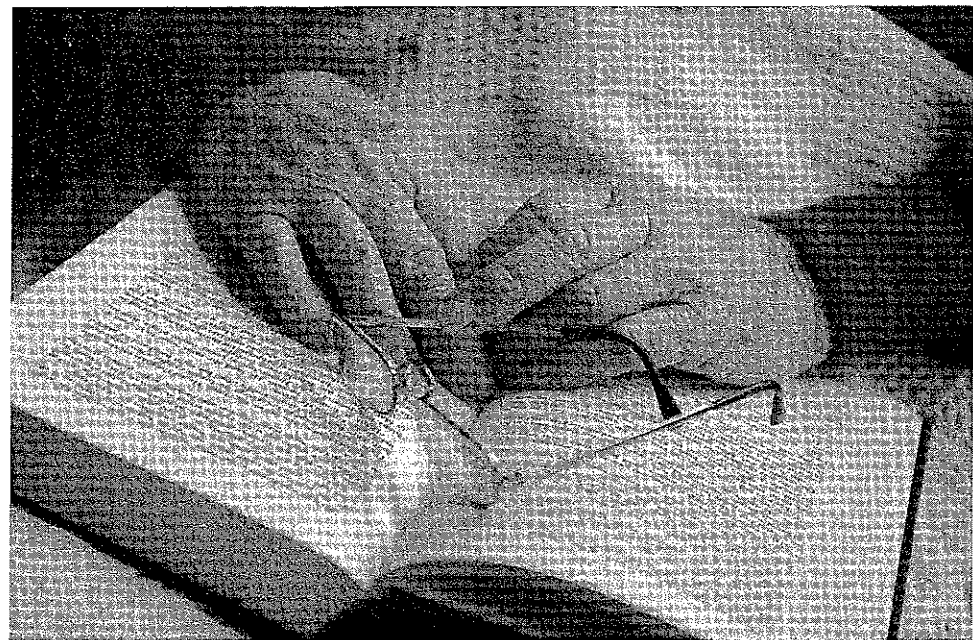


Hard Choices in Health Care 2002

What Vermonters Are Thinking

**A Report to the Commission on the
Public's Health Care Values & Priorities**



This research was funded in part through a grant from
The Health Resource and Services Administration

May 13, 2002

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A Map, Not a Snapshot™

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A Brief History of the Commission on Public Health Care Values and Priorities

The ten-member Commission on Public Health Care Values and Priorities has existed since 1994 when it was created by legislative resolution. Rep. Karen Kitzmiller was instrumental in the creation of the commission, hoping for it to be a non-partisan route to health care reform, after failed legislative initiatives. Commission members represented the Vermont Children's Forum, Vermont Ethics Network, Developmental Disabilities Law Project, State Long-Term Care Ombudsman, Health Care Administration, Vermont Consumers' Campaign for Health, Fletcher Allen Health Choices, and Vermont Public Interest Research Group. In addition, a member was appointed from the House Health and Welfare Committee by the Speaker, and a member was appointed from the Senate Health and Welfare Committee by the Committee on Committees.

The charge of the commission was to find out what values and priorities the public would like to see incorporated into a reformed health care system and present that information to the legislature as the basis for health care reform legislation.

The commission, in collaboration with John Doble Associates, conducted a telephone survey of a wide cross section of 400 Vermonters, held four focus group discussions around the state, and interviewed health care experts and stakeholders. The information gathered provided the content for the publication *Hard Choices*. In the fall of 1996, after publication of the report, the commission held a conference with legislators and the public at the statehouse to present its findings.

From 1996-1999 the commission was, for the most part, dormant while it tried to figure out what further role it could play in health care reform. Governor Dean reactivated the commission by Executive Order in 1999. With the governor's signing of Act 118 in May of 2000, the commission was charged to provide the public with enough information to educate it about the major issues affecting health care reform in Vermont. The act also included a \$100,000 appropriation.

In April of 2002 the commission published an educational pamphlet that was inserted into all of Vermont's daily newspapers. The document served to educate the public about some of the major issues relating to health care in Vermont. It provided the public with enough basic information to be able

to inform public discussion and deliberation about health care reform.

The most recent 2002 project of the commission has been to have Doble Research Associates re-survey Vermonters and ask another sampling of 400 randomly selected people the same questions that were asked in 1996.

In addition to the 400 randomly selected Vermonters, Doble Associates also asked the same questions of participants in the Vermont Ethics Network (VEN) Study Circle groups project "Access to Health Care for All- Vermonters Beginning the Dialogue and Action."

The reason that the participants in the VEN project were surveyed was to see if a group of people who were part of a deliberative process of discussion about health care issues would have different values and priorities than those who did not participate in the Study Circle process.

The VEN Study Circles were groups of 5-12 participants who met over a period of weeks to discuss issues relating to access to health care. The key concept of the Study Circles method is to promote dialogue, not debate, and to provide a simple way to involve community members in dialogue and action on important social issues. Nineteen Study Circle groups met throughout Vermont. They were provided with the commission's educational piece and, at the end of their project, 67 Study Circle participants responded to the Doble Research Associates survey. Those responses were compared to responses to the 1996 survey, as well as to the more general population 2002 survey in some key areas.

The commission wishes to thank the following organizations for their financial support of our efforts over the past eight years: the Robert Wood Johnson Foundation, AARP Vermont Chapter, Vermont Community Foundation, the Health Resources Services Administration, and the staff of the Vermont office of Health Care Administration.

Current commission members are: Richard Davis, Chair, Vermont Citizens Campaign for Health; Helen Riehle, Vermont Program for Quality on Health Care; Senator Nancy Chard; Marge Trautz, Vermont Ethics Network; Jackie Majoros, Long-Term Care Ombudsman; Zina Cary, VPIRG; Susan Gretkowski, Health Care Administration; Meg O'Donnell, Fletcher Allen Health Choices; Lila Richardson, Vermont Disability Law Project; Representative Linda Kirker.

The official life of the Commission on the Public's Health Care Values and Priorities has been extended to the end of 2002. Once the findings of the Hard Choices in Health Care 2002: What Vermonters Are Thinking report are disseminated as widely as possible, the work of the commission will end. It will be up to lawmakers to use the eight years of commission effort for the public good.

Executive Summary

Vermonters are frustrated. Some can't afford to pay their health insurance premiums. Others struggle to pay while balancing family needs. There are 51,000 Vermonters who don't have health insurance and uncounted others who are underinsured and who don't have affordable and timely access to health care.

These problems have been going on for years in Vermont and throughout the country. Lawmakers have made little progress in solving these problems. Some people believe that Vermont may be one of the states in the best position to act as a model for health care reform. We certainly have done plenty of studies and generated many reports, so one might think that Vermont is close to a solid solution for current health care system problems.

In order to move closer to that solution the Commission on Public Health Care Values and Priorities contracted with Doble Research Associates to survey a cross section of 400 Vermonters in 1996 and 2002. Experts consider this a statistically significant sample for the state of Vermont. The 2002 results are presented here with comparison to the 1996 results as well as to responses by 67 participants in the Vermont Ethics Network Study Circle group project "Access to Health Care for All Vermonters."

The 2002 report confirmed that support for many basic issues has remained solid since 1996. When asked how Vermont should act against rising health care costs, 45% of Study Circle participants and 34% of 2002 general survey respondents, said their first choice would be to raise taxes. These figures provide additional support to survey conclusions from 1996 and 2002 of Vermonters' commitment to the principle that all Vermonters should get the health care they need when they need it, regardless of their ability to pay.

Doble researchers concluded, "A two-thirds majority said they would pay both higher taxes and more for health insurance to provide coverage for everyone. Steps to extend coverage to more, or all Vermonters, will be solidly supported."

When asked, in 2002, if it is a good idea to provide taxpayer-funded care for the elderly and low-income people, 94 percent supported Medicare, the program for the elderly and disabled. That number was 96 percent in 1996. Support for Medicaid, the program that supports low-income people, has remained solid at 87 percent since 1996.

It is also interesting to note respondents' answers when asked to decide how insured parents should pay for \$250,000 in

KEY FINDINGS

1. TWO-THIRDS OF VERMONTERS SURVEYED IN 1996 AND 2002 WOULD PAY BOTH HIGHER TAXES AND MORE FOR HEALTH INSURANCE TO PROVIDE COVERAGE FOR EVERYONE.
2. SUPPORT FOR TAXPAYER-FUNDED HEALTH INSURANCE REMAINS ROCK SOLID.
 - ▲ INSURANCE COVERAGE FOR THE ELDERLY, UNDER MEDICARE, WAS SUPPORTED BY 96 PERCENT OF VERMONTERS IN 1996 AND 94 PERCENT OF VERMONTERS IN 2002.
 - ▲ INSURANCE COVERAGE FOR LOW INCOME PEOPLE, UNDER MEDICAID, WAS SUPPORTED BY 87 PERCENT OF VERMONTERS BOTH IN 1996 AND 2002.
3. SEVENTY-ONE PERCENT OF VERMONTERS IN 1996 AND 75 PERCENT IN 2002 BELIEVE THAT THOSE RECEIVING TAXPAYER- FUNDED HEALTH CARE SHOULD PAY AT LEAST SOME OF THE COST OF THEIR HEALTH CARE, BASED ON THE SITUATION AND THEIR ABILITY TO PAY.

medical bills for their premature infant. In 1996, 71 percent said that the parents should pay part of the bill even if taxpayers and insured patients pay the balance. In 2002 that figure was statistically insignificant at 75 percent.

In 1996 and in 2002, many of those surveyed made it clear that they would object to limiting care received by those receiving taxpayer-funded health care in order for the state to contain costs. This issue has been termed a “polarizer” by Doble Associates. That means that this issue has the potential to derail public dialogue because there are strong opinions on either side of the issue. Although this issue remains a polarizer, the Doble team felt that it might be more approachable now than in 1996.

It seems that there have been many issues over the years of health care reform deliberation that might be called polarizers. Perhaps that is one of the reasons that very little substantive systemic health care reform has been enacted. The Commission hopes that the results of the 1996 and 2002 surveys can be used by the public, legislators, and policymakers to move beyond political polarization. In order for that to happen, public dialogue and the political decision-making process must grapple with balancing the cost of reform with the state’s ability to pay for the kind of health care system that Vermonters say they want.

We believe that the Commission’s surveys and reports, used in conjunction with the reports and surveys of other governmental and non-governmental entities, is enough to provide the public, legislators, and policymakers with the tools they need to provide Vermonters with the universally accessible and affordable health care system that they say they need and want.

Please read these 2002 survey results with that in mind. The Commission will provide further venues for public presentation of its findings, with the hope of energizing the political process in the coming biennium. Success will be measured not only in terms of broad-reaching systemic health care legislation passed, but also by the presence of a renewed sense of hope among all Vermonters who see the prospect for improving the quality of life for all of our citizens.

In 1996, Vermonters’ health care values and priorities fell into three broad categories:

Areas of Judgment: Issue-areas about which a consensus-level majority of two-thirds or more had reached a stable, considered verdict or public judgment.

Points of Engagement: Ideas and issues that Vermonters are ready to deliberate about. When it comes to these Points of Engagement, Vermonters may have conflicting feelings or their attitudes may be incompletely or poorly informed. In both cases, people will need time and opportunity to work through their thinking to reach a considered judgment about these issues.

The Most Difficult Issues, or What We Called “Polarizers” in 1996: These are issues or frameworks that have the potential to stop the public dialogue in its tracks because Vermonters are sharply divided about them, usually because some are strongly in favor while others are strongly opposed.

