opponents then generated nearly equal levels of opposition by warning that new “Rube Goldberg” government rules would threaten Americans’ personal care.^{1,2}

Presidential campaigns are ill-suited to the task of designing policy reforms, but they represent critical periods for setting an incoming administration’s agenda. Without a dramatic change in public sentiment, Democrats and Republicans face daunting obstacles in rallying broad support for particular reforms.

Still, although public opinion influences legislators’ agendas and the broad contours of policy objectives, even strong public opinion cannot unify polarized decision makers. Broad agreement by those in power on an approach to reform, as well as on critical details, is necessary. It is worth remembering that Medicare was passed in 1965 despite support from only 46% of the public.³

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Dr. Jacobs is the director of the Center for the Study of Politics and Governance at the Humphrey Institute of Public Affairs and a professor in the Political Science Department at the University of Minnesota, Minneapolis.

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The FDA, Preemption, and the Supreme Court

Leonard H. Glantz, J.D., and George J. Annas, J.D., M.P.H.

Everyone would like to be immune from lawsuits. Legislatures sometimes provide immunity

in order to advance important social policy goals. For example, by providing health care profession-

als with immunity under Good Samaritan statutes, legislatures hope to encourage voluntary medical as-