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*Informing Health Care Reform Options for
New York State: Technical Appendices*

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Contents

Technical Appendices:

<i>1) Resident Surveys:</i>	3
a) Data and Methods:	3
b) Analysis:	5
c) Discussion:	8
d) Tables:	14
e) Questionnaires:	23
<i>2) Employer Survey:</i>	
a) Data and Methods:	57
b) Analysis:	59
c) Discussion:	60
d) Tables:	61
e) Questionnaires:	68
<i>3) Resident and Employer Focus Groups:</i>	
a) Data and Methods:	73
b) Analysis:	73
c) Discussion:	97
d) Exhibits:	98

Tables

Technical Appendices

Quantitative: Appendices 1 & 2:

Table A1.1_1A: ESP Descriptive Statistics
Table A1.1_1B: ESP Rural Responders Descriptive Statistics
Table A1.1_1C: Cell Phone Responders Descriptive Statistics
Table A1.1_1D: ESP to Rural and Cell Comparison of Means
Table A1.1_1E: ESP Upstate versus Downstate Comparison of Means
Table A1.1_2A: ESP Regression Results
Table A1.1_2B: ESP Rural Regression Results
Table A1.1_2C: Cell Phone User Regression Results
Table A1.1_3: Willingness to Pay Elasticities, ESP Main
Table A2.1B : Descriptive Statistics, Employer Survey
Table A2.1C : Employer Regression Results, by Small/Medium/Large

Qualitative: Appendix 3:

Exhibit 1: Focus group recruitment technical discussion
Exhibit 2: Recruiting poster example
Exhibit 3: Business registrant screening criteria
Exhibit 4: Consumer registrant screening criteria
Exhibit 5: Letter to confirm participants
Exhibit 6: Letter to alternates not selected
Exhibit 7: Business focus group protocol
Exhibit 8: Consumer focus group protocol

Technical Appendix 1: Resident Surveys

A) Data and Methods

Three telephone surveys of New York residents were conducted by the Cornell Survey Research Institute (SRI) in the Fall of 2008. The main survey was part of SRI's 2008 Cornell Empire State Poll (ESP). The ESP is a telephone survey of 800 randomly selected households (400 downstate and 400 upstate); in each household, one adult is randomly selected for interviewing. The ESP household survey was supplemented with: i) a telephone random survey of 300 rural households to enable separate estimates for rural locations; ii) a random survey of 100 cell phone-only users because the ESP main and rural surveys are based on land-line exchange numbers and a growing proportion of households use only a cell phone.¹

1) Empire State Poll

The ESP is the sixth annual general survey of adults, age 18 and over, who are residents of New York State. It is a combination of an annual core of community, economic, social science, and omnibus modules, including a module on health insurance specifically included as part of this study and described below. The survey sample consists of an RDD (random digit dial) list within New York State. The sample selection procedures ensure that every listed household within New York State has an equal chance to be included in the survey, and that once the household is sampled; every adult has an equal chance to be included in the poll. With 800 respondents, in no more than one time in twenty should chance variations in the sample cause the overall ESP 2008 results to vary by more than 3.5 percentage points from the answers that would be obtained if all New York state residents were interviewed. Furthermore, the sampling frame was split between Upstate and Downstate residents, allowing comparisons between the overall state and these geographic regions at a 95% confidence level (one in twenty chance of sampling error).

The random sampling frame used within the ESP 2008 allows for the poll results to be generalized to the entire state. These generalizations may be made to households using the provided weighted variable as a source of percentages. The weight variable is based on the distribution of the upstate and downstate populations. The results presented are weighted unless otherwise noted.

Telephone data collection for the ESP commenced on February 1, 2008 and was completed March 27, 2008. All interviews are conducted using a Computer Assisted Telephone Interviewing (CATI) software system, with the average interview length 21 minutes. A total of 800 interviews were conducted.

¹ In describing the technical nature of the surveys, some of the language here comes word-for-word from material provided along with the survey results by SRI, whose assistance is gratefully acknowledged.

Response outcomes are reported below.

Response Rates	
Complete:	800
Language problem:	24
Refused:	253
Bad number:	1274
Ineligible (not NYS resident):	10
Active (called 6+ times):	1800
Total:	4161

The response rate, computed as the number of completed surveys divided by the total number of potential interviewees, was 19% (800/4161). The cooperation rate, the number of completed surveys divided by the number completed plus the number of refusals, is 76%.

2) Rural ESP

This survey sample consists of listed households within rural areas of New York State commissioned by the Cornell Rural New York Initiative as part of the 2008 Empire State Poll. This is separate from the main state-wide ESP. Rural areas were defined as census tracts with a population density of 500 persons per square mile or less. Telephone data collection commenced on February 8, 2008 and was completed March 30, 2008. All interviews are conducted using a Computer Assisted Telephone Interviewing (CATI) software system, with the average interview length 20 minutes. A total of 300 interviews were conducted. The rural survey has a general confidence interval of plus or minus 5.66% (at the 95% confidence level). That is based on a sample size of 300 interviews, with a total state rural population of 3,476,689.

Response Rates	
Complete:	300
Language problem or too ill/incapable of responding:	7
Refused:	75
Bad number:	151
Active (called 6+ times):	354
Total:	871

The response rate, computed as the number of completed surveys divided by the total number of potential interviewees, was 34% (300/871). The cooperation rate, the number of completed surveys divided by the number completed plus the number of refusals, is 80%.

3) Cell Phone Survey

Respondents were contacted from a random sample of cell phone numbers in NYS. Eligibility required that each respondent's cell phone was, in fact, their primary phone outside of the workplace. A pilot survey began on January 5, 2008 and was completed on January 9. A total of 29 interviews were completed for the pilot. The full study began on January 12, 2008 and was completed on January 26. A total of 100 interviews were completed for the full survey. We do not know the size of the universe

(number of all NYS residents with primary phone being a cell phone), but it is a fair assumption that we have less than 5% of the universe, which allows us to gauge the margin of error as being $.98/\sqrt{N}$ where N is 100 to provide a 95% confidence interval margin of error of 9.8%. The cooperation rate (including the pilot study) is 41%.

Response Outcomes

Outcome	N
Completed survey – Pilot study	29
Completed survey – Full study	100
Bad phone number	869
Too ill; Deceased; Incapable of responding	2
Language problem	53
Refused	187
Business number	7
Ineligible – Not NYS resident	39
Ineligible – Less than 18 years old	49
Ineligible – Not a cell phone	9
Ineligible – Not the sole user of the cell phone	23
Ineligible – Uses land-line phone	140
Pending – Called 5 times or less but eligibility undetermined	1071
Pending – Called more than 5 times but eligibility undetermined	657
Total	3235

B) Analysis

1) Summary

New York Residents:

1. View health insurance and health care costs as extremely or very important issues which should be addressed by New York’s government leaders
2. Express high support for expansion of public coverage as a means to help reduce the number uninsured.
3. Are open a range of possible solutions, but express caution regarding employer mandates, the role of private insurers and the role of government bureaucracy.
4. Report some willingness to pay (WTP) for reforms reducing the uninsured through higher taxes.

2) Details

a) Descriptive statistics

We first analyzed the data from the three survey components in a descriptive manner, starting with the Main ESP. The survey followed a stratified random sampling method, thus estimates are weighted and

standard errors are corrected for sampling design; the estimates shown from the main ESP reflect the representative New York State resident.²

The first table, Table A1.1_1A, shows the means of the variables. We first show the variables we will consider as outcomes in our regression analysis (Y1-Y7), the questions they correspond to (further details of which can be seen in the questionnaire), an abbreviated description of the question, the number of valid observations, and the mean, linearized standard error (this is the statistic that is generated instead of a standard deviation when survey corrections are performed in Stata), the minimum and maximum values. This table shows from the first row, for example, that of the 800 respondents to the ESP, 799 provided valid answers to the question asking them how important they thought it was to have the cost of health care and health insurance addressed politically.

The responses in the questionnaire allowed participants to say “extremely important”, “very important”, “somewhat important”, “not important”, “do not know”, or decline to answer. We coded the first two as showing high support and thus the variable Y1 (ksq01_high) takes a value of 1; if the respondent says somewhat important or not important, the variable takes a value of 0. Those who do not respond or do not know are recorded as missing observations and do not count towards the descriptive statistics. The mean column shows that 92.8% of New York State residents agree that this is an extremely or very important issue. Other variables are coded in a similar fashion when the original answer allows them two degrees of high support and two degrees of minimal support for all the Y questions (we turn them into 0/1 dummy variables instead of having 4 values). Some questions start out asking only whether they agree or disagree, in which case the coding does not involve combining any categories. The next portion of the descriptive table shows the information for the independent variables. For example, 787 of the 800 respondents provided information (year of birth) that allowed us to calculate age approximately by subtracting their year of birth from 2007. The average respondent is 48.3 years old in this survey.