Areas of Judgment

In 2002, we update how Vermonters feel about the Areas of Judgment identified in 1996. We also add one new area.

- 1. Insurance coverage for the elderly and those with low incomes.**
In 2002, as in 1996, there is rock-solid support for providing health insurance for both the elderly and for those with low incomes through the Medicare and Medicaid programs.
- 2. Universal access.**
Compared to 1996, Vermonters are even more committed to the principle that all Vermonters should get the health care they need when they need it, regardless of their ability to pay. A two-thirds majority said they would pay both higher taxes and more for health insurance to provide coverage for everyone. Steps to extend coverage to more, or all, Vermonters will be solidly supported.

3. Cost-sharing.

Vermonters continue to believe that those receiving taxpayer-funded health care should pay at least some of the cost of their health care, based on the situation and their ability to pay.

4. Broadly acceptable measures.

Five steps to improve health care and reduce costs would win broad, consensus-level public acceptance:

- ▲ Honor “living wills;”
- ▲ Establish 24-hour clinics to treat the uninsured;
- ▲ Continue to regulate hospital costs;
- ▲ Sometimes require insurers to cover the cost of at-home care, depending on the particular circumstances;
- ▲ Limit what people can collect in malpractice suits (although fewer Vermonters support this idea now than in 1996).

5. Public involvement.

Vermonters have a clear preference about how to develop health care rationing guidelines should the state decide that rationing is necessary, with 74 percent saying the public should be involved.

6. Cutting state spending on education to pay for health care.

While ensuring that all Vermonters get the health care they need along with containing health care costs are Vermonters’ top priorities, they adamantly oppose cutting what is spent on education to accomplish either one.

Points of Engagement

1. A high priority to conflicting goals.

In 1996, Vermonters assigned a high priority to two conflicting goals: extending health care to everyone in the state and containing health care costs. Both goals are felt to be even more important than they were in 1996.

2. A great deal of mistrust (“little differentiation” in 1996)

In 1996, Vermonters said there were nine “major factors” driving up health care costs and they did not greatly differentiate among them. But in 2002, the top health care cost issue was “the cost of prescription drugs,” an issue that was not even on the radar screen in the fall of 1996. Indeed, it would seem as if many Vermonters define the cost issue primarily in terms of the cost of drugs.

Also, over the past five and one-half years, Vermonters have become more aware that the use of new technology and the increasing numbers of the elderly are driving up health care costs.

But compared to 1996, there is now more mistrust of the system and more “finger-pointing” at key actors, with large numbers of Vermonters saying that excessive insurance company and hospital profits, and excessive doctors’ fees are major factors driving up health costs, along with “runaway administrative costs,” and chronic waste, fraud, and abuse in the health care system.

Smaller numbers said rising health care costs are caused by unhealthy lifestyles, not enough preventive care, the overuse or misuse of the system, the public’s lack of knowledge, expensive technology; unnecessary testing, and requirements on insurers.

3. How the uninsured get health care.

Vermonters have a fairly clear sense of what happens when people without insurance need medical care. However, compared to 1996, a smaller number understands that the costs of treating the uninsured are passed along to patients with insurance.

4. Covering the cost of treating the uninsured.

While there is no question as to whether Vermonters think that the costs of treating the uninsured should be paid, there continues to be a lack of consensus about how to do so.

5. Use of the emergency room by the uninsured.

Given the limited choice of paying higher taxes, changing the law, or continuing to have the uninsured receive treatment for routine problems in the Emergency Room, Vermonters did not reach consensus about which option they preferred.

6. End-of-life care.

As they did in 1996, Vermonters want to give patients and their families more control over end-of-life care. But as in 1996, about one in three said it is morally wrong for doctors to honor a patient's or family's wishes to end life painlessly, even in the most difficult circumstances.

7. Incentives to join HMOs.

Although there is less support now than there was in 1996, there is still majority-level support for providing incentives for people to join HMOs.

8. When to withhold care.

Although Vermonters took into consideration factors like survivability and personal responsibility when deciding whether everything possible should be done in particular cases, a huge majority said that as a rule, state residents should get all the care they need when they need it. The results suggest that Vermonters will need the time and opportunity to deliberate about the many facets of this issue before being able to reach a stable judgment and lay out guidelines within which the state can work.

9. Who should make the decision about treatment.

Vermonters continue to be divided about who should make treatment decisions in difficult cases, with a plurality, but not a majority, saying patients without health insurance should decide when they or their children should receive treatment.

10. Having insurers sell policies with limited hospitalization benefits.

The complexity of this issue makes it an especially difficult one for Vermonters to come to a judgment about.

The Most Difficult Issues (“Polarizers” in 1996)

In 1996, we described two issues or issue-frameworks that have the potential to derail a public dialogue or to stop it in its tracks because large numbers had strong opinions on either side of the issue. Here we update how Vermonters felt about those two issue-frameworks and suggest some ideas for state leaders and decision makers who may feel that health care costs are rising so rapidly that Vermont has little choice about confronting even the most difficult policy choices.

1. Containing costs by putting limits on the care some Vermonters receive:

We found that many Vermonters would object to the proposition that in order for the state to contain costs, it should limit the care received by those receiving tax payer-funded health care by taking away or limiting their choice of doctors and hospitals.

This idea will still not be initially well received by a great many people. Vermonters assigned an even higher priority to the issue of health care costs than they did five and one-half years ago. However, they are more committed than ever to the idea that all Vermonters should get the health care they need, when they need it.

Should state decisions makers decide that Vermont has no choice but to take steps in this direction, Vermonters will need a lot of time and the opportunity to deliberate and work through their feelings about this issue before being able to accept it and provide guidelines for policy makers.

2. What’s driving up the cost of health care?

As noted, a great many Vermonters believe that some of the major reasons that health care costs are high are because of high doctors’ fees, excessive hospital and insurance company profits, runaway administrative costs, and waste, fraud, in the system and abuse. Interestingly, both health care professionals and participants in the Study Circles were much less likely than the public as a whole to blame high health care costs on excessive doctors’ fees, hospital profits, and waste in the system.

Vermonters will need the time and opportunity to deliberate about this issue within a public framework that enables them to assess the choices facing their state in public terms. But Vermonters might be willing to begin the process of considering this issue and how to address it because two health care issues – making sure all Vermonters get the care they need and lowering health care costs – are even more important now than they were in the fall of 1996.

1. Vermonters' Highest Priorities

- a. Providing health care for all Vermonters tops the public agenda.
- b. Another top priority is lowering health care costs.
- c. Two other health-related issues – making sure children get needed nutrition and reducing illegal drug use – are among Vermonters' highest priorities.

Table 1.1
High Priorities: 2002

Priority	2002 %
Make sure all Vermonters get the health care they need	84
Lower health care costs	81
Make sure all children get nutrition they need in early years	81
Reduce use of illegal drugs, especially heroin	79
Improve schools and education	76
Create more jobs	75
Protect environment	67
Expand job training for unskilled and less educated	63
Reduce crime	62
Don't raise taxes, hold at current levels	58
Combat decline in family values	56
Improve roads and bridges	48

Question: "Vermont faces many problems and the government has to concentrate its efforts on certain problems and give less attention to others. Here are several concerns. For each, indicate if it should be given top priority, above average but not top priority, average priority, or below average priority?" (Numbers reflect percent saying, "Top" and "Above average" priority.)

d. Both health care issues are more important now than they were in 1996.

Table 1.2
High Priorities: 2002 vs. 1996

Priority	2002	1996	Difference
	%	%	
Make sure all Vermonters get the health care they need	84	77	+7
Lower health care costs	81	70	+11
Make sure all children get nutrition they need in early years	81	80	+1
Reduce use of illegal drugs, especially heroin	79	na	--
Improve schools and education	76	77	-1
Create more jobs	75	76	-1
Protect environment	67	62	+5
Expand job training for unskilled and less educated	63	64	-1
Reduce crime	62	66	-4
Don't raise taxes, hold at current levels	58	62	-4
Combat decline in family values	56	59	-3
Improve roads and bridges	48	44	+4

Question: "Vermont faces many problems and the government has to concentrate its efforts on certain problems and give less attention to others. Here are several concerns. For each, indicate if it should be given top priority, above average but not top priority, average priority, or below average priority?" (Numbers reflect "Top" and "Above average" priority.)

e. Health care issues were also a top priority to Study Circles participants.

f. But many other issues were lower priorities, and some, such as reducing crime, were of much less importance.

Table 1.3
High Priorities: Study Circles vs. 2002

Priority	Study Circles	2002	Difference
	%	%	
Make sure all Vermonters get the health care they need	88	84	+4
Reduce use of illegal drugs, especially heroin	54	79	-25
Lower health care cost	87	81	+6
Make sure all children get nutrition they need in early years	75	81	-6
Improve schools and education	76	76	nc
Create more jobs	51	75	-24
Protect environment	82	67	+15
Expand job training for unskilled and less educated	51	63	-12
Reduce crime	24	62	-38
Don't raise taxes, hold at current levels	24	58	-34
Combat decline in family values	19	56	-37
Improve roads and bridges	36	48	-12

Question: "Vermont faces many problems and the government has to concentrate its efforts on certain problems and give less attention to others. Here are several concerns. For each, indicate if it should be given top priority, above average but not top priority, average priority, or below average priority?" (Numbers reflect percent saying, "Top" and "Above average" priority.)

Table 1.4
High Priority: Make Sure All Vermonters Get Health Care They Need

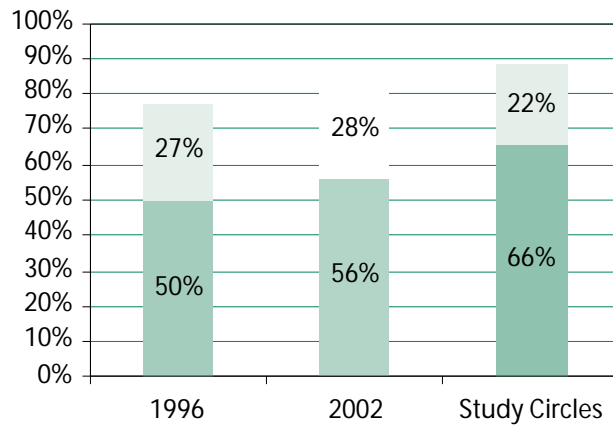
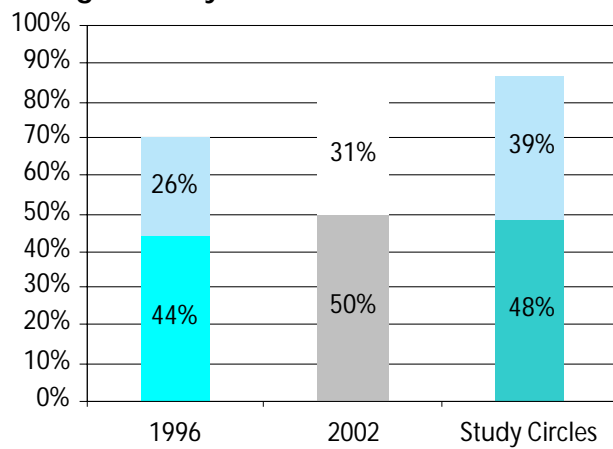


Table 1.5
High Priority: Lower Costs of Health Care



Question: "Vermont faces many problems and the government has to concentrate its efforts on certain problems and give less attention to others. Here are several concerns. For each, indicate if it should be given top priority, above average but not top priority, average priority, or below average priority?" (Numbers reflect percent saying, "Top" and "Above average" priority.)

2. Why Are Health Care Costs High?

- a. Vermonters are keenly aware of the cost of prescription drugs.
- b. Beyond that, however, Vermonters engaged in a great deal of finger pointing, with large numbers blaming high health care costs on what they saw as: a) excessive profits and fees, b) runaway administrative costs, and c) chronic waste.
- c. Smaller numbers said high costs are due to unhealthy lifestyles, not enough preventive care, the overuse or misuse of the system, the public's lack of knowledge, expensive technology, unnecessary testing, and requirements on insurers.

Table 2.1
Why Are Health Care Costs High?

A major reason health care costs are high	2002
	%
Prescription drug costs	84
Excessive insurance company profits	77
Runaway administrative costs	66
Increased number of elderly who need care	64
Excessive doctors' fees	60
Excessive hospital profits	60
Limited competition among insurance companies	59
Waste, fraud and abuse	59
People with unhealthy lifestyles	58
Not enough preventive care	55
People go to MD, hospital when they don't need to	54
Public's lack of knowledge about costs of different care choices/treatment options	52
People use ERs for non-emergency care	50
Much greater use of expensive, new technologies	47
Unnecessary tests by MDs afraid of malpractice suits	42
New requirements that insurers cover mental health, chiropractors	33

Question: "As you know, health care costs are high. Last year, Vermont spent over two billion dollars on health care, which represents one-eighth of its economy. Here are some possible reasons why costs are high. Please indicate how much of a factor you think each one is: A major factor, a minor factor, or not a factor." (Numbers reflect percent saying, "Major factor.")

d. Vermonters have become more aware that expensive technology and increasing numbers of elderly are driving up the cost of health care.

e. But they are also more likely to blame insurance companies and hospitals for high health care costs.

Table 2.2
Why Are Health Care Costs High?
2002 vs. 1996

A major reason health care costs are high	2002	1996	Difference
	%	%	
Prescription drug costs	84	na	--
<i>Excessive insurance company profits</i>	77	69	+8
Runaway administrative costs	66	69	-3
<i>Increased number of elderly who need care</i>	64	53	+11
Excessive doctors' fees	60	57	+3
<i>Excessive hospital profits</i>	60	52	+8
Limited competition among insurance companies	59	na	--
Waste, fraud and abuse	59	62	-3
People with unhealthy lifestyles	58	61	-3
Not enough preventive care	55	57	-2
People go to MD, hospital when they don't need to	54	48	+6
Public's lack of knowledge about costs of different care choices/treatment options	52	na	--
People use ERs for non-emergency care	50	44	+6
<i>Much greater use of expensive, new technologies</i>	47	37	+10
<i>Unnecessary tests by MDs afraid of malpractice suits</i>	42	52	-10
New requirements that insurers cover mental health, chiropractors	33	na	--

Question: "As you know, health care costs are high. Last year, Vermont spent over two billion dollars on health care, which represents one-eighth of its economy. Here are some possible reasons why costs are high. Please indicate how much of a factor you think each one is: A major factor, a minor factor, or not a factor." (Numbers reflect percent saying, "Major factor.")

f. Compared to the public as a whole, health care professionals are much less likely to say that high health care costs are due to waste and fraud, or to excessive doctors' fees or hospital profits.

g. Compared to the public as a whole, the uninsured and those with a high school education or less are more likely to name waste and excessive fees and profits as a major reason why health care costs are increasing.

Table 2.3
Why Are Health Care Costs So High?

	Total	Not Insured %	H.S. Grad or Less %	Healthcare Professional %
Waste, fraud and abuse in the system	59	69	70	29
Doctors whose fees are too high	60	69	69	35
Hospitals that seek excessive profits	60	*	71	42

* Difference is not statistically significant

h. Compared to the public as a whole, those without health insurance and with an annual income under \$35,000 are more likely to say health care costs are rising because of inadequate preventative care.

Table 2.4
Why Are Health Care Costs So High?

	Total %	Not Insured %	Under 35k Yearly Income %
Not enough preventative care	55	69	66

Question: "As you know, health care costs are high. Last year, Vermont spent over two billion dollars on health care, which represents one-eighth of its economy. Here are some possible reasons why costs are high. Please indicate how much of a factor you think each one is: A major factor, a minor factor, or not a factor." (Numbers reflect percent saying, "Major factor.")

i. Compared to the public, Study Circles participants are less likely to blame high health care costs on excessive doctors' fees or hospital profits, and waste in the system.

Table 2.5
Why Are Health Care Costs High?
Study Circles vs. 2002

A major reason health care costs are high	Study Circles %	2002 %	Difference
Prescription drug costs	91	84	+7
Excessive insurance company profits	61	77	-16
Runaway administrative costs	72	66	+6
Increased number of elderly who need care	58	64	-6
<i>Excessive doctors' fees</i>	22	60	-38
<i>Excessive hospital profits</i>	27	60	-33
<i>Waste, fraud and abuse</i>	37	59	-22
Limited competition among insurance companies	48	59	-11
People with unhealthy lifestyles	54	58	-4
Not enough preventive care	69	55	+14
People go to MD, hospital when they don't need to	13	54	-41
Public's lack of knowledge about cost of different health care choices/treatment options	51	52	-1
People use ERs for non-emergency care	30	50	-20
Much greater use of expensive, new technologies	66	47	+19
Unnecessary tests by MDs afraid of malpractice suits	33	42	-9
New requirements that insurers cover mental health, chiropractors	8	33	-25

3. What to Do about Rising Health Care Costs

- a. More Vermonters favor a tax increase to pay for rising health care costs than either rationing option.
- b. Cutting education to pay for health care was the least popular option, with only 13 percent naming it as their first choice.

Table 3.1
What to Do about Rising Health Care Costs 2002

If VT had to act against rising health care costs, which option would you favor most?	1st Choice %	2nd Choice %
Increase taxes	34	18
Ration care for everyone	20	23
Ration care for those with taxpayer-funded insurance	19	17
Cut back in other areas like education	13	18

Question: "If Vermont had to act against rising health care costs, which of the options below would you favor most? Which one is your second choice?"

- c. There is less support for rationing now than there was a few years ago.

Table 3.2
What to Do about Rising Health Care Costs
2002 vs. 1996

If VT had to act against rising health care costs, which option would you favor most?	2002 % 1st Choice	1996 % 1st Choice	Difference
Increase taxes	34	28	+6
<i>Ration care for everyone</i>	20	28	-8
Ration care for those with taxpayer-funded insurance	19	24	-5
Cut back in other areas like education	13	12	+1

Question: "If Vermont had to act against rising health care costs, which of the options below would you favor most? Which one is your second choice?"

d. There is more support for increasing taxes among Study Circles participants than there is among the general public.

Table 3.3
What to Do about Rising Health Care Costs
Study Circles vs. 2002

If VT had to act against rising health care costs, which option would you favor most?	Study Circles 1st Choice %	2002 1st Choice %	Difference
Increase taxes	45	34	+11
Ration care for everyone	19	20	-1
Ration care for those with taxpayer-funded insurance	15	19	-4
Cut back in other areas like education	6	13	-7

Question: "If Vermont had to act against rising health care costs, which of the options below would you favor most? Which one is your second choice?"

4. How to Improve Vermont's Health Care System

a. Vermonters overwhelmingly and strongly endorse three steps to improve the state's health care system: a) living wills; b) continuing to regulate hospital costs; c) sometimes requiring insurers to cover the cost of at-home care.

b. Three other steps are broadly accepted: a) limiting malpractice award; b) allowing the families of the terminally ill to cut off care*; and c) providing incentives to join HMOs.

c. Vermonters oppose two measures: limiting the choice of, or limiting the care received by, those with taxpayer-funded health insurance.

Table 4.1
How to Improve Vermont's Health Care System 2002

How to improve VT's health care system	Favor %	Oppose %	Net
Honor "living wills"	93	4	+89
Continue to regulate hospital costs	89	9	+80
Sometimes require insurers to cover the cost of at-home care	88	7	+81
Have uninsured use new, less expensive 24-hour clinics, not ERs	85	12	+73
Limit how much anyone can collect in malpractice suit	74	22	+52
Allow family of terminally ill patients who have lost consciousness to cut off care*	66	25	+41
Provide incentives for people to join HMOs	63	31	+32
Eliminate choice of MD/hospital for people with taxpayer-funded insurance	39	57	-18
Limits on care those with taxpayer-funded insurance can receive	39	55	-16

Question: "To improve Vermont's health care system, which, if any, of the following would you favor?" (Numbers reflect percent saying, "Strongly favor" or "Somewhat favor" versus "Somewhat oppose" or "Strongly oppose.")

* Please note, however, that 25 percent are opposed and 15 percent are "strongly opposed" to this alternative.

d. Compared to 1996, there is less support for four measures: a) regulating hospital costs; b) limiting malpractice awards; c) providing incentives for people to join HMOs; and d) putting limits on the care received by those with taxpayer-funded health insurance.

Table 4.2
How to Improve Vermont's Health Care System
2002 vs. 1996

How to improve VT's health care system	2002 Favor %	1996 Favor %	Net
Honor "living wills"	93	98	-5
<i>Continue to regulate hospital costs</i>	<i>89</i>	<i>96</i>	<i>-7</i>
Sometimes require insurers to cover the cost of at-home care	88	92	-4
Have uninsured use new, less expensive 24-hour clinics, not ERs	85	89	-4
<i>Limit how much anyone can collect in malpractice suit</i>	<i>74</i>	<i>83</i>	<i>-9</i>
Allow family of terminally ill patients who have lost consciousness to cut off care	66	69	-3
<i>Provide incentives for people to join HMOs</i>	<i>63</i>	<i>75</i>	<i>-12</i>
Eliminate choice of MD/hospital for people with taxpayer-funded insurance	39	40	-1
<i>Limits on care people with taxpayer-funded insurance can receive</i>	<i>39</i>	<i>49</i>	<i>-10</i>

Question: "To improve Vermont's health care system, which, if any, of the following would you favor?" (Numbers reflect percent saying, "Strongly favor" or "Somewhat favor" versus percent saying, "Somewhat oppose" or "Strongly oppose.")

e. Study Circles participants have roughly the same views about improving the health care system as the general public.

Table 4.3
How to Improve Vermont's Health Care System
Study Circles vs. 2002

How to improve VT's health care system	Study Circles Favor %	2002 Favor %	Net
Honor "living wills"	99	93	+6
Continue to regulate hospital costs	90	89	+1
Sometimes require insurers to cover the cost of at-home care	97	88	+9
Have uninsured use new, less expensive 24-hour clinics, not ERs	88	85	+3
Limit how much anyone can collect in malpractice suit	78	74	-1
Allow family of terminally ill patients who have lost consciousness to cut off care	73	66	+7
Provide incentives for people to join HMOs	49	63	-14
Eliminate choice of MD/hospital for people with taxpayer-funded insurance	25	39	-14
Limits on care people with taxpayer-funded insurance can receive	40	39	-1

Question: "To improve Vermont's health care system, which, if any, of the following would you favor?" (Numbers reflect percent saying, "Strongly favor" or "Somewhat favor" versus "Somewhat oppose" or "Strongly oppose.")

5. The Uninsured

a. Vermonters know that people who lack health insurance do without needed care and use the ERs for routine problems.