In addition to closed end questions, we allowed responders who opposed a Medicare-like single payer plan to provide opened ended responses regarding concerns about such a plan. For the 228 responders who said they were opposed, the interviewer then asked them what the reasons are for opposing the plan. If they needed to, they probed with "For example, restricted choice of providers, availability of services, quality of care." The interviewer was told "Do not let the respondent just repeat these examples back to you!" Nineteen said they did not know and two refused, but the other 207 responded with a sentence (or at minimum a few words) for this. Major reasons given include higher taxes, concerns about more government involvement for efficiently reasons, and people being satisfied with their current coverage. In addition, some respondents also questioned the desirability of providing universal coverage, for example for individuals who are not working by choice.

The next table, Table A1.1_1B, provided similar data for the ESP Rural Responders. These individuals are asked an abbreviated set of the questions that are asked of the main ESP sample. The information here shows, for example, that of the 300 respondents, 297 answered the question about whether they

² We compared three statistics in particular to outside estimates: mean income, unionization rate, and uninsurance rate. US Census 2007 median income for NY is 53,514 (source: <<http://www.observer.com/2008/real-estate/ny-vs-nj-household-incomes>>). US mean income is 39.72% higher than US median income (source: <http://en.wikipedia.org/wiki/Household_income_in_the_United_States>), so our estimates are in line with implied outside estimates for mean household income in NYS. Regarding unionization, the Bureau of Labor Statistics estimates NYS union membership is 25.2% (source: <<http://www.bls.gov/news.release/union2.nr0.htm>>), so our estimates are comparable.

Regarding uninsurance, 14.4% uninsured is roughly consistent with the latest data from US Census showing 2006-2007 two-year average state uninsured rate is at 13.6%. Since our estimate is for 2008, it is possible that the small difference is due to increasing uninsurance rates over time. Source for Census data: <<http://www.census.gov/prod/2008pubs/p60-235.pdf>>

think it is politically important to address the problem of uninsured, and that 84.2% thought this to be an extremely or very important issue. Table A1.1_1C provides similar information for the Cell Phone Responders.

b) Comparison of samples along demographic characteristics

Table A1.1_1D compares the sample characteristics of our main ESP against the rural ESP and cell phone samples. Table A1.1_1E compares the sample characteristics in the main ESP survey of the upstate versus downstate sample. Asterisks are used to show statistically significant differences for the down state sample versus the upstate sample. All sets of comparisons are univariate comparisons. In the first table, we see that differences in the main opinion questions exist, with the rural population being less supportive of reform options relative to the main ESP, but the cell phone sample not showing statistically significant differences. In terms of demographic characteristics, the rural sample is older, more likely to be married, more likely to have children, more likely to have high school or less as educational levels, more likely to be white non-Hispanic, and has lower average income. Compared to the main ESP, the cell phone sample is younger, more likely to be male, less likely to be married, more likely to have high school completion and less likely to have college completion, more likely to be uninsured, more likely to be in good health and has income that is lower on average. In the second table, we see that compared to the upstate sample, the downstate sample of the main ESP is more likely to show higher support for reform options in general. In terms of demographic composition, the downstate sample is less likely to be male, less likely to be married, more likely to have high school or less educational completion, less likely to be white non-Hispanic, more likely to be black non Hispanic or Hispanic, more likely to be uninsured, has higher average income, and is more likely to be liberal and less likely to be conservative in political ideology.

c) Regression Analysis

We next present models where the predictors of outcomes Y1-Y7 are considered in a multivariate setting so that we can see the association between one variable (e.g. income) and the degree of support for health insurance reform, after controlling for other confounders (e.g. age) which may be correlated with income. The first table, Table A1.1_2A, shows the main ESP regression results. The results are weighted and standard errors are adjusted. We display coefficients that can be interpreted as marginal effects since the underlying model is ordinary least squares in nature. We display the standard errors below the coefficients, and use asterisks noted below to denote statistical significance. Each column represents results from a separate regression. By way of interpretation, the first number in the first row shows that (if this had been a statistically significant result) as age increases by a year, the support shown for health care costs being a high political priority would increase by almost one percentage point. The next table Table A1.1_2B provides regression results for the rural component. Recall that this component has an abbreviated set of questions. For comparison sake, we re-estimated the regression models from the main ESP using the identical model specification as the rural sample, but did not see any noteworthy differences relative to the full specification for the main ESP, and thus do not report these auxiliary regressions.

The third regression table is Table A1.1_2C which shows the results for the cell phone users. The last table that is included in the resident survey appendix is Table A1.1_3 which shows multivariate analysis of the willingness to pay information. From our willingness to pay questions, we constructed (for everyone in the Main ESP) an upper bound and a lower bound. For example, if I answered the initial question about \$50 affirmatively, but said no to the next question of \$100, then my lower bound is \$50 and my upper bound is \$100. For some, there is an open ended interval-for

example, if I kept saying yes even to the highest level of \$250, that does not tell us the upper bound of the willingness to pay, thus my interval is \$250 at the minimum and the maximum is unknown. These type of data are analyzed econometrically using a technique called interval regression which yields maximum likelihood estimates that will shed light on the connection between a person's underlying true willingness to pay and their observed characteristics. As explained in Cawley (2008),³ p.284, the technique (italics added by us) "assume(s) that each person i has a willingness to pay for reductions in (*uninsurance*) that is equal to Y^*i and is related to the person's characteristics X_i in the following way: $Y^*i = X_i\beta + \epsilon_i$, where ϵ_i is assumed to be mean zero and normally distributed. We do not observe Y^*i but we know that the willingness to pay of person i lies in the interval $[Y_{i1}, Y_{i2}]$ because of the responses they gave to a series of (*willingness to pay*) questions. Therefore, the likelihood contribution of the individual is $\Pr(Y_{i1} < Y^*i < Y_{i2})$. or $\Pr(Y_{i1} < X_i\beta + \epsilon_i < Y_{i2})$. For left-censored data (for which a lower bound is not known), the likelihood contribution is $\Pr(X_i\beta + \epsilon_i < Y_{i2})$ and for right-censored data (for which an upper bound is not known) it is $\Pr(Y_{i1} < X_i\beta + \epsilon_i)$. The maximum likelihood function is estimated using the interval regression command *intreg* in STATA 10. Whereas a probit regression estimates the probability that a latent variable exceeds a certain threshold, the interval regression estimates the probability that a latent variable exceeds one threshold but is less than another threshold; i.e., it estimates the probability of the latent variable lying in a certain interval." For further information, please see Stata's online help for interval regression techniques (<http://www.stata.com/help.cgi?intreg>). Stata's *intreg* procedure makes execution of this technique possible with robust standard errors (we used a bootstrap with 200 repetitions) but does not allow survey method corrections at the same time, thus, these data are not weighted.

To make findings more intuitive, we report our results for WTP as elasticities. There are 4 models shown (each model takes 2 columns, one for the elasticity estimates and one for the Z statistic). The first model is for all respondents to the main ESP. In the questionnaire, it shows that we asked two versions of the WTP questions: variant 1 (version A in the questionnaire) was asked as is, and variant 2 (version B) asked the question with a slight twist-assume that the uninsured we are about to cover are in families earning 3 times the poverty level or less. In the first model we combine data for the two versions of this question as unreported tests showed there was no statistically significant difference between the two. The the next two models separate out the sample. In the last model we recoded the dependent variable, combining data on the dollar amount an individual is willing to pay and on their income to compute the fraction of the respondent's reported family income they would be willing to pay. We then remove income as a right hand regressor from that model. The estimates are easily interpretable. For example, the first result for age would show that (if the result were statistically significant) as age increases by 1 percentage point, the willingness to pay reduces by almost one percentage point in the linear term. (To get the total effect of age, one must add that to two times the coefficient on the quadratic term since this is a nonlinear specification).