Table 5.1
What Happens When People Without Health Insurance Need Medical Care? 2002

When people without insurance need medical care, what happens?	Total %
They go without needed care	85
They use ER for routine problems	76
MDs and hospitals treat them at no charge, then pass costs on to patients with insurance	54
State and national government partner to pay their medical bills	49
If they send in a form, government will reimburse doctor or hospital who treated them	33

Question: "There are, as you may know, people in Vermont who do not have any health insurance. When people without insurance need medical care, which of the following happens or does not happen?"

b. Compared to 1996, fewer Vermonters know that the costs of treating those without insurance are passed on to patients with insurance.

Table 5.2
What Happens When People Without Insurance Need Medical Care
2002 vs. 1996

When people without insurance need medical care, what happens?	2002 %	1996 %	Difference
Uninsured go without needed care	85	90	-5
Uninsured use ERs for routine problems	76	72	+4
MDs & hospitals treat uninsured at no charge, then pass costs along to patients with insurance	54	65	-11
State and national government partner to pay uninsured person's medical bills	49	39	+10
If uninsured sends in a form, government will reimburse doctor or hospital who treated them	33	32	+1

Question: "There are, as you may know, people in Vermont who do not have any health insurance. When people without insurance need medical care, which of the following happens or does not happen?"

c. Study Circles participants were generally more informed than the public was about this issue.

Table 5.3
What Happens When People Without Insurance Need Medical Care
Study Circles vs. 2002

When people without insurance need medical care, what happens?	Study Circles %	2002 %	Difference
They go without needed care	94	85	+9
They use ERs for routine problems	87	76	+11
<i>MDs & hospitals treat them at no charge, then pass costs on to patients with insurance</i>	76	54	+22
State and national government partner to pay their bills	34	49	-15
<i>If they send in a form, government will reimburse the doctor or hospital who treated them</i>	8	33	-25

Question: "There are, as you may know, people in Vermont who do not have any health insurance. When people without insurance need medical care, which of the following happens or does not happen?"

- d. Vermonters oppose changing the law to enable emergency rooms to turn away people without insurance.
- e. Two-thirds would rather pay the cost, either through a tax increase (44 percent) or by having the cost passed on to insured patients (22 percent).

Table 5.4
What to Do about the Uninsured Who Use ERs for Routine Care

When uninsured use ERs for non-emergencies, VT should:	2002 %
Cover uninsured with taxpayer-funded insurance, even if that means a possible tax increase	44
Continue treating uninsured in ERs, even if costs passed on to insured patients	22
Change law so uninsured can't use ERs for non-emergencies, even if many won't get needed care	22

Question: "As you may know, people without insurance may use the emergency room when they don't have an emergency. Under the law, emergency rooms cannot turn people away so this is one place where people without insurance can go to get needed care. What should Vermont do?" (Response after hearing that 50,000 Vermonters, or about 8.5% of the state's population, are uninsured and that ER treatment is far more expensive.)

f. There is no statistically significant change between how Vermonters feel in 2002 and how they felt in 1996.

Table 5.5
What to Do about the Uninsured Who Use ERs for Routine Care
2002 vs. 1996

When uninsured use ERs for non-emergencies, VT should:	2002 %	1996 %	Difference
Cover uninsured with taxpayer-funded insurance, even if that means a possible tax increase	44	50	-6
Continue treating uninsured in ERs for non-emergencies, even if costs passed on to insured patients	22	22	nc
Change law so uninsured can't use ERs for non-emergencies, even if many won't get needed care	22	21	+1

Question: "As you may know, people without insurance may use the emergency room when they don't have an emergency. Under the law, emergency rooms cannot turn people away so this is one place where people without insurance can go to get needed care. What should Vermont do?" (Response after hearing that 50,000 Vermonters, or 8.5% of the state's population, are uninsured and that ER treatment is far more expensive.)

g. Study Circles participants overwhelmingly favored covering the uninsured with taxpayer-funded insurance, even if that means possibly increasing taxes.

Table 5.6
What to Do about the Uninsured Who Use ERs for Routine Care?
Study Circles vs. 2002

When uninsured use ERs for non-emergencies, VT should:	Study Circles %	2002 %	Difference
Cover uninsured with taxpayer-funded insurance, even if that means possible increase in taxes	78	44	+34
Continue treating uninsured in ERs for non-emergencies, even if costs passed on to insured patients	8	22	-14
Change law so uninsured can't use ERs for non-emergencies, even if that means many won't get needed care	6	22	-16

Question: "As you may know, people without insurance may use the emergency room when they don't have an emergency. Under the law, emergency rooms cannot turn people away so this is one place where people without insurance can go to get needed care. What should Vermont do?" (Response after hearing that 50,000 Vermonters, or about 8.5% of the state's population, are uninsured and that ER treatment is far more expensive.)

6. Support for Medicare and Medicaid

a. Public support for Medicare and Medicaid is nearly universal, and every bit as great as it was in 1996.

Table 6.1
Support for Medicare and Medicaid

	2002 %	1996 %	Difference
Medicare/taxpayer-funded insurance for the elderly	94	96	-2
Medicaid/taxpayer-funded insurance for low-income people	87	87	nc

b. Study Circles participants also overwhelmingly endorsed Medicare and Medicaid.

Table 6.2
Support for Medicare and Medicaid

	Study Circles %	2002 %	Difference
Medicare/taxpayer-funded insurance for the elderly	90	94	-4
Medicaid/taxpayer-funded insurance for low-income people	94	87	+7

Questions: "As you may know, Medicare is the taxpayer-funded health insurance program for the elderly. Is it a good idea to provide taxpayer-funded insurance for the elderly?" (Numbers reflect "Yes.")

- and -

"Medicaid is the taxpayer-funded health insurance program for low-income people. Is it a good idea for the government to provide insurance for low-income people?" (Numbers reflect "Yes.")

7. The Development of Rationing Guidelines

a. Vermonters have a clear preference about how to develop guidelines should the state decide that rationing is necessary, with 74 percent saying the public should be involved.

Table 7.1
Who Should Develop Rationing Guidelines?

If Vermont were to ration, who should develop guidelines?	2002%
Elected officials and experts working with the public	74
Elected officials and medical experts	16

b. Most said they would go to meetings to help develop such guidelines.

c. There has been no diminution in the level of support for public involvement in the development of such guidelines, should they be necessary.

Table 7.2
Would You Help Develop Rationing Guidelines?
2002 vs. 1996

Would you help set guidelines at local community forums?	2002%	1996%	Difference
Yes (percent of total)	54	52	+2

Question: "In an effort to control costs, the State of Oregon recently developed guidelines to determine, among those receiving taxpayer-funded health insurance, who could or could not get certain kinds of health care. Some people call it rationing. *If Vermont chose to do this too, who should develop such guidelines?*"

d. Study Circles participants also favor public involvement in the development of any guidelines should the state decide that rationing is necessary.

Table 7.3
Who Should Develop Rationing Guidelines?
Study Circles vs. 2002

If Vermont were to ration, who should develop guidelines?	Study Circles %	2002 %	Difference
Elected officials, experts and the public	81	74	+7
Elected officials and medical experts	8	16	-8

e. There is significantly more support for public involvement among Study Circles participants than there is among the public as a whole.

Table 7.4
Who Should Develop Rationing Guidelines?
Study Circles vs. 2002

Would you help set guidelines at local community forums?	Study Circles %	2002 %	Difference
Yes (percent of total)	75	54	+21

Question: "In an effort to control costs, the State of Oregon recently developed guidelines to determine, among those receiving taxpayer-funded health insurance, who could or could not get certain kinds of health care. Some people call it rationing. If Vermont chose to do this too, who should develop such guidelines?"

8. The Case of a Premature Infant

- a. Vermonters were given several difficult cases and asked what to do, including the case of a premature baby whose care costs \$6,000 a day.
- b. If the parents have insurance and the baby has a fifty-fifty chance of survival, a consensus-level majority (73 percent) said the doctors should do all they can to save the baby.
- c. When asked what should happen if the parents have no insurance, a consensus-level majority (70 percent) still said the doctors should do all they can to save the baby.
- d. But if the baby has a 1 in 100 chance, the number in favor of doing everything possible drops from consensus-levels to a narrow majority (55 percent).
- e. And so, the key consideration for Vermonters is the chance of survival, not whether the parents have health insurance.

Table 8.1
What to Do about a Premature Infant Whose Care Costs \$6,000/day

	2002 %
Infant has 50-50 chance, doctors should . . .	
Do all they can to save baby	73
Provide humane care, but not go to extraordinary lengths to save the baby, even if this means baby will probably die	20
Infant has 50-50 chance and parents have no insurance doctors should . . .	
Do all they can to save baby	71
Infant has 1 in 100 chance and parents have no insurance doctors should . . .	
Do all they can to save baby	56

Question: "Bob and Sue are expecting their first child. Sue falls, goes into labor four months early, and delivers a two-pound baby who must receive special care at a cost of \$6,000 a day. The doctors think there is a fifty-fifty chance the baby will survive and their insurance will cover the costs. What should happen?"

"Now suppose that Bob and Sue do not have any health insurance. What should happen?"

"Now suppose the doctors believe the baby's chances are only 1 in 100. If the parents had health insurance, the doctors would do all that they could to save the baby because the insurance will pay. But since Bob and Sue have no health insurance and the baby has only a 1 in 100 chance, what should happen?"

f. Vermonters' views about this difficult case are almost identical to what they were in 1996.

Table 8.2
What to Do about Premature Infant Whose Care Costs \$6,000/day
2002 vs. 1996

	2002 %	1996 %	Difference
If infant has 50-50 chance of survival doctors should ...			
Do all they can to save baby	73	78	-5
Provide humane care, but not go to extraordinary lengths to save the baby, even if this means the baby will probably die	20	18	+2
Infant has 50-50 chance and parents have no insurance doctors should ...			
Do all they can to save baby	71	73	-2
Infant has 1 in 100 chance and parents have no insurance doctors should ...			
Do all they can to save baby	56	50	+6

g. Study Circles participants had a very different take on this situation, with much smaller numbers saying the doctors should do all they can.

Table 8.3
What to Do about a Premature Infant
Study Circles vs. 2002

	Study Circles %	2002 %	Difference
Infant has 50-50 chance of survival doctors should ...			
Do all they can to save baby	54	73	-19
Provide humane care, but not go to extraordinary lengths to save the baby, even if this means the baby will probably die	37	20	+17
Infant has 50-50 chance and parents have no insurance doctors should...			
Do all they can to save baby	51	71	-20
Infant has 1 in 100 chance and parents have no insurance doctors should...			
Do all they can to save baby	28	56	-28

h. Vermonters expressed a clear preference about who should pay the bill. The parents, they said, should pay part of the bill, say \$20,000 or \$30,000, even if that means taxpayers and insured patients must pay the rest.

i. Vermonters' views about this case are very nearly the same as they were in 1996.

Table 8.4
Who Should Pay the Bill?
2002 vs. 1996

Who should pay the \$250,000 medical bills?	2002 %	1996 %	Difference
Parents should pay:			
<i>Part of the bill</i> (e.g., \$20-30K), even if taxpayers and insured patients pay the balance	75	71	+4
<i>The entire bill</i> , even if they pay forever and the bill is never paid in full	15	20	-5

j. When asked how to pay the balance, Vermonters said by about a two to one margin that the government should pay, even if that means a possible tax increase.

k. Here, too, Vermonters views are unchanged.

Table 8.5
How Should the Rest Be Paid?
2002 vs. 1996

How should the rest of bill be paid?	2002 %	1996 %	Difference
Government should pay, even if possible tax increase	54	55	-1
Hospital should pass cost on to insured patients, even if that drives up everyone's bills and insurance costs	26	27	-1

l. Study Circles participants had the same view about how much of the bill the parents should pay.

Table 8.6
Who Should Pay the Bill?
Study Circles vs. 2002

Who should pay the baby's \$250,000 medical bills?	Study Circles %	2002 %	Difference
The parents should pay:			
<i>Part of the bill (e.g., \$20-30K), even if taxpayers and insured patients pay the balance</i>	76	75	+1
<i>The entire bill, even if they pay forever and the bill is never paid in full</i>	10	15	-5

m. But they were even more of the mind than the public was that government should pay the balance.

Table 8.7
How Should the Rest of the Bill Be Paid?
Study Circles vs. 2002

How should the rest of the bill be paid?	Study Circles %	2002 %	Difference
<i>Government should pay, even if possible tax increase</i>	79	54	+25
<i>Hospital should pass cost on to insured patients, even if that drives up everyone's bills and insurance costs</i>	5	26	-21

n. Given three options about who should decide whether the doctors should do everything possible to save the baby, more Vermonters said the parents than either other option.

o. However, none of the three options received majority support.

p. Vermonters' views in 2002 were unchanged since 1996.

Table 8.8
Who Should Make the Decision?
2002 vs. 1996

Who should decide whether to try to save baby?	2002 %	1996 %	Difference
The parents who have no health insurance	40	36	+4
The people of Vermont through guidelines they develop	25	24	+1
The doctors and hospital	23	26	-3

q. Study Circles participants were far more likely to call for public involvement in helping to make decisions such as when to try to save the baby.

r. They have a more sophisticated understanding of the issue, perhaps because many of them have reached the conclusion that tough choices must inevitably be made and that when that day comes, public involvement will be essential.

Table 8.9
Who Should Make the Decision?
Study Circles vs. 2002

Who should decide whether to save baby?	Study Circles %	2002 %	Difference
The parents who have no health insurance	13	40	-27
People of Vermont set direction for guidelines	30	25	+5
Other options that involve the public	30 } 60	3 } 28	+27 } +32
Any other option that does not involve the public	19	5	+14
The doctors and hospital	3	23	-20
Not sure and all other mentions	9	6	+3

Table 8.10
Total in Favor of Public Involvement
Study Circles vs. 2002

Study Circles:	60 percent
Vermonters:	28 percent

a. Solid majorities said ending patients' lives when they have only a few months to live and are in terrible pain or unconscious is sometimes part of a doctor's responsibility.

b. However, the number in favor was a solid, but less than a consensus-level majority, and somewhat less than it had been in 1996.

Table 9.1
What to Do in a Difficult Case of Prostate Cancer?
2002 vs. 1996

Man with advanced prostate cancer and only a few months to live asks MD to end his life painlessly	2002%	1996%	Difference
Do you think:			
<i>Ending life can be part of MD's responsibility</i>	57	64	-7
Ending patient's life is morally wrong	34	32	+2
Suppose man goes into a coma and wife asks MD to end man's life.			
Should MD honor family's wish?			
Yes	56	65	-9
No	32	25	+7

Background: "Jack, 59, has advanced prostate cancer and about six months to live. He wants to go home where he'll be cared for by his wife and a nurse, but his insurance will pay only if Jack stays in the hospital. Do you agree or disagree: Insurance companies should be required to cover the cost of at-home care in cases like this, even if they say it will raise premiums."

Question: "Now suppose that two months pass and Jack asks his doctor to end his life painlessly. Which statement comes closer to your view: A) Helping such patients end their lives is sometimes part of a doctor's responsibility OR B) Deliberately ending a patient's life is morally wrong and a violation of a doctor's oath."

Question: "Suppose Jack did not ask the doctor to end his life but instead went into a coma. Now his wife asks his doctor to end Jack's life. Do you think a doctor: A) Should honor a family's wishes to end the life of an unconscious, terminal patient OR B) Should not honor the family's wishes because deliberately ending life is morally wrong and besides, the patients might choose to live if they were conscious."

c. Study Circles participants were far more likely than the public as a whole to say there are times when a doctor's responsibilities may include painlessly ending the life of a terminal patient.

Table 9.2
What to Do in a Difficult Case of Advanced Prostate Cancer?
Study Circles vs. 2002

Man with advanced prostate cancer and four months to live asks MD to end his life painlessly.	Study Circles %	2002%	Difference
Do you think:			
Ending life can be part of MD's responsibility	75	57	+18
Ending patient's life is morally wrong	16	34	-18
Suppose man goes into a coma and wife asks doctor to end man's life. Should MD honor family's wish?			
Yes	78	56	+22
No	12	32	-20

Question: "Now suppose that two months pass and Jack asks his doctor to end his life painlessly. Which statement comes closer to your view: A) Helping such patients end their lives is sometimes part of a doctor's responsibility OR B) Deliberately ending a patient's life is morally wrong and a violation of a doctor's oath."

Question: "Suppose Jack did not ask the doctor to end his life but instead went into a coma. Now his wife asks his doctor to end Jack's life. Do you think a doctor: A) Should honor a family's wishes to end the life of an unconscious, terminal patient OR B) Should not honor the family's wishes because deliberately ending life is morally wrong and besides, the patients might choose to live if they were conscious."

10. The Case of a Woman with Lung Cancer

- a. Vermonters said that as a rule, those with taxpayer-funded health care should get the best treatment available, no matter how expensive. A consensus-level majority of 76 percent supported this general principle.
- b. However, blanket support eroded when people considered the complexities of the issue and took either personal responsibility or the patient's age into consideration.
 - i. If the patient was felt to be responsible for the ailment, support for providing the most expensive care dropped from 76 to 57 percent.
 - ii. If the patient was at an advanced age, say, 84 as opposed to 64, support for providing the most expensive care dropped from 57 to 40 percent.
- c. But even after acknowledging that other factors do come into play, Vermonters said that the ability to pay should not determine whether people get the more expensive care and that, as a rule, everyone in the state should receive the best possible case.

Table 10.1 x
What to Do in a Difficult Case Involving Lung Cancer?
2002 vs. 1996

A 64-year old woman with lung cancer caused by pollution, not smoking, has taxpayer-funded health care. With more aggressive, expensive care, she'll live 5-10 yrs. With less aggressive, lower cost care, she'll live 6 months.

	2002%	1996%	Difference
More aggressive, expensive care	76	81	-5
Less aggressive, lower cost care	9	11	-2

If her cancer were caused by smoking she should receive:

More aggressive, expensive care	57	59	-2
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If she were 84, not 64, and cancer caused by smoking she should receive:

More aggressive, expensive care	40	36	+4
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Imagine that woman in next bed, who's 84 with cancer caused from smoking, has insurance that pays for the more expensive, more aggressive care.

Is it all right to have system where some get better care than others?

No, not all right. All should be treated the same	69	75	-6
Yes, all right to have system where some get better care	24	21	+3

Background: "June, 64, has lung cancer that was caused by asbestos and air pollution, and not from smoking. She has taxpayer-funded health care and has just checked into the hospital. Her doctors say that with aggressive but expensive care, June will live for five to ten years. With less aggressive, lower cost care, her pain will be minimized and she'll live for about six months. What should happen?"

Question: "Should June get the more aggressive, expensive care and live five to ten years, or the less aggressive, lower cost care and live for six months?"

Question: "Suppose June's lung cancer was not caused by asbestos, but by smoking cigarettes. Her treatment is still at taxpayer expense. Now, should June, whose illness was caused by her own smoking, get the more aggressive, expensive care and live five to ten years, or the less aggressive, lower cost care and live six months?"

Question: "Suppose June were 84 years old. Would you favor the more aggressive, expensive care or the less aggressive, lower cost care?"

Question: "Suppose June gets the lower cost care. The woman in the bed next to her, who also has cancer brought on from smoking, has insurance that pays for the expensive care. Is it all right to have a system in which some people get much better treatment than others or should everyone be treated the same?"

d. Study Circles participants were as likely as the public as a whole to say that as a rule, those with taxpayer-funded care should receive the best possible care.

e. But they were more willing to take into consideration both personal responsibility and the patient's age in deciding whether those with taxpayer-funded care should get the best possible care.

f. But like the public as a whole, Study Circles participants felt that as a rule, everyone in Vermont should be treated the same.

Table 10.2
What to Do in a Difficult Case Involving Lung Cancer?
Study Circles vs. 2002

64-year old woman with lung cancer caused by pollution, not smoking, has taxpayer-funded health care. With expensive care, will live 5-10 yrs. With less aggressive, lower cost care, she'll live 6 months.

She should receive:

	Study Circles %	2002 %	Difference
More aggressive, expensive care	78	76	+2
Less aggressive, lower cost care	6	9	-3

If cancer caused by smoking cigarettes she should receive:

More aggressive, expensive care	48	57	-9
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If she were 84, not 64, and cancer caused by smoking she should receive:

More aggressive, expensive care	13	40	-27
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Suppose woman in next bed is 84 and has cancer from smoking. Her insurance pays for the more expensive, more aggressive care.

Is it okay to have system where some get better care?

No, not okay. Everyone should be treated the same	67	69	-2
Yes, okay to have system where some get better care	24	24	nc

Background: "June, 64, has lung cancer that was caused by asbestos and air pollution, and not from smoking. She has taxpayer-funded health care and has just checked into the hospital. Her doctors say that with aggressive but expensive care, June will live for five to ten years. With less aggressive, lower cost care, her pain will be minimized and she'll live for about six months. What should happen?"

Question: "Should June get the more aggressive, expensive care and live five to ten years, or the less aggressive, lower cost care and live for six months?"

Question: "Suppose June's lung cancer was not caused by asbestos, but by smoking cigarettes. Her treatment is still at taxpayer expense. Now, should June, whose illness was caused by her own smoking, get the more aggressive, expensive care and live five to ten years, or the less aggressive, lower cost care and live six months?"

Question: "Suppose June were 84 years old. Would you favor the more aggressive, expensive care or the less aggressive, lower cost care?"

Question: "Suppose June gets the lower cost care. The woman in the bed next to her, who also has cancer brought on from smoking, has insurance that pays for the expensive care. Is it all right to have a system in which some people get much better treatment than others or should everyone be treated the same?"

11. The Case of a Man with Limited Insurance Coverage

- a. Less than a consensus-level majority felt that insurers should be allowed to sell low-cost health insurance that has limited hospitalization coverage.
- b. When given more information about what might happen with such insurance, the number opposed to having insurers sell such policies increased from 34 to 48 percent.

Table 11.1
Should Insurers Be Allowed to Sell Plans with Limited Hospitalization Coverage?
2002 vs. 1996

Company lets employees choose between regular insurance and a low-cost plan with limited hospitalization coverage.	2002%	1996%	Difference
Should Vermont allow companies to sell low-cost plans that pay for limited hospitalization?			
Yes	56	60	-4
No	34	36	-2
Spouse develops catastrophic illness requiring expensive treatment, and low-cost plan pays only fraction of cost. Starts to avoid treatment because of inability to pay.			
Patient should get only the care she can pay for	12	13	-1
Patient should get care she needs at taxpayers' expense	30	27	+3
Patient should not be in this situation because insurers should not be able to sell policies with limited hospitalization coverage	48	53	-5

Background: "Tom works for a company where employees can choose between regular health insurance and a low-cost plan with limited hospitalization coverage. He chooses the low-cost plan."

Question: "Agree or disagree: Vermont should allow companies to sell low-cost health insurance plans that pay for only limited hospitalization." (Numbers reflect "Strongly agree" and "Somewhat agree" versus "Somewhat disagree" and "Strongly disagree.")

Question: "Suppose Tom's wife, Carol, develops a catastrophic illness that requires expensive treatment. The low-cost plan pays only a fraction of her care and they quickly spend their savings and go into debt. Because she can't afford to pay for it, Carol begins to avoid treatment. Which of these choices do you prefer: A) Carol should get only the care she can pay for OR B) Carol should get the care she needs at taxpayers' expense OR C) Carol should not be in this situation because insurance companies should not be allowed to sell policies with only limited hospitalization coverage OR D) Not sure/don't know."

c. After considering the case at greater length, 43 percent of the Study Circles participants said insurers should not be allowed to sell such policies, a slightly smaller number than held this view before getting additional information.

Table 11.2
Should Insurers Be Allowed to Sell Plans with Limited Hospitalization Coverage?
Study Circles vs. 2002

Company lets employees choose between regular insurance and a low-cost plan with limited hospitalization coverage.	Study Circles %	2002%	Difference
Should Vermont allow companies to sell low-cost plans that pay for limited hospitalization?			
Yes	48	56	-8
No	51	34	+17
Spouse develops catastrophic illness requiring expensive treatment, and low-cost plan pays only fraction of cost. Starts to avoid treatment because of inability to pay.			
Patient should get only the care she can pay for	3	12	-9
Patient should get care she needs at taxpayers' expense	43	30	+13
Patient should not be in this situation because insurers should not be able to sell policies with limited hospitalization coverage	43	48	-5

Background: "Tom works for a company where employees can choose between regular health insurance and a low cost plan with limited hospitalization coverage. He chooses the low-cost plan."

Question: "Agree or disagree: Vermont should allow companies to sell low-cost health insurance plans that pay for only limited hospitalization." (Numbers reflect "Strongly agree" and "Somewhat agree" versus "Somewhat disagree" and "Strongly disagree.")

Question: "Suppose Tom's wife, Carol, develops a catastrophic illness that requires expensive treatment. The low-cost plan pays only a fraction of her care and they quickly spend their savings and go into debt. Because she can't afford to pay for it, Carol begins to avoid treatment. Which of these choices do you prefer: A) Carol should get only the care she can pay for OR B) Carol should get the care she needs at taxpayers' expense OR C) Carol should not be in this situation because insurance companies should not be allowed to sell policies with only limited hospitalization coverage OR D) Not sure/don't know."

12. Should All Vermonters Be Guaranteed the Health Care They Need

a. After thinking about some of the difficult health care choices facing their state now and in the immediate future, Vermonters were actually more likely to strongly agree that everyone should get the health care they need at the end of the survey than they were at the beginning.

Table 12.1
Whether All Vermonters Should Be Guaranteed the Health Care They Need
2002 vs. 1996

All in VT should be guaranteed care they need, no matter what	2002	2002	Difference
	End of Survey %	Start of Survey %	
Strongly agree	74	68	+6
Somewhat agree	16	21	-5
Total agree	90	89	+1
	1996	1996	
	End of Survey %	Start of Survey %	
Strongly agree	65	60	+4
Somewhat agree	23	24	-1
Total agree	88	84	+4

Question: "Do you agree or disagree with this statement: Every man, woman and child in Vermont should be guaranteed the health care they need, when they need it, no matter what." Options: "Strongly agree," "Somewhat agree," "Somewhat disagree," "Strongly disagree," and "Not sure/don't know." (Numbers reflect, "Strongly agree" and "Somewhat agree.")

b. The number in favor is essentially unchanged since 1996.

c. There was little difference between the views of the Study Circles participants and the public as a whole on these questions.

Table 12.2
Whether All Vermonters Should Be Guaranteed the Health Care They Need
2002 vs. 1996

All in VT should be guaranteed care they need, no matter what	2002	1996	Difference
	End of Survey %	End of Survey %	
Agree	90	88	+2
Agree, <i>even if</i> I must pay more for my health insurance	77	77	nc
Agree, <i>even if</i> I must pay more for insurance and higher taxes	65	65	nc

Table 12.3
Whether All Vermonters Should Be Guaranteed the Health Care They Need
Study Circles vs. 2002

All in VT should be guaranteed care they need, no matter what	Study Circles %	2002	Difference
		End of Survey %	
Agree	88	90	-2
Agree, <i>even if</i> I must pay more for my health insurance	75	77	-2
Agree, <i>even if</i> I must pay more for insurance and higher taxes	67	65	+2

“Would you still feel that way if that meant you would have to pay more for your health insurance?”

“Would you still feel that way if that meant you would have to pay more for your health insurance and also higher taxes?”

Sample Demographics

Study				Study			
	Circles %	2002 %	1996 %		Circles%	2002%	1996 %
Gender				Professionally Connected to Issue of Health Care			
Male	27	50	50	Yes	48	12	*
Female	73	51	50	No	51	86	*
				Not sure/refused	2	2	*
Age				Last Year of School			
18-34	5	18	27	Some HS or less	—	10	8
35-49	37	39	37	HS grad	5	32	32
50 +	55	41	36	Some college	16	23	29
No answer	3	3	—	College grad or more	79	33	32
				NS/DK	—	2	—
Health Insurance				Closest City			
Yes	99	86	91	Burlington	25	35	40
No	2	12	13	Montpelier	31	21	17
NS/DK	—	2	2	St. Johnsbury/Rutland	622	1116	1316
Does not add up to 100 percent because some are in more than one category				Brattleboro/Bennington	13	16	14
				NS/DK	—	2	—
Type of Health Insurance				2001 Family Income			
Employer/spouse/ Family member	51	51	60	25,000 and under	20	32	28
Self-insured	19	11	14	25,000-30,000	12	22	16
Medicaid	6	7	4	35,000-50,000	27	17	19
Medicare	19	11	13	50,000-75,000	18	16	15
Other	10	8	2	75,000-100,000	13	4	8
				100,000 +	10	4	4
				NS/DK	—	—	12
Frequency of Health Care Use				Occupation			
More than other people	18	18	9	Prof/semi-prof.	21	12	*
About the same	37	32	31	Owner/manager	22	13	*
Less than other people	42	55	57	Skilled craftsmen	—	8	*
NS/DK	3	4	3	Laborers	—	7	*
				Retired	30	24	*
				Unemployed	6	5	*
				No answer	9	5	*
				Other	21	28	*
Sample				Total			
			Study Circles				67
			2002				400
			1996				400

* Question not asked in 1996

Methodology

The results in this report are based on telephone interviews with 400 adult residents of the State of Vermont, age 18 years and older. Using random digit dialing (RDD), the 400 telephone interviews were conducted from January 25, 2002 to February 7, 2002.

To increase the likelihood of interviewing all adults, including those with a full-time job, all interviews were conducted in the evenings, from 6:00 p.m. to 9:30 p.m., or on weekends. A male/female quota was employed. Working in close consultation with the Commission on Public Health Care Values & Priorities, Doble Research developed the original questionnaire in 1996, and then updated it in 2002.

Under the supervision of Doble Research, Consumer Logic, Inc. pre-tested the questionnaire for length and understandability, drew the random sample, and conducted the telephone interviews. The interviews took an average of about 23 minutes to complete.

This report updates the findings of a survey by Doble Research for the Commission on Public Health Care Values & Priorities that was conducted in September 1996 and published by the Commission in March 1997. The 1996-97 report was also based on a telephone survey of 400 Vermonters, interviewed at random.

The margin of sampling error for the 2002 survey is plus or minus four percentage points for percentages between 40 and 60 percent at a confidence interval of 95 percent. When comparing the results from the two surveys, any change that is equal to or greater than 7 percentage points is statistically significant at a confidence interval of 95 percent.

This report also compares the 2002 and 1996 results to results from questionnaires received by Doble Research from 67 people who participated in a series of Study Circles—small, nonpartisan group meetings in which citizens came together three to four times to discuss and deliberate about the issues of health care and health care costs. Sponsored by the Vermont Ethics Network (VEN), the Study Circles were conducted across the state of Vermont in the summer and fall of 2001 and the winter of 2002.

Study Circles participants are a self-selected group, not a random sample. Therefore, we cannot measure the statistical significance between results from the Study Circles and from the general public. However, although the Study Circles results are not statistically significant, the differences and similarities in the patterns of response can be analytically significant, especially if participants are seen as precursors of the general public and indicate how Vermonters would feel were they better informed and had the time and opportunity to deliberate about these issues with their fellow citizens.

About Doble Research

Public Opinion: A Map, Not a Snapshot . . . ©

Doble Research Associates is a nonpartisan, public interest consulting firm located in Englewood Cliffs, New Jersey.

Especially when it comes to complex public issues or new ideas, the formation of public opinion is a process – a work in progress as opposed to a still life or a finished product.

At Doble Research, we map people's thinking by identifying the public's "starting point" – what people think about an issue before learning more about it. Then we lay out how people's thinking changes or evolves as they consider other points of view and have time to deliberate about an issue. We give clients an in-depth blueprint of how and why people feel as they do – a map, not a snapshot.

Doble Research Clients and Partner Organizations:

Foundations

The Englewood Community Foundation
The Center for Crime, Communities and Culture (Open Society Institute/The Soros Foundation)
The Charles Stewart Mott Foundation
The Chiesman Foundation
The Community Life Foundation
The Fetzer Institute
The Walter and Elise Haas Fund
The Hager Educational Foundation
The Open Society Institutes
The Soros Foundation
The William and Flora Hewlett Foundation
The Kellogg Foundation
The Kettering Foundation
The Peninsula Community Foundation
The Pew Charitable Trust
The Seva Foundation

Government Agencies

Board of Pardons and Parole, State of Georgia
Department of Corrections, Cedar Rapids, Iowa
Environmental Protection Agency, EPA
The Governor's Family Council, State of Delaware
The Indiana Department of Corrections
The National Institute of Corrections, NIC
The National Institute of Justice, NIJ
The National Parks Service, Nebraska
Vermont Department of Corrections
Vermont Commission on Public Healthcare Values and Priorities

Public Service Organizations

The American Judicature Society
Audubon Area Community Services, Owensboro, Kentucky
The Buckeye Association for School Administrators
The Center for Effective Public Policy
The Center for Sex Offender Mgt. (CSOM)
The Cleveland Summit on Education
The Council of Governors' Policy Advisors
The Council of State Governments, Eastern Regional Office
The Educational and Social Science Consortium
The General Federation of Women's Clubs
The Harwood Institute
The National Collegiate Honors Council (NCHC)
The National Conference of State Legislatures

The National Academy of Social Insurance
The National Environmental Policy Institute
The National Issues Forums Institute (NIFI)
The Oklahoma State-Centered Project
The Pennsylvania Prison Society
The Points of Light Foundation
Public Agenda
The Southern Growth Policies Board
The Southern Regional Council
The South Carolina State-Centered Project
The Study Circle Resources Center
Weavings, A Journal of Christian Spiritual Life
The Western Governors' Association
The West Virginia Center for Civic Life

States

The State of Indiana
The State of New Hampshire
The State of North Carolina
The State of Oregon
The State of South Carolina
The State of Vermont
Colleges and Universities
DuPage Community College
Institute on Criminal Justice, University of Minnesota
The Mershon Center at Ohio State University
The University of California at Davis
The University of Delaware
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Clark, Martire & Bartolomeo, Inc.
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The Commission on the Public's Health Care Values & Priorities

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www.dobleresearch.com

Respondent I.D. # _____
 (1-4)

Introduction:

Hello, I'm _____ calling for Doble Research, a nationally known public opinion research firm. We're conducting a telephone opinion survey of people in Vermont.

Are you or is anyone in your household employed by a market research company?

TERMINATE — Yes.....(7) 1
 No..... 2

I'd like to speak to the *adult* at this residence who has celebrated the most recent birthday.

Half of the respondents must be male, half must be female. If no one in the household is 18 or older, terminate.

A. Comparative Spending Priorities — DO NOT READ ALOUD

Vermont faces many problems and the government has to concentrate its efforts on certain problems and give less attention to others. I'll mention several concerns and ask whether it should be given top priority, above average but not top priority, average priority, or below average priority. First, should improving roads and bridges be given top priority, above average but not top priority, average priority, or below average priority? (ROTATE)

		Above	Below	NS/	
		<u>Top</u>	<u>Avg</u>	<u>Avg</u>	<u>DK</u>
1. Improving roads and bridges.....	(8)	1	2	3	4 5
2. Improving schools and education.....	(9)	1	2	3	4 5
3. Lowering the cost of health care.....	(10)	1	2	3	4 5
4. Reducing crime.....	(11)	1	2	3	4 5
5. Protecting the environment.....	(12)	1	2	3	4 5
6. Making sure all Vermonters get the health care they need.....	(13)	1	2	3	4 5
7. Combating what many see as a decline in family values.....	(14)	1	2	3	4 5
8. Making sure all children get the nutrition they need in their early years.....	(15)	1	2	3	4 5
9. Expanding job training for the unskilled and less educated.....	(16)	1	2	3	4 5
10. Not raising taxes, holding them at current level.....	(17)	1	2	3	4 5
11. Reducing the use of illegal drugs, especially heroin.....	(18)	1	2	3	4 5
12. Creating more jobs.....	(19)	1	2	3	4 5

13. Do you agree or disagree with this statement: Every man, woman and child in Vermont should be guaranteed the health care they need, when they need it, no matter what. (ASK: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?)

- Strongly agree.....(20) 1
- Somewhat agree..... 2
- Somewhat disagree..... 3
- Strongly disagree..... 4
- Not sure/don't know..... 5 — DO NOT READ

B. Why Are Health Care Costs So High? — DO NOT READ ALOUD

As you know, health care costs are high. Last year, Vermont spent over two billion dollars on health care, which represents one-eighth of its economy. I'll read you some possible reasons why costs are high and ask how much of a factor each one is: A major factor, a minor factor, or not a factor. Ready? Health care costs are high because of: (READ LIST. AFTER EACH, ASK: Is this a major factor, a minor factor, or not a factor? ROTATE)

		<u>Major</u> <u>Factor</u>	<u>Minor</u> <u>Factor</u>	<u>Not a</u> <u>Factor</u>	<u>NS/</u> <u>DK</u>
14. Much greater use of expensive, new technologies — is this a major factor, a minor factor, or not a factor?.....	(21)	1	2	3	4
15. Waste, fraud and abuse in the system.....	(22)	1	2	3	4
16. The increased number of elderly people who need care.....	(23)	1	2	3	4
17. Insurance companies that seek excessive profits.....	(24)	1	2	3	4
18. People using emergency rooms for non-emergency care.....	(25)	1	2	3	4
19. Doctors whose fees are too high.....	(26)	1	2	3	4
20. Unnecessary tests by doctors afraid of malpractice suits.....	(27)	1	2	3	4
21. Hospitals that seek excessive profits.....	(28)	1	2	3	4
22. Not enough preventive care.....	(29)	1	2	3	4
23. People who have unhealthy lifestyles.....	(30)	1	2	3	4
24. People who overuse the system, go to the doctor or hospital when they really don't need to.....	(31)	1	2	3	4
25. Runaway administrative costs.....	(32)	1	2	3	4
26. The increasing cost of prescription drugs.....	(33)	1	2	3	4
27. New requirements that insurers provide coverage for more types of health care like mental health and chiropractors	(34)	1	2	3	4
28. Limited competition among Vermont's insurance companies...	(35)	1	2	3	4
29. The public's lack of knowledge about the cost of different health care choices or treatment options.....	(36)	1	2	3	4

C. The Uninsured – DO NOT READ ALOUD

There are, as you may know, people in Vermont who do not have any health insurance. When people without insurance need medical care, which of the following happens or does not happen? (READ LIST. AFTER EACH, ASK: Does this happen or not happen? ROTATE.)

Doesn't NS/

	<u>Happens</u>	<u>Happen</u>	<u>DK</u>
30. The state and national government work in partnership to pay the uninsured person's medical bills — does this happen or not happen?..... (37)	1	2	3
31. Uninsured people use the emergency room for routine problems..... (38)	1	2	3
32. Uninsured people go without needed care..... (39)	1	2	3
33. Doctors and hospitals treat uninsured people at no charge, then pass the costs along to patients with insurance.....(40)	1	2	3
34. If the uninsured person sends in a form, the government reimburses the doctor or hospital who treated them.....(41)	1	2	3

35. As you may know, people without health insurance may use the emergency room when they don't have an emergency. Under the law, emergency rooms cannot turn people away so this is one place where people without insurance can go to get needed care. Which statement comes closest to your view. Should we: (READ STATEMENTS A, B AND C. DO NOT ROTATE.)

- A. Change the law so that uninsured people can't use the emergency room for non-emergencies, even if that means many of them won't get needed care
OR
- B. Reduce the number of uninsured people by covering more of them with taxpayer-funded insurance, even if that means a possible increase in taxes
OR
- C. Continue treating uninsured people in the emergency room for non-emergencies, even if that means passing along the costs to patients with insurance.

Statement A is closest to my view.....(42)	1
Statement B is closest to my view.....	2
Statement C is closest to my view.....	3
Not sure/don't know.....	4 — DO NOT READ

36. Let me ask the question again after telling you that of the roughly 600,000 people in Vermont, about 50,000 have no health insurance, or about 8 and a half percent of the population. Moreover, emergency room care is far more expensive than care in a doctor’s office or a clinic. Knowing that about 50,000 Vermonters lack health insurance, that emergency room care is far more expensive than care in a doctor’s office or a clinic, and that emergency rooms are where people without insurance may go to get needed care, should we: (READ STATEMENTS A, B AND C. DO NOT ROTATE.)

- A. Change the law so that uninsured people can’t use the emergency room for non-emergencies, even if that means many of them won’t get needed care
OR
- B. Reduce the number of uninsured people by covering more people with taxpayer-funded insurance, even if that means a possible increase in taxes
OR
- C. Continue treating uninsured people in the emergency room for non-emergencies, even if that means passing along the costs to patients with insurance

Statement A is closest to my view.....(43) 1
 Statement B is closest to my view..... 2
 Statement C is closest to my view..... 3
 Not sure/don’t know..... 4 — DO NOT READ

37. Agree or disagree: “Instead of having uninsured people use the emergency room, we should set up much less expensive, 24-hour clinics where they could get care, even if this might take away some people’s incentive to get health insurance.” (ASK: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?)

- Strongly agree.....(44) 1
- Somewhat agree..... 2
- Somewhat disagree..... 3
- Strongly disagree..... 4
- Not sure/don’t know..... 5 — DO NOT READ

D. Possible Steps to Hold Down Health Care Costs
 – DO NOT READ ALOUD

To improve Vermont’s health care system, which, if any, of the following would you favor? (READ LIST. FOR EACH, ASK: “Do you strongly favor, somewhat favor, somewhat oppose, or strongly oppose?” ROTATE)

		Strg Favor	Smw Favor	Smw Oppse	Strg Oppse	NS DK
38. Put limits on the care that people with taxpayer-funded insurance can receive..... (45)		1	2	3	4	5
39. Honor “living wills” in which people specify limits on their own care in case of terminal illness..... (46)		1	2	3	4	5
40. Eliminate people’s choice of doctor or hospital if they have taxpayer-funded insurance..... (47)		1	2	3	4	5
41. Allow the family of terminally ill patients who have lost consciousness to cut off care..... (48)		1	2	3	4	5
42. Provide incentives for people to join HMOs which narrow but don’t eliminate your choice of doctor or hospital.....(49)		1	2	3	4	5
43. Limit how much anyone can collect in a malpractice suit, thereby reducing the cost of malpractice insurance to doctors..... (50)		1	2	3	4	5
Continue to regulate hospital costs..... (51)		1	2	3	4	5

E. Rationing— DO NOT READ ALOUD

44. In an effort to control costs, the State of Oregon recently developed guidelines to determine, among those receiving taxpayer-funded health insurance, who could or could not get certain kinds of health care. Some people call it rationing. *If Vermont chose to do this too*, who should develop such guidelines? (READ A AND B)

- A. Elected officials working with our most prominent medical experts.....(52) **1 - SKIP TO #47**
OR
- B. Elected officials and experts working with the public, holding hearings and public meetings..... **2 - ASK #46**
- C. Not sure/don't know..... **3 - SKIP TO #47 - DON'T READ**

45. (**ASK ONLY IF "B" IN #45, ABOVE**) Would you be willing to help set such guidelines by attending local forums or discussions in your community to learn more and express your views?

- Yes.....(53) 1
- No..... 2
- Not sure/don't know..... 3 — DO NOT READ

46. (**ASK EVERYONE**) As you may know, Medicare is the taxpayer-funded health insurance program for the elderly. Is it a good idea to provide taxpayer-funded insurance for the elderly?

- Yes.....(54) 1
- No..... 2
- Not sure/don't know..... 3 — DO NOT READ

47. Medicaid is the taxpayer-funded health insurance program for low-income people. Is it a good idea for the government to provide insurance for low-income people?

- Yes.....(55) 1
- No..... 2
- Not sure/don't know..... 3 — DO NOT READ

48. If Vermont had to act against rising health care costs, which option would you favor the most? (READ LIST a TO e, DO NOT ROTATE) (56)

49. Which one is your second choice? (READ LIST, DO NOT ROTATE) (57)

- | | <u>1st</u> | <u>2nd</u> |
|---|------------|-----------------|
| a. Increase taxes..... | 1 | 1 |
| b. Cut back in other areas like education..... | 2 | 2 |
| c. Ration care for those with taxpayer-funded insurance | 3 | 3 |
| d. Ration care for everyone..... | 4 | 4 |
| e. Not sure/don't know..... | 5 | 5 — DO NOT READ |

F. Limits On High Tech Care/The Uninsured— DO NOT READ ALOUD

Next are some cases of people needing health care. With each, I'll ask what should be done. Here's the first one.

50. Bob and Sue are expecting their first child. Sue falls, goes into labor four months early, and delivers a two-pound baby who must receive special care at a cost of \$6,000 a day. The doctors think there is a fifty-fifty chance the baby will survive and their insurance will cover the costs. What should happen? (READ A AND B. DO NOT ROTATE)

A. The doctors should do all they can to save the baby's life
OR

B. The doctors should provide humane care, but not go to extraordinary lengths to save the baby, even if this means the baby will probably die

Statement A is closer to my view.....(58) 1 — ASK #52

Statement B is closer to my view..... 2 — SKIP TO #54

Not sure/don't know..... 3 — SKIP TO #54 — DO NOT READ

51. (**ASK ONLY IF "A" IN #51**) Now suppose that Bob and Sue do *not* have any health insurance. What should happen? (READ A AND B. DO NOT ROTATE)

A. The doctors should do all they can to save the baby's life
OR

B. The doctors should provide humane care, but not go to extraordinary lengths to save the baby, even if this means the baby will probably die

Statement A is closer to my view.....(59) 1 — ASK #53

Statement B is closer to my view..... 2 — SKIP TO #54

Not sure/don't know..... 3 — SKIP TO #54 — DO NOT READ

52. (**ASK ONLY IF "A" IN #52**) Now suppose the doctors believe the baby's chances are only 1 in 100. If the parents had health insurance, the doctors would do all they could to save the baby because the insurance would pay. But *since Bob and Sue have no insurance* and the baby only has a 1 in 100 chance, what should happen? (READ A AND B. DO NOT ROTATE)

A. The doctors should do all they can to save the baby's life
OR

B. The doctors should provide humane care, but not go to extraordinary lengths to save the baby, even if this means the baby will probably die

Statement A is closer to my view.....(60) 1

Statement B is closer to my view..... 2

Not sure/don't know.....3 — DO NOT READ

53. Now suppose the doctors think the baby will be fine but, after six weeks, the medical bills amount to \$250,000. What should happen? (READ A AND B. DO NOT ROTATE)

A. Bob and Sue should be *responsible for the entire bill*, even if, realistically, this means they'll pay for the rest of their lives and the bill will never be paid in full
OR

B. Bob and Sue should be *responsible for part of the bill*, say \$20,000 or \$30,000, even if that means taxpayers or insured patients must pay the rest

Statement A is closer to my view.....(61) 1

Statement B is closer to my view..... 2

Not sure/don't know..... 3 — DO NOT READ

54. How should the part of the bill that Bob and Sue don't cover be paid for? (READ A AND B. DO NOT ROTATE)

A. The government should pay the bill, even if that means a possible increase in taxes

OR

B. The hospital should pay the bill by passing the cost on to patients with insurance, even if this means driving up everyone else's bills and insurance costs

Statement A is closer to my view.....(62) 1

Statement B is closer to my view..... 2

Not sure/don't know..... 3 — DO NOT READ

55. As you may know, the State of Vermont usually covers the costs in cases like Bob and Sue. Keeping in mind that Vermont taxpayers must pay in these cases, who should make the final decision about whether the doctors should do all they can to save the baby's life? (READ A, B and C. DO NOT ROTATE.)

A. The parents who have no insurance.....(63) 1

OR

B. The doctors and hospital..... 2

OR

C. The people of Vermont by giving elected officials direction for a set of guidelines..... 3

D. Some combination (volunteer) _____ 4 — DO NOT READ

(PLEASE SPECIFY)

E. Not sure/don't know..... 5 — DO NOT READ

G. End of Life/At-Home Care – DO NOT READ ALOUD

56. Here's another case. Jack, 59, has advanced prostate cancer and about six months to live. He wants to go home where he'll be cared for by his wife and a nurse, but his insurance will pay only if Jack stays in the hospital. Agree or disagree: insurance companies should be required to cover the cost of at-home care in cases like this, even if they say it will raise premiums. (ASK: Do you strongly agree, somewhat agree, somewhat disagree, strongly disagree?)

Strongly agree..... (64) 1

Somewhat agree..... 2

Somewhat disagree..... 3

Strongly disagree..... 4

Not sure/don't know..... 5 — DO NOT READ

57. Now suppose that two months pass and Jack asks his doctor to end his life painlessly. Which statement comes closer to your view? (READ A AND B. DO NOT ROTATE)

A. Helping such patients end their lives is sometimes part of a doctor's responsibility

OR

B. Deliberately ending a patient's life is morally wrong and a violation of a doctor's oath

Statement A is closer to my view.....(65) 1

Statement B is closer to my view..... 2

Not sure/don't know..... 3 — DO NOT READ

58. Suppose Jack did not ask the doctor to end his life but instead went into a coma. Now his wife asks his doctor to end Jack's life. Do you think a doctor: (READ A AND B)

A. Should honor a *family's* wishes to end the life of an unconscious, terminal patient
OR

B. Should not honor the *family's* wishes because deliberately ending life is morally wrong and besides, the patients might choose to live if they were conscious

Statement A is closer to my view.....(66) 1

Statement B is closer to my view..... 2

Not sure/don't know..... 3 — DO NOT READ

H. Personal Responsibility— DO NOT READ ALOUD

June, 64, has lung cancer that was caused by asbestos and air pollution, and not from smoking. She has taxpayer-funded health care and just checked into the hospital. Her doctors say that with aggressive but expensive care, June will live for five to ten years. With less aggressive, lower cost care, her pain will be minimized and she'll live for about six months. What should happen?

59. Should June get the more aggressive, expensive care and live five to ten years, or the less aggressive, lower cost care and live for six months?

A. The more aggressive, expensive care.....(67) 1 — ASK #61

B. The less aggressive, lower cost care..... 2 — SKIP TO #63

C. Not sure/don't know..... 3 — ASK #61 — DO NOT READ

60. (ASK ONLY IF "A" OR "C" IN #60) Suppose June's lung cancer was not caused by asbestos, but by smoking cigarettes. Her treatment is still at taxpayer expense. Now, should June, whose illness was caused by her own smoking, get the more aggressive, expensive care and live five to ten years, or the less aggressive, lower cost care and live six months?

A. The more aggressive, expensive care.....(68) 1 — ASK #62

B. The less aggressive, lower cost care..... 2 — SKIP TO #63

C. Not sure/don't know..... 3 — ASK #62 -DO NOT READ

61. (ASK ONLY IF "A" OR "C" IN #61) Suppose June were 84 years old. Would you favor the more aggressive, expensive care or the less aggressive, lower cost care?

A. The more aggressive, expensive care....(69) 1

B. The less aggressive, lower cost care..... 2

C. Not sure/don't know..... 3 — DO NOT READ

62. (ASK EVERYONE) Suppose June gets the lower cost care. The woman in the bed next to her, who also has cancer brought on from smoking, has insurance that pays for the expensive care. Is it all right to have a system in which some people get much better treatment than others or should everyone be treated the same?

A. Yes, some can get better care than others.....(70) 1

B. No, all should be treated the same..... 2

C. Not sure/Don't know..... 3 — DO NOT READ

I. A Minimum Level of Care — DO NOT READ

Tom works for a company where employees can choose between regular health insurance and a low-cost plan with limited hospitalization coverage. He chooses the low-cost plan.

63. Agree or disagree: Vermont should allow companies to sell low-cost health insurance plans that pay for only limited hospitalization. (ASK: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?)

- Strongly agree.....(71) 1
- Somewhat agree..... 2
- Somewhat disagree..... 3
- Strongly disagree..... 4
- Not sure/don't know..... 5 — DO NOT READ

64. Suppose Tom's wife, Carol, develops a catastrophic illness that requires expensive treatment. The low-cost plan pays only a fraction of her care and they quickly spend their savings and go into debt. Because she can't afford to pay for it, Carol begins to avoid treatment. Which of these choices do you prefer? (READ A, B, AND C)

- A. Carol should get only the care she can pay for.....(72) 1
OR
- B. Carol should get the care she needs at taxpayers' expense.... 2
OR
- C. Carol should not be in this situation because insurance companies should not be allowed to sell policies with only limited hospitalization coverage..... 3
- D. Not sure/don't know..... 4 — DO NOT READ

65. Before we end, let me ask a question I asked before. Agree or disagree: Every man, woman and child in Vermont should be guaranteed the health care they need, when they need it, no matter what. (ASK: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?)

- Strongly agree.....(73) 1 — ASK #67
- Somewhat agree..... 2 — ASK #67
- Somewhat disagree..... 3 — SKIP TO #69
- Strongly disagree..... 4 — SKIP TO #69
- Not sure/don't know..... 5 — SKIP TO #69 — DO NOT READ

66. (ASK ONLY IF "Strongly Agree" OR "Somewhat agree" IN #66) Would you still feel that way if that meant you would have to pay more for your health insurance?

- Yes.....(74) 1 — ASK #68
- No..... 2 — SKIP TO #69
- Not sure/don't know..... 3 — ASK #68 — DO NOT READ

67. (**ASK ONLY IF “Yes” OR “Not sure” IN #67**) Would you still feel that way if that meant you would have to pay more for your health insurance *and* also higher taxes?

- Yes.....(75) 1
- No..... 2
- Not sure/don't know..... 3 — DO NOT READ

68. (**ASK EVERYONE**) Who should determine when patients will or will not receive the health care they need? (READ A, B, and C. DO NOT ROTATE)

- A. The individual patient.....(76) 1
OR
- B. The doctors and hospital..... 2
OR
- C. The State of Vermont after publicly developing a set of guidelines..... 3
- D. Some combination _____ 4 — DO NOT READ
(PLEASE SPECIFY)
- E. Not sure/don't know..... 5 — DO NOT READ

These last few questions are just for classification purposes.

69. Sex (DO NOT ASK)

- Male.....(77) 1
- Female..... 2

70. In what year were you born?

(PLEASE SPECIFY)

71. Do you have health insurance?

- Yes.....(78) **1 — ASK #73**
- No..... **2 — SKIP TO #74**
- Not sure/don't know..... **3 — SKIP TO #74 — DO NOT READ**

72. (**ASK ONLY IF “YES” IN #72**) What kind of health insurance do you have? (READ LIST. DO NOT ROTATE)

- I'm insured through my employer or spouse or other family member....(79) 1
- I'm self-insured, I pay for my insurance myself..... 2
- I have government insurance for low-income people, Medicaid..... 3
- I have government insurance for the elderly, Medicare..... 4
- I don't have any health insurance..... 5 — DO NOT READ
- Other _____ 6 — DO NOT READ
(PLEASE SPECIFY)
- Not sure/don't know 7 — DO NOT READ

73. Compared to other Vermonters, would you say you and your family use the health care system more often than most people, about the same amount, or less often than most people?

- More.....(7) 1
- About the same..... 2
- Less..... 3
- Not sure/don't know..... 4 — DO NOT READ

74. **(ASK EVERYONE)** What is the last year of school you completed? (READ LIST. DO NOT ROTATE)

- Less than 8th grade.....(8) 1
- Some high school..... 2
- High school graduate..... 3
- Some college..... 4
- College graduate or more..... 5
- Not sure/don't know..... 6 - DO NOT READ

75. What was your total family income in 2001? Just stop me when I get to the right category. (READ LIST. DO NOT ROTATE)

- \$7,500 or less.....(9) 1
- \$7,500 to \$15,000..... 2
- \$15,000 to \$25,000..... 3
- \$25,000 to \$35,000..... 4
- \$35,000 to \$50,000..... 5
- \$50,000 to \$75,000..... 6
- \$75,000 to \$100,000..... 7
- Over \$100,000..... 8
- Not sure/don't know..... 9 — DO NOT READ

76. Which of these cities do you live closest to? (READ LIST. DO NOT ROTATE)

- Burlington.....(10) 1
- Montpelier..... 2
- St. Johnsbury..... 3
- Rutland..... 4
- Brattleboro/Bennington..... 5
- Not sure/don't know..... 6 — DO NOT READ

77. What is your occupation or employment status? (11)

(PLEASE SPECIFY)

78. Are you a health care professional, a legislator, or are you in any other way professionally connected to the issue of health care?

- Yes.....(12) **1 – ASK #80**
No..... **2 – SKIP TO #81**
Not sure/refused..... **3 – SKIP TO #81**

79. **ANSWER ONLY IF “YES” IN #79)** How you are professionally connected to the issue of health care? (13)

(PLEASE SPECIFY)

80. Just to make sure our sample is representative, please tell me your zip code? (14)

(PLEASE SPECIFY)