C) Discussion

Importance of Health Care and Insurance Issues:

New York residents view health insurance and health care costs as extremely or very important issues which should be addressed by New York's government leaders. As shown in Table A1.1_1A, nearly 93% of residents interviewed thought it was extremely (60%) or very important (33%) that New York's government leaders work to reduce the cost of health care and health insurance; less than 2% thought it was not important (see *Y1: ksq01_high* in the appendix table referred to and Figure

³ Cawley, J. 2008. "Contingent valuation analysis of willingness to pay to reduce childhood obesity " *Economics and Human Biology*, Volume 6, Issue 2, July 2008, Pages 281-292

1a of the main report). Likewise 52% thought it was extremely important and 37% very important for New York's government leaders to work to reduce the number of New Yorkers without health insurance (Y2: *ksq02_high* and Figure 1b). The rural component Table A1.1_1B shows support for the second issue that is somewhat lower than the main supplement (84% vs 89%).⁴ The cell phone means (Table A1.1_1C) shows results that are fairly comparable to the main ESP, suggesting that overall, cell phone user residents and statewide residents do not differ on their views of the importance of health care costs and the uninsured. Regression results in Table A1.1_2A show determinants of Y1 (importance of reducing health care costs). Males are 4.3 percentage points less likely to consider this issue as being extremely or very important, controlling for other factors in the regression. Those with a high school degree as their final level of education are 6.2 percentage points more likely to agree it is important relative to the omitted group of those with college completion or more. Unsurprisingly, those who are uninsured themselves are 4.5 percentage points more likely to consider this an important issue, relative to those who are insured. Income exerts a negative influence. Since income is included as a quadratic term, the marginal effect of a \$10,000 increase in income is the coefficient on the linear term plus twice the coefficient on the squared term (which is infinitesimal but statistically significant), thus the results here imply that a \$10,000 increase in family income is associated with a .04 percentage point decline in considering that health care costs are important. This is a surprisingly small effect of income on political support for addressing health care costs. Those whose political ideology is identified as conservative are 6 percentage points less likely to find health care cost issues important (relative to those who are middle-of-the-road), and those in upstate New York are about 5 percentage points less likely to find the issue important.

Turning to the Y2 column for importance of reducing the uninsured, there are similar results. An exception is that the effect of being a senior (conditional on the model including age as a quadratic term already) is now statistically significant (positive) in column 2. Males are once again less likely to consider this issue important (almost 7 percentage points less likely), high school graduates are 5.4 percentage points more likely to consider it important, and income no longer has a statistically significant effect. However, being conservative in ideology and residing upstate have strong effects (of minus 13 and 6 percentage points respectively). Being uninsured surprisingly has no independent association with this outcome, but those effects could be picked up by other variables in the model.

Overall, in the main ESP, political views on the importance of addressing health care costs and the number of uninsured are lower among males, those with college or more education, the insured (statistically significant only for Y1), conservatives and upstate residents. Income has surprisingly little to no effect after controlling for other variables in the model. The regression results for the rural sample (Table A1.1_2B) show that for Y2, the only statistically significant effects are that those who are high school drop-outs are 21 percentage points more likely to say that uninsurance is an important problem, while those who are high school graduates and those who have some college experience are 16 percentage points more likely to consider it an important issue, relative to those with college completion or more. The cell phone sample regression results (Table A1.1_2C) show that support is higher for Y1 among high school completers (about 16 percentage points vs 6), and that income also matters more than in the main ESP (\$10,000 more means about 5 percentage points less support for Y1). As in the main ESP, the conservative viewpoint is associated with a large decline in support (27.2 percentage points) relative to middle-of-the-road views, which is much larger than in the main ESP (6

⁴ Due to differences in sample stratification, samples are not comparable. Accordingly, we do not present formal statistical tests of differences in means.

percentage points). For Y2, in the cell phone sample, conservatives are once again about 28 percentage points less likely to consider uninsurance an important issue.⁵

New York residents express high support for expansion of public coverage as a means to reduce the number of uninsured.

We asked about support for expanded public coverage (e.g. through Medicaid or the SCHIP Family/Child Health Plus program) financed by tax revenue to reduce the number of uninsured with incomes up to some upper limit (see Figure 2 in the main report). Some 82% of residents favored some form of expand coverage for families above 100% of the Federal Poverty Level (FPL). Of these, almost 41% of residents favored using this strategy for everyone regardless of income level, 7% favored coverage up to 400 percent of the Federal Poverty Level (FPL), 16% favored coverage up to 250 percent of the FPL and 19% favored it up to 150 percent. Only 18% felt coverage should be limited to families at 100 percent of the FPL or less. Support was lower in rural areas; only 29% of rural residents favored coverage for all. Almost 23% of rural residents favored coverage only at or below 100 percent of the FPL.

In Table A1.1_1A, we construct two alternative definitions of high support for this policy. One codes a person as having high support if they support expansions to a level *more* than 250% FPL (that is, not those who are willing to support expansions only up to 250%FPL) coded as a_ksq03_high (Y3a), while the other codes a person as highly supportive if they support expansions to a level *more* than 150% FPL, coded as b_ksq03_high (Y3b). In the main ESP, 48% support the first definition and 64% support the second definition. Support is lower in the rural sample; with 33% supporting the first definition and 50% supporting the second definition. In the cell phone survey, the corresponding numbers are 37% and 55%. Overall, the main ESP respondents are willing to support expansions to higher income levels than rural respondents (and than cell phone respondents, but there the differences are smaller). Turning now to specific determinants of support for expanding public coverage, we look at Table A1.1_2A which shows that in the main ESP, males are less likely to support either definition (by about 14 percentage points), while the uninsured are more likely to support both definitions (by 10 and 16 percentage points respectively for definition A and B). Those with liberal ideology are more likely to support the two definitions, by about 12 percentage points, relative to middle-of-the-road individuals. There is once again surprisingly little effect from income, with an extra \$10,000 in family income increasing support for definition A by about 1 percentage points. In the rural and cell phone samples, there is not much that is statistically significant beyond the 10% level.

Residents were asked if they favored or opposed four types of reform proposals to reduce the number of uninsured: *Employer Mandates, Shared Responsibility with Required Coverage, High Deductible Plans, and Single Payer* (see Figure 3 of the main document).

Specifically, the *Employer Mandate* question (Y4, ksq04_high⁶) asked residents if they would favor government to require larger businesses (for example, a firm with over 25 employees) that do not currently provide health insurance to their workers to do so even if it meant that businesses would have to cut some jobs to pay for other workers' health insurance. The *Shared Responsibility* question (Y5,

⁵ White non Hispanics are 29 percentage points less likely to consider uninsurance an unimportant issue, but its hard to draw much out of this as it is relative to 'other' race—which is quite small in rural areas, so it should be noted that this is not relative to Black non Hispanic or Hispanic ethnicities.

⁶ This was originally asked as just favor or oppose, so high support was defined as those who favored. For the next question, shared responsibility, the options allowed for strongly favor, somewhat favor, somewhat oppose and strongly oppose, thus support was any form of favoring. For the third and fourth questions, high deductible plans and single payer option, the options allowed for just favoring or opposing, like the first question.

ksq05_high) asked about support for a model in which everyone would be required to have health insurance, and the cost would be shared, with firms required to provide coverage for their employees, employees required to pay part of the premium, and government tax revenue used to cover poor people not covered through employment. Our *High Deductible Plan* question (Y6, ksq06_high) asked about support for plans that compared to traditional plans, have larger out-of-pocket deductibles (\$1,000 for individuals, \$2,000 for families) before insurance coverage begins, but permit 25 to 40 percent in annual premium savings. We did not specify whether the support was for offering these plans on a voluntary or mandatory basis. The *Single Payer* question (Y7, ksq07_high) begins by noting a single payer system, Medicare, already exists for the elderly and then asks about support for setting up a government-run, taxpayer-funded insurance Medicare plan for everyone. (See questionnaires for the complete text of questions).

Looking at Table A1.1_1A, support of employer mandates (Y4) by New Yorkers in the ESP was weak. Almost 60% of residents in the main ESP sample opposed them, although this pattern reversed for our sample of cell phone users, 54% of whom supported such mandates (Table A1.1_1C) (the rural sample was not asked this question).

There was broad support for the other types of reform proposals to cover the uninsured. About 78% of residents in the main sample strongly or somewhat favored a shared responsibility (Y5) model mandating coverage for everyone, with employers being required to provide coverage for employees, employees paying part of the premium, and the government using tax revenue to cover the poor not insured through an employer. Support was somewhat weaker in the rural sample (65% strongly or somewhat favored shared responsibility), and among cell phone users (63% strongly or somewhat favored it). There was also broad support for a single payer model (Y7) to cover the uninsured. Some 72% of the main sample favored a Medicare-like system for all and support was similar among cell phone users.

In the multivariate analysis, we see that in Table A1.1_2A predictors of support for employer mandates among the ESP include being married (8 percentage points), having some college education (relative to the highest education category, by about 13 percentage points) and being liberal (by about 10 percentage points, relative to the middle). Conservatives are about 9 percentage points less likely to support the proposal, relative to the middle, suggesting a relatively large gap in opinion between conservatives and liberals. There is not much that emerges from the regressions for this question among the cell phone sample. In the next outcome, shared responsibility, political leanings are once again associated with the greatest difference in support. In the rural sample, the support for Y5 is higher among those with less education than the highest educated. In the cell phone sample, the only result of note is that the uninsured are less likely to support this option, as are the wealthy.

The next option about high deductible plans Y6 saw a different pattern of support, with liberals 9 percentage points less likely to support it (than middle-of-the-road individuals). Nothing else was statistically significant in that regression, which may be due to the fact that the question did not specify whether support was for a mandatory move to that form of coverage or just the mere availability of such plans. In the cell phone sample, there was more support for high deductible plans among those who are employed, and surprisingly, more support among liberals. The last option, the single payer plan, was less popular among the older respondents over age 65. This could be because the question was interpreted as expanding Medicare to all, and thereby compromising quality for those already on Medicare. The single payer option was also less popular among those with more children in the family, and conservatives (14 percentage points less so than middle-of-the-road), but more popular with liberals (9 percentage points) and those with a high school degree, relative to those with more

education. In the cell phone sample, there was more support among males, and less support among those with less education.

In unreported results, we explored how different classifications of political ideology, and the inclusion of union status, affected responses. We found that there was not as high a correlation as we expected between social political ideology (defined as conservative, liberal or middle-of-the-road) and party affiliation (republican, democrat or independent). The correlation matrix did not show any off diagonal element to be greater than 0.30. On this basis, we ran alternate regressions in which we included additional indicators for being republican and being democrat, as opposed to being independent. We found in the main ESP that the coefficients ran in expected directions for all outcomes (republicans showing less support for importance of addressing uninsurance and the specific reform options, and often these were statistically significant (they were not statistically significant for Y4-Y6 which represent employer mandates, the mixed option and high deductible plans) and close in magnitude to the effect of being a conservative. Thus, being a conservative republican sometimes changes the odds of supporting a certain position by close to 20 percentage points, relative to being a middle-of-the-road independent. We found that when we included political party affiliation instead of (rather than in addition to) the social political ideology variables, the magnitudes stayed roughly the same, as is to be expected given that we found the two are not highly correlated. In other unreported regressions, we found that being a union member had a positive coefficient in our regressions, but not statistically significant except in the case of Y4 (employer mandates), Y6 (high deductible plans, the only case of a negative coefficient) and Y7 (universal single payer coverage).

The last aspect of the resident surveys we analyzed was the willingness to pay for reducing the number of uninsured.

New York residents report some willingness to pay (WTP) for reforms reducing the uninsured through higher taxes. More than 4/5 report willingness to pay something at all; more than 3/5 report willingness to pay at least \$50 a year to partially reduce uninsurance.

The success of any public reforms depends critically on the willingness of residents to pay for them. We asked residents a series questions about their willingness-to-pay (WTP) additional taxes to reduce the number of uninsured in New York State by a quarter.⁷ In these questions, we started out at a level of payment of \$50, which is equal to 25% of the minimum estimated average per capita cost of achieving near universal coverage (98%) in New York presented in the United Hospital Fund (UHF)'s "Blueprint" report. From \$50, we then moved to successively higher (\$100, \$250) or lower (\$25, \$5) levels depending on residents' answers. Half of the residents were told that the proposed reform would reduce uninsurance among families earning less than 300% of the FPL. We refer to results obtained from the sample asked this wording of the question as Variant 2. The other half were not told what income levels would be targeted, and we refer to results from the sample asked this wording of the question as Variant 1 (see Figure 4).

Findings indicate that regardless of the variant of the question, WTP is close to 87% at \$5.⁸ Support declines as the tax increases. However, WTP at \$50 is still 64% for Variant 1 and 62% for Variant 2.

⁷ Specifically, WTP survey questions asked respondents about voting on a new voter referendum in the state for a unspecified generic health reform that would reduce uninsurance in the state by a quarter. Would they pay a given amount in additional taxes? Possible responses were vote for, vote against, would not vote, do not know or refuse. See Technical Appendix 1 for full text of questions.

⁸ To evaluate WTP, we calculate the percentage of the total (weighted) number of residents indicating willingness to vote for additional taxes equal or above a stated amount divided by the total number asked the reference group question (e.g. to evaluate willingness to pay \$5, we calculate the number of residents willing to pay \$50 plus the number who wouldn't pay \$50, but would pay \$25, plus the number who wouldn't to pay \$25, but would pay \$5, and divide by the total number asked the \$50 reference question).

This suggests that for the majority of residents, WTP for reducing uninsurance by 25% is in the range relevant to projected costs in the “Blueprint”. Moreover, about 44% of New Yorkers polled are willing to pay \$100 or more under both variants, although these shares fall respectively to 25% and 22% at \$250. Results for the rural sample are similar. Results for the cell phone survey indicate higher willingness to pay under Variant 2 (targeting coverage specifically for families at or below the 300% FPL) than Variant 1.

In the regression analysis, we see in Table A1.1_3: Willingness to Pay Elasticities, ESP Main, that there is more willingness to pay among males, less among those with lower education, more among liberals and less among conservatives and upstate residents. These differences were starkest when the wording of the question mentioned that the policy would target those uninsured in families under 3 times the federal poverty level, although the political and upstate/downstate differences were larger when the income level was not specified. When we looked at willingness to pay relative to income, there was no longer a statistically significant difference between men and women. There was also more willingness to pay among lower educated respondents and less willingness to pay among those who are married.

d) Tables

Table A1.1_1A: ESP Descriptive Statistics

Variable Name	Variable Description	N	Mean	Linearized		
				S.E.	Min	Max
Dependent Variables						
Y1: Importance Cost	How important to address cost of health care (favor is high=1)	799	0.928	0.009	0	1
Y2: Importance Uninsured	How important to address number uninsured	796	0.889	0.011	0	1
Y3a: Expand Public Covg. 250% FPL	How much to expand public coverage for families-to a level more than 250% FPL	761	0.476	0.019	0	1
Y3b: Expand Public Covg. 150% FPL	To a level more than 150% FPL	761	0.637	0.018	0	1
Y4: Employer Mandate	Support for employer mandate	761	0.400	0.018	0	1
Y5: Mixed Option	Support for mixed option	771	0.777	0.015	0	1
Y6: High Deductible	Support for allowing sale of high deductible plans	763	0.672	0.018	0	1
Y7: Universal Medicare	Support for Medicare for all	762	0.723	0.016	0	1
Independent Variables						
Age	Age in years	787	48.247	0.600	18	94
senior	65 years or older dummy	787	0.169	0.014	0	1
twentyish (thirtyish/fortyish/ fiftyplus)	Dummy variables for being in these age categories	787	0.140	0.013	0	1
male	Gender dummy	800	0.482	0.018	0	1
marriedyn	Married dummy	797	0.511	0.018	0	1
children	Number of children in the household	791	0.747	0.039	0	6
hsdo	High school drop-out	796	0.099	0.011	0	1
hs	High school graduate	796	0.208	0.015	0	1
somecol	Some college	796	0.274	0.016	0	1
colplus	College or more	796	0.419	0.018	0	1
whitenh	White Non-Hispanic	781	0.596	0.017	0	1
blacknh	Black Non-Hispanic	781	0.184	0.015	0	1
hispanic	Hispanic	781	0.160	0.014	0	1
employyn	Employed	796	0.645	0.018	0	1
union	Union member	706	0.251	0.017	0	1
unins	Uninsured	800	0.144	0.013	0	1
Income	Annual Income in Dollars	706	82,546.43	3,750.62	3,000	1,000,000
goodhealth	Self reported status is 1 and 2, others are in the 0	796	0.835	0.014	0	1
costunsat	Unsatisfied with cost of the plan	735	0.224	0.016	0	1
accessunsat	Unsatisfied with access under the plan	736	0.119	0.013	0	1
selfemployed	Self employed	796	0.103	0.011	0	1
liberal	Political ideology. Omitted category is middle of the road	778	0.362	0.018	0	1
conservative	Political ideology	778	0.288	0.017	0	1
WTP (A) expected		316				
WTP(B) expected		263				
upstate	Whether part of the upstate sample (weighted)	800	0.365	0.000	0	1
Note that income is in tens of thousands when entered into the regressions						

Table A1.1_1B: ESP Rural Responders Descriptive Statistics

Variable	N	Mean	S.E.	Min	Max
Y2: Importance Uninsured	297	0.842	0.366	0	1
Y3a: Expand Public Covg. 250% FPL	282	0.326	0.470	0	1
Y3b: Expand Public Covg. 150% FPL	282	0.500	0.501	0	1
Y5: Mixed Option	289	0.654	0.477	0	1
age	297	53.481	15.542	18	87
age ²	297	3100.997	1632.659	324	7569
senior	297	0.253	0.435	0	1
twentyish	297	0.077	0.268	0	1
thirtyish	297	0.125	0.331	0	1
fortyish	297	0.168	0.375	0	1
fiftyplus	297	0.630	0.484	0	1
male	300	0.480	0.500	0	1
marriedyn	298	0.648	0.479	0	1
children	298	0.611	1.006	0	5
hsdo	300	0.053	0.225	0	1
hs	300	0.277	0.448	0	1
somecol	300	0.287	0.453	0	1
colplus	300	0.383	0.487	0	1
whitenh	295	0.959	0.198	0	1
blacknh	295	0.000	0.000	0	0
hispanic	298	0.017	0.129	0	1
employyn	299	0.589	0.493	0	1
income	268	7.045	5.664	0	40
income ²	268	81.586	157.105	0	1600
costunsat	271	0.284	0.452	0	1

Note: Income is in tens of thousands of dollars

Note: Please see Table A1.1_1A for variable definitions.

Table A1.1_1C: Cell Phone Responders Descriptive Statistics

Variable	N	Mean	S.E.	Min	Max
Y1: Importance Cost	99	0.939	0.240	0	1
Y2: Importance Uninsured	100	0.910	0.288	0	1
Y3a: Expand Public Covg. 250% FPL	99	0.374	0.486	0	1
Y3b: Expand Public Covg. 150% FPL	99	0.545	0.500	0	1
Y4: Employer Mandate	97	0.536	0.501	0	1
Y5: Mixed Option	98	0.735	0.444	0	1
Y6: High Deductible	97	0.711	0.455	0	1
Y7: Universal Medicare	98	0.724	0.449	0	1
age	100	36.580	13.337	17	79
senior	100	0.030	0.171	0	1
twentyish	100	0.350	0.479	0	1
thirtyish	100	0.280	0.451	0	1
fortyish	100	0.150	0.359	0	1
fiftyplus	100	0.210	0.409	0	1
male	100	0.640	0.482	0	1
marriedyn	100	0.320	0.469	0	1
children	100	0.610	1.034	0	6
hsdo	100	0.100	0.302	0	1
hs	100	0.300	0.461	0	1
somocol	100	0.290	0.456	0	1
colplus	100	0.310	0.465	0	1
whitenh	84	0.655	0.478	0	1
blacknh	84	0.190	0.395	0	1
hispanic	100	0.160	0.368	0	1
employyn	99	0.657	0.477	0	1
union	100	0.180	0.386	0	1
unins	99	0.273	0.448	0	1
income	94	6.194	5.066	0.06	32.5
goodhealth	100	0.920	0.273	0	1
costunsat	83	0.169	0.377	0	1
accessunsat	84	0.119	0.326	0	1
selfemployed	99	0.172	0.379	0	1
liberal	96	0.458	0.501	0	1
conservative	96	0.271	0.447	0	1

Note: Income is in tens of thousands of dollars

Note: Please see Table A1.1_1A for variable definitions.

Table A1.1_1D: ESP to Rural and Cell Comparison of Means

Variable	ESP Mean	Rural Mean	Cell Mean
Y1: Importance Cost	0.928		0.939
Y2: Importance Uninsured	0.889	0.842 *	0.910
Y3a: Expand Public Covg. 250% FPL	0.476	0.326 *	0.374 *
Y3b: Expand Public Covg. 150% FPL	0.637	0.500 *	0.545
Y4: Employer Mandate	0.400		0.536 *
Y5: Mixed Option	0.777	0.654 *	0.735
Y6: High Deductible	0.672		0.711
Y7: Universal Medicare	0.723		0.724
age	48.247	53.481 *	36.580 *
senior	0.169	0.253 *	0.030 *
twentyish	0.140	0.077 *	0.350 *
thirtyish	0.175	0.125 *	0.280 *
fortyish	0.226	0.168 *	0.150 *
fiftyplus	0.460	0.630 *	0.210 *
male	0.482	0.480	0.640 *
marriedyn	0.511	0.648 *	0.320 *
children	0.747	0.611 *	0.610
hsdo	0.099	0.053 *	0.100
hs	0.208	0.277 *	0.300 *
somecol	0.274	0.287	0.290
colplus	0.419	0.383	0.310 *
whitenh	0.596	0.959 *	0.655
blacknh	0.184	0.000 *	0.190
hispanic	0.160	0.017 *	0.160
employyn	0.645	0.589	0.657
union	0.251		0.180
unins	0.144		0.273 *
income	8.255	7.045 *	6.194 *
goodhealth	0.835		0.920 *
costunsat	0.224		0.169
accessunsat	0.119		0.119
selfemployed	0.103		0.172
liberal	0.362		0.458
conservative	0.288		0.271

Note: * indicates that the mean is statistically significantly different from the ESP mean, at a 95% confidence level.

T-statistic is calculated as $[\mu_1 - \mu_2] / [(s_1^2/n_1) + (s_2^2/n_2)]^{(1/2)}$

**Table A1.1_1E: ESP Upstate versus Downstate
Comparison of Means**

Variable	Upstate Mean	Downstate Mean
Y1: Importance Cost	0.88	0.95 *
Y2: Importance Uninsured	0.83	0.92 *
Y3a: Expand Public Covg. 250% FPL	0.41	0.51 *
Y3b: Expand Public Covg. 150% FPL	0.58	0.66 *
Y4: Employer Mandate	0.37	0.41
Y5: Mixed Option	0.67	0.83 *
Y6: High Deductible	0.69	0.66
Y7: Universal Medicare	0.61	0.78 *
age	49.484	47.523
senior	0.18	0.15
twentyish	0.11	0.15
thirtyish	0.16	0.17
fortyish	0.25	0.20
fiftyplus	0.46	0.45
male	0.54	0.44 *
marriedyn	0.61	0.45 *
children	0.76	0.73
hsdo	0.04	0.12 *
hs	0.25	0.17 *
somecol	0.30	0.25
colplus	0.39	0.43
whitenh	0.91	0.40 *
blacknh	0.03	0.27 *
hispanic	0.02	0.23 *
employyn	0.66	0.63
union	0.22	0.26
unins	0.10	0.16 *
income	7.29	8.81 *
goodhealth	0.85	0.82
costunsat	0.24	0.21
accessunsat	0.10	0.12
selfemployed	0.10	0.10
liberal	0.28	0.41 *
conservative	0.34	0.25 *

Note: All comparisons are between the upstate and downstate means. A * indicates that the down state mean is statistically significantly different from the upstate mean at a 95% confidence level. T-statistic is calculated as $[\mu_1 - \mu_2] / [(s_1^2/n_1) + (s_2^2/n_2)]^{(1/2)}$

Table A1.1_2A: ESP Regression Results

Variable	Y1: Importance Cost	Y2: Importance Uninsured	Y3a: Expand Public Covg. 250% FPL	Y3b: Expand Public Covg. 150% FPL	Y4: Employer Mandate	Y5: Mixed Option	Y6: High Deductible	Y7: Universal Medicare
age	0.007 [0.005]	0.009 [0.006]	-0.012 [0.008]	-0.008 [0.008]	-0.001 [0.008]	0.008 [0.007]	-0.006 [0.007]	-0.011 [0.007]
age ²	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]
senior	0.045 [0.056]	0.118 * [0.065]	-0.08 [0.109]	-0.029 [0.105]	-0.049 [0.104]	0.096 [0.084]	0.105 [0.099]	-0.211 ** [0.106]
male	-0.043 ** [0.018]	-0.068 *** [0.023]	-0.137 *** [0.041]	-0.144 *** [0.039]	0.026 [0.040]	-0.031 [0.032]	0.021 [0.039]	-0.025 [0.034]
marriedyn	-0.026 [0.020]	-0.004 [0.026]	-0.036 [0.047]	-0.010 [0.044]	0.081 * [0.046]	-0.015 [0.034]	-0.044 [0.044]	0.015 [0.037]
children	0.006 [0.010]	-0.016 [0.014]	-0.004 [0.020]	0.000 [0.020]	-0.004 [0.021]	-0.012 [0.016]	0.005 [0.019]	-0.032 ** [0.016]
hsdo	-0.024 [0.044]	-0.081 [0.063]	0.068 [0.086]	0.023 [0.081]	0.168 * [0.089]	-0.019 [0.065]	-0.036 [0.082]	0.061 [0.073]
hs	0.062 *** [0.021]	0.054 * [0.030]	0.079 [0.058]	-0.038 [0.057]	0.078 [0.058]	0.048 [0.044]	-0.029 [0.052]	0.119 *** [0.044]
somecol	-0.003 [0.025]	0.041 [0.027]	0.015 [0.051]	0.005 [0.048]	0.132 *** [0.051]	0.046 [0.039]	-0.065 [0.048]	0.050 [0.043]
whitenh	-0.035 [0.031]	-0.017 [0.045]	-0.128 [0.088]	-0.023 [0.079]	0.004 [0.087]	-0.053 [0.071]	0.093 [0.084]	-0.080 [0.075]
blacknh	-0.010 [0.034]	0.033 [0.046]	-0.036 [0.096]	-0.067 [0.086]	-0.073 [0.095]	0.040 [0.074]	-0.048 [0.093]	0.079 [0.074]
hispanic	0.003 [0.035]	0.008 [0.050]	0.048 [0.101]	-0.056 [0.092]	-0.046 [0.100]	0.141 * [0.075]	-0.003 [0.100]	0.025 [0.083]
unins	0.045 ** [0.019]	0.023 [0.034]	0.100 * [0.060]	0.155 *** [0.051]	0.025 [0.065]	0.035 [0.045]	0.040 [0.057]	-0.007 [0.050]
employyn	0.010 [0.021]	0.030 [0.033]	0.037 [0.051]	0.065 [0.048]	0.020 [0.052]	0.001 [0.038]	-0.054 [0.046]	-0.012 [0.039]
income	-0.004 * [0.002]	-0.004 [0.003]	0.009 * [0.005]	-0.002 [0.005]	-0.008 [0.005]	-0.001 [0.004]	0.002 [0.005]	-0.007 * [0.004]
income ²	0.000 ** [0.000]	0.000 ** [0.000]	0.000 ** [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]
liberal	0.012 [0.021]	0.009 [0.024]	0.118 ** [0.049]	0.121 *** [0.046]	0.095 * [0.049]	0.043 [0.037]	-0.092 ** [0.046]	0.092 ** [0.039]
conservative	-0.060 ** [0.025]	-0.132 *** [0.032]	-0.031 [0.050]	-0.021 [0.049]	-0.087 * [0.048]	-0.126 *** [0.040]	0.026 [0.045]	-0.142 *** [0.042]
upstate	-0.047 * [0.025]	-0.062 ** [0.028]	0.026 [0.048]	-0.043 [0.045]	-0.06 [0.049]	-0.079 * [0.042]	-0.029 [0.045]	-0.096 ** [0.043]
R ²	0.0763	0.1036	0.0733	0.0675	0.0462	0.0922	0.0374	0.1632
Observations	676	674	645	645	648	660	650	646

Standard errors in brackets

* significant at 10%; ** significant at 5%; *** significant at 1%

Note: Income is in tens of thousands of dollars

Note: Please see Table A1.1_1A for variable definitions.

Table A1.1_2B: ESP Rural Regression Results

Variable	Y2: Importance Uninsured	Y3a: Expand Public Covg. 250%	Y3b: Expand Public	Y5: Mixed Option
age	0.003 [0.010]	0.009 [0.014]	0.007 [0.015]	-0.005 [0.014]
age ²	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]
senior	-0.054 [0.108]	0.055 [0.146]	0.004 [0.155]	0.124 [0.146]
male	-0.075 [0.047]	-0.038 [0.063]	-0.054 [0.067]	0.014 [0.063]
marriedyn	-0.018 [0.051]	-0.100 [0.070]	-0.143 * [0.074]	-0.040 [0.069]
children	-0.003 [0.027]	0.058 [0.036]	0.073 * [0.039]	0.007 [0.036]
hsdo	0.209 * [0.109]	0.256 * [0.149]	0.203 [0.158]	0.254 * [0.144]
hs	0.161 *** [0.061]	0.082 [0.082]	0.135 [0.087]	0.198 ** [0.082]
somecol	0.161 *** [0.061]	0.015 [0.082]	0.043 [0.087]	0.196 ** [0.082]
whitenh	-0.159 [0.132]	-0.006 [0.174]	0.200 [0.184]	-0.138 [0.174]
blacknh				
hispanic	-0.308 [0.248]	-0.029 [0.328]	0.423 [0.348]	-0.175 [0.329]
employyn	-0.065 [0.054]	-0.062 [0.074]	-0.058 [0.079]	-0.074 [0.072]
income	0.009 [0.012]	0.012 [0.016]	0.011 [0.017]	0.016 [0.016]
income ²	0.000 [0.000]	0.000 [0.001]	0.000 [0.001]	-0.001 [0.001]
R ²	0.0973	0.043	0.0696	0.0812
Observations	261	250	250	254

Standard errors in brackets

* significant at 10%; ** significant at 5%; *** significant at 1%

Note: Income is in tens of thousands of dollars

Note: Please see Table A1.1_1A for variable definitions.

Table A1.1_2C: Cell Phone User Regression Results

Variable	Y1: Importance Cost	Y2: Importance Uninsured	Y3a: Expand Public Covg. 250% FPL	Y3b: Expand Public Covg. 150% FPL	Y4: Employer Mandate	Y5: Mixed Option	Y6: High Deductible	Y7: Universal Medicare
age	-0.004 [0.017]	-0.019 [0.024]	-0.051 [0.033]	-0.0209997 [0.036]	0.002 [0.037]	0.019 [0.032]	-0.046 [0.035]	0.014 [0.028]
age ²	0.000 [0.000]	0.000 [0.000]	0.001 ** [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.001 [0.000]	0.000 [0.000]
senior	-0.330 [0.235]	0.110 [0.323]	-0.875 * [0.440]	-0.613 [0.482]	-0.328 [0.500]	0.185 [0.427]	-0.575 [0.461]	0.135 [0.376]
male	-0.034 [0.065]	0.018 [0.091]	0.047 [0.124]	-0.080 [0.135]	-0.080 [0.140]	0.119 [0.122]	0.115 [0.130]	0.234 ** [0.107]
marriedyn	0.122 [0.079]	0.066 [0.111]	-0.013 [0.150]	-0.2380026 [0.165]	-0.119 [0.169]	-0.038 [0.144]	0.101 [0.158]	0.074 [0.129]
children	0.049 [0.033]	0.068 [0.046]	-0.048 [0.062]	-0.033 [0.068]	-0.017 [0.069]	-0.067 [0.060]	0.022 [0.065]	-0.042 [0.054]
hsdo	0.170 [0.118]	-0.209 [0.166]	-0.154 [0.226]	-0.227 [0.247]	-0.002 [0.249]	0.001 [0.233]	-0.019 [0.245]	-0.196 [0.193]
hs	0.158 * [0.084]	-0.043 [0.116]	0.009 [0.157]	-0.146 [0.172]	0.193 [0.178]	0.077 [0.153]	0.220 [0.165]	-0.166 [0.134]
somecol	0.089 [0.080]	-0.071 [0.112]	-0.129 [0.152]	-0.0480006 [0.167]	-0.082 [0.168]	0.168 [0.146]	-0.117 [0.159]	-0.286 ** [0.133]
whitenh	0.051 [0.113]	-0.293 * [0.158]	-0.014 [0.215]	0.385 [0.235]	0.064 [0.238]	0.220 [0.217]	-0.160 [0.225]	0.046 [0.183]
blacknh	-0.029 [0.123]	-0.128 [0.173]	0.138 [0.235]	0.349 [0.258]	-0.365 [0.265]	0.429 * [0.240]	0.139 [0.249]	0.402 * [0.202]
hispanic	0.049 [0.148]	-0.146 [0.208]	0.090 [0.283]	0.205 [0.309]	-0.584 * [0.312]	0.358 [0.279]	-0.149 [0.296]	0.165 [0.244]
unins	-0.113 [0.070]	0.148 [0.097]	0.025 [0.133]	-0.011 [0.145]	-0.134 [0.148]	-0.226 * [0.130]	0.033 [0.141]	0.140 [0.115]
employyn	0.024 [0.069]	0.039 [0.096]	0.052 [0.131]	0.1490008 [0.144]	-0.144 [0.151]	0.127 [0.127]	0.319 ** [0.139]	0.040 [0.114]
income	-0.047 *** [0.015]	-0.020 [0.021]	-0.052 * [0.029]	-0.0379915 [0.031]	-0.039 [0.032]	-0.056 ** [0.028]	-0.022 [0.030]	-0.017 [0.025]
income ²	0.001 ** [0.001]	0.001 [0.001]	0.002 [0.001]	0.002 [0.001]	0.001 [0.001]	0.002 ** [0.000]	0.001 [0.001]	0.000 [0.001]
liberal	0.018 [0.076]	-0.028 [0.105]	-0.054 [0.143]	-0.006 [0.156]	0.045 [0.161]	0.160 [0.136]	0.264 * [0.151]	0.097 [0.122]
conservative	-0.270 *** [0.075]	-0.276 ** [0.106]	-0.141 [0.144]	-0.030 [0.158]	-0.110 [0.160]	-0.022 [0.139]	0.075 [0.151]	-0.106 [0.123]
R ²	0.441	0.217	0.334	0.289	0.283	0.259	0.230	0.400
Observations	77	78	78	78	76	76	77	77

Standard errors in brackets

* significant at 10%; ** significant at 5%; *** significant at 1%

Note: Income is in tens of thousands of dollars

Note: Please see Table A1.1_1A for variable definitions.

Table A1.1_3: Willingness to Pay Elasticities, ESP Main

Variable	All	Z	A	Z	B	Z	Rel. to income	Z
age	-0.009447	-0.77	-0.010	-0.49	-0.011	-0.6	-0.018	-0.76
age ²	0.0000911	0.78	0.00009	0.45	0.00010	0.58	0.00018	0.74
male	0.2380452 ***	2.83	0.168	1.27	0.300 ***	2.57	0.063	0.58
marriedyn	-0.022096	-0.22	0.100	0.67	-0.150	-1.24	-0.295 **	-2.25
children	0.0055019	0.13	0.033	0.5	-0.015	-0.24	-0.044	-0.82
hsdo	-0.449714 ***	-2.77	-0.348	-1.34	-0.643 ***	-3.42	0.237	0.89
hs	-0.131618	-1.13	-0.222	-1.31	-0.121	-0.73	0.348 **	2.56
somecol	-0.228045 **	-2.14	-0.060	-0.33	-0.406 ***	-3.04	-0.095	-0.79
whitenh	-0.054773	-0.27	-0.101	-0.4	0.015	0.04	0.141	0.66
blacknh	-0.356929 *	-1.66	-0.425	-1.48	-0.236	-0.69	-0.188	-0.8
hispanic	-0.245185	-1.13	-0.238	-0.8	-0.135	-0.38	0.231	0.92
unins	0.1619866	1.21	0.037	0.19	0.300	1.52	0.414 **	2.09
employyn	0.0754988	0.79	0.006	0.03	0.113	0.8	-0.143	-1.04
income	0.0103326	1.54	0.011	1.12	0.008	0.85	n/a	n/a
liberal	0.3906687 ***	3.86	0.343 ***	2.58	0.412 ***	2.92	0.348 ***	2.69
conservative	-0.265789 ***	-2.64	-0.393 **	-2.46	-0.164	-1.3	-0.221	-1.64
upstate	-0.236431 **	-2.08	-0.369 **	-2.3	-0.114	-0.68	-0.124	-1
ksinfor	-0.011814	-0.15	0.008	0.06	-0.042	-0.38	0.052	0.44
N		667		315		352		667
Average predicted WTP (\$)		133.9		136.1		132		

* significant at 10%; ** significant at 5%; *** significant at 1%

The numbers represent elasticities that are of the form $\ln Y/dX$

Note: "ksinfor" stands for whether the respondents were given the additional information about the number of uninsured who are already eligible for public insurance but not signed up.

e) Questionnaires

Main ESP (limited to only the health insurance reform questions)

```
>KSQ01<
[#####
[##label=Address insurance costs - Importance
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
Now I am going to ask you some questions about the health care system and
health insurance reform in New York State. Before we proceed, let me give
you some background on uninsurance in New York State. As of 2006, there were
2.2 million nonelderly uninsured in the state.

How important will it be for New York's government leaders to work to reduce
the cost of health care and health insurance this year? [white]

<1> Extremely important
<2> Very important
<3> Somewhat important
<4> Not important [green]
<d> Do not know
<r> Refused

[#####
>KSQ01.2<
[#####
[cyan]
Ahora le voy a hacer algunas preguntas sobre el sistema de salud y
reforma de los seguros de salud en Nueva York. Antes de seguir, quiero darle
un breve contexto sobre la gente sin seguro medico en Nueva York. En 2006, se
2.2 millones de personas sin seguro medico que no eran de la tercera edad.

?Que tan importante será para los lideres gubernamentales de Nueva York el
esforzarse para reducir el costo de atencion medica y seguros medicos este ano?
[white]
<1> Extremadamente importante
<2> Muy Importante
<3> Algo Importante
<4> Nada importante [green]
<d> Do not know
<r> Refused

[#####
>KSQ02<
[#####
[##label=Address number of uninsured - Importance
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
How important will it be for New York's government leaders to work to reduce
the number of New Yorkers without health insurance this year? [white]

<1> Extremely important
<2> Very important
<3> Somewhat important
<4> Not important [green]
<d> Do not know
<r> Refused
```



```

[#####
>KSQ02.2<
[#####
[cyan]Que tan importante será para Nueva York el gobierno de los dirigentes a trabajar
para reducir el numero de newyorkenos sin seguro medico este ano?
[white]
<1> Extremadamente importante
<2> Muy Importante
<3> Algo Importante
<4> Nada importante [green]
<d> Do not know
<r> Refused

[#####
>KSQ03<
[#####
[##label=Maximum income level to expand programs
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#####
[form template][cyan]
Now I'm going to ask you some questions about different proposals to reduce
the number of uninsured.

One option for reducing the number of uninsured would be to provide public
coverage from tax revenue. Up to what level of income would you favor
expanding New York's programs such as Medicaid (Medicaid is the government
program for health insurance for low-income people) or Family/Child Health
Plus to make available health coverage under these programs for more people? [white]

<1> Up to 100% or less of the federal poverty level (for a family of 4, this
is about $20,000)
<2> Up to 150% of the FPL (for a family of 4, about $30,000)
<3> Up to 250% of the federal poverty level (for a family of 4, about $50,000)
<4> Up to 400% of the FPL (for a family of 4, about $80,000)
<5> For everyone, regardless of income [green]
<d> Do not know
<r> Refused

[#####
>KSQ03.2<
[#####
[green] Ahora voy a hacer algunas preguntas acerca de las distintas propuestas para reducir
el número de personas sin seguro.
Una opción para reducir el número de personas sin seguro sería proporcionar la
cobertura pública de los ingresos fiscales. ¿Hasta qué nivel de ingresos usted
favor de la ampliación de Nueva York programas como Medicaid (Medicaid es el gobierno
Programa de seguro de salud para personas de bajos ingresos) o para Familias
y / o Child Health Plus a poner a disposición la cobertura de salud en virtud de
estos programas para un mayor número de personas?
[white]
<1> Hasta el 100% o menos del nivel federal de pobreza (para una familia de 4,
el presente es de aproximadamente $20,000)
<2> Hasta el 150% del nivel federal de pobreza (para una familia de 4, el
presente es de aproximadamente $30,000)
<3> Hasta el 250% del nivel federal de pobreza (para una familia de 4, el
presente es de aproximadamente $50,000)
<4> Hasta el 400% del nivel federal de pobreza (para una familia de 4, el
presente es de aproximadamente $80,000)
<5> Para todos [green]
<d> Do not know <r> Refused

[#####
>KSQ04<
[#####
[##label=Require larger businesses to offer ins
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#####

```

[form template][cyan]
Another option to reduce the number of uninsured would be for the government to require larger businesses (for example, a firm with over 25 employees) that do not currently provide health insurance to their workers to do so even if it meant that businesses would have to cut some jobs to pay for other workers' health insurance. Would you favor or oppose such a plan for New York? [white]

- <1> Favor
- <2> Oppose [green]
- <d> Do not know
- <r> Refused

[#*****
>KSQ04.2<
[#*****
[cyan]

Otra opción para reducir el número de no asegurados sería que el gobierno exigir a las empresas de mayor tamaño (por ejemplo, una empresa con más de 25 empleados) que en la actualidad no brindan seguro de salud a sus trabajadores a hacerlo incluso si eso significa que las empresas tendrán que reducir algunos puestos de trabajo a pagar a otros de los trabajadores el seguro de salud. ¿A favor o en contra de un plan de este tipo para la Nueva York? [white]

- <1> Favor
- <2> Openerse [green]
- <d> Do not know
- <r> Refused

[#*****
>KSQ05<
[#*****
[##label=Require health insurance for everyone
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----

[form template][cyan]
Another option to reduce the number of uninsured is to require that everyone have health insurance and the cost would be shared. Employers would be required to provide coverage for their employees. Employees would pay part of the premium. The government would use tax revenue to cover all poor people not covered through employment. Would you favor or oppose such a plan for New York? [green]

Interviewer: Probe to see if they feel strongly or somewhat [white]

- <1> Strongly favor
- <2> Somewhat favor
- <3> Somewhat oppose
- <4> Strongly oppose [green]
- <d> Do not know
- <r> Refused

[#*****
>KSQ05.2<
[#*****
[cyan]Otra opción para reducir el número de no asegurados es exigir que todo el mundo

Tiene seguro de salud y el costo será compartido. Los empleadores se Necesarios para proporcionar la cobertura para sus empleados. Los empleados pagarían parte de la prima. El gobierno utilizará los ingresos fiscales para cubrir todos los pobres Personas no cubiertas a través del empleo. ¿A favor o en contra de un plan de este tipo Para Nueva York?[green]

Interviewer: Probe to see if they feel strongly or somewhat [white]

- <1> Totalmente a favor
- <2> Algo favor

<3> Se opone
<4> Se oponen enérgicamente [green]
<d> Do not know
<r> Refused

[#*****
>KSQ06<

[#*****
[##label=Provide plans with lower mnthly premiums
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]

[#-----
[form template][cyan]

Another option to reduce the number of uninsured is to make coverage more affordable through plans that have monthly premiums 25 to 40 percent lower than traditional plans in return for larger out-of-pocket deductibles (\$1,000 for individuals, \$2,000 for families) before insurance coverage begins. If these plans offer 25 to 40 percent in annual premium savings to consumers, would you favor or oppose providing such an option in New York to people who want to purchase them? [white]

<1> Favor
<2> Oppose [green]
<d> Do not know
<r> Refused

[#*****
>KSQ06.2<

[#*****
[cyan]

Otra opción para reducir el número de no asegurados es hacer la cobertura más asequible a través de los planes que tienen las cuotas mensuales de 25 a 40 por ciento más bajas que los tradicionales planes a cambio de mayor tamaño fuera de los deducibles de bolsillo (\$1000 para las personas, \$2000 para familias) comienza antes de la cobertura de los seguros. Si estos planes ofrecen de 25 a 40 por ciento en la prima anual de ahorro a los consumidores, Usted a favor o en contra de prever esa opción en Nueva York a las personas que desea comprar?

[white]
<1> Favor
<2> Openerse [green]
<d> Do not know
<r> Refused

[#*****
>KSQ07<

[#*****
[##label=Provide Medicare-like system for all
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]

[#-----
[form template][cyan]

Many people might not realize that for those over age 65 years, we already have a single payer system - Medicare. Another option to reduce the number of uninsured is by setting up a government-run, taxpayer-funded insurance plan like Medicare for everyone. Would you favor or oppose New York setting up a system like this? [white]

<1> Favor
<2> Oppose [green]
<d> Do not know
<r> Refused

[#*****

```

>KSQ07.2<
[#####
[cyan] Muchas personas podrian no darse cuenta de que para las personas mayores de la
edad de 65 anos, que ya tener un unico sistema de pagador - Medicare. Otra opcion
para reducir el numero de los no asegurados es mediante la creacion de un gobierno
de gestion, fondos de flos contribuyentes de seguros como el plan de Medicare para
todos. ?A favor o en contra de la fijacion de Nueva York un sistema como este?

[white]
<1> Favor
<2> Openerse [green]
<d> Do not know
<r> Refused

>KSQ07o_pre<
[if KSQ07 ne <2> goto KSinfo]
[# Otherwise ask KSQ07o (since they opposed single payer system)

[#####
>KSQ07o<
[#####
[##label=Why oppose Medicare-like system for everyone
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
What is it about a publicly-sponsored plan that would concern you or that you
would not like? [green]

Interviewer: If the respondent is stuck probe with "For example, restricted
choice of providers, availability of services, quality of care." Do [bold]not[n][green]
let the respondent just repeat these examples back to you! [white]

<1> Answered [green](specify) [specify]
<d> Do not know
<r> Refused

[#####
>KSQ07o.2<
[#####
?Que es un plan patrocinado públicamente-que se refieren a usted o que usted no
le gustaria?

Interviewer: If the respondent is stuck probe with "Por ejemplo, restringido elección
de los proveedores, la disponibilidad de los servicios, la calidad de la atención."
Do [bold]not[n][green] let the respondent just repeat these examples back to you! [white]

<1> Answered [green](specify)
<d> Do not know
<r> Refused

[#####
>KSinfo< [nodata]
[#####
[form template][cyan]
Now we're going to ask some specific questions about your willingness to pay
for greater coverage if it would be paid for with tax dollars.

[if KSinfoR eq <1>]
About two fifths of the uninsured in New York State are already eligible for
a public insurance program but have not signed up for one.
[endif]

[green]Press enter to continue

[#####

```

```

>KSinfo.2<
[#####
Ahora vamos a preguntar algunas preguntas específicas acerca de su disposición a
pagar para una mayor cobertura si se paga con dólares de impuestos.

[if KSinfoR eq <1>]
Alrededor de cuarenta por ciento de los no asegurados en el Estado de Nueva York ya
son elegibles para un programa de seguro, pero no han firmado para obtener una.
[endif]

>KSver<
[if KSverR eq <1> goto KSQ08A1]
[if KSverR eq <2> goto KSQ08B1]

[#####
>KSQ08A1<
[#####
[##label=Vote A - $50 more in taxes
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#####
[form template][cyan]
Suppose there is a new voter referendum in the state. The referendum is a
proposal to fund policies that will reduce uninsurance in the state by a
quarter (set aside for now how it will reduce uninsurance, but assume it will
do so with certainty). If the referendum passes, you and everyone else will
have to pay [yellow]$50[cyan] more in taxes every year. Given your current budget, would
you vote for or against this referendum? [white]

<1> For [goto KSQ08A1a]
<2> Against [goto KSQ08A2a]
<3> Would not vote [green] [goto KSQ08A2a]
<d> Do not know
<r> Refused

[#####
>KSQ08A1.2<
[#####
Supongamos que hay un nuevo referéndum de los votantes en el estado. El referéndum es un
propuesta para financiar políticas que reduzcan no asegurados en el estado por un
trimestre (dejar de lado por ahora la forma en que reducirá no asegurados, pero supongo que se
hacerlo con seguridad). Si el referendo pasa, usted y todos los demás se tiene que pagar
[yellow]$50[cyan] más en impuestos cada año. Habida cuenta de su presupuesto actual,
Usted vota a favor o en contra de este referéndum?

<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused

[#####
>KSQ08A1a<
[#####
[##label=Vote A - $100 more in taxes
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#####
[form template][cyan]
Okay, then suppose the proposed policies that will reduce uninsurance in the
state by one quarter will instead cause you to have to pay [yellow]$100[cyan] more in taxes
every year. Given your current budget, would you vote for or against the
referendum? [white]

<1> For [goto KSQ08A1b]
<2> Against [goto KSQ11]

```

```
<3> Would not vote [green] [goto KSQ11]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]
```

```
[#*****]
>KSQ08A1a.2<
[#*****]
Está bien, entonces supongo que la propuesta de políticas que reduzcan en la no asegurados
estado en una cuarta parte tendrá lugar a la causa que tiene que pagar [yellow]$100[cyan] más en
impuestos
cada año. Habida cuenta de su presupuesto actual, ¿podría votar a favor o en contra de la
referéndum?
```

```
<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused
```

```
[#*****]
>KSQ08A1b<
[#*****]
[##label=Vote A - $250 more in taxes
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----]
[form template][cyan]
Okay, just one more then: suppose the proposed policies that will reduce
uninsurance in your state by one quarter will instead cause you to have to
pay [yellow]$250[cyan] more in taxes every year. Given your current budget, would you vote
for or against the referendum? [white]
```

```
<1> For
<2> Against
<3> Would not vote [green]
<d> Do not know
<r> Refused
```

```
[goto KSQ11]
```

```
[#*****]
>KSQ08A1b.2<
[#*****]
Bueno, sólo uno más entonces: supongamos que la propuesta de políticas que reduzcan no
asegurados en su estado por cuarta vez se le causa a tener que pagar [yellow]$250[cyan]
más en impuestos cada año. Habida cuenta de su presupuesto actual, ¿podría votar a favor o
en contra del referéndum?
```

```
<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused
```

```
[#*****]
>KSQ08A2a<
[#*****]
[##label=Vote A - $25 more in taxes
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----]
[form template][cyan]
Okay, suppose the proposed policies that will reduce uninsurance in
your state by one quarter will instead cause you to have to pay [yellow]$25[cyan] more in
taxes every year. Given your current budget, would you vote for or against
```

the referendum? [white]

```
<1> For [goto KSQ11]
<2> Against [goto KSQ08A2b]
<3> Would not vote [green] [goto KSQ08A2b]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]
```

```
[#*****]
>KSQ08A2a.2<
[#*****]
Bueno, supongamos que la propuesta de políticas que reduzcan en uninsurance
su estado por cuarta vez se le causa tener que pagar [yellow]$25[cyan] más en
impuestos cada año. Habida cuenta de su presupuesto actual, ¿podría votar a favor o en contra
el referéndum?
```

```
<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused
```

```
[#*****]
>KSQ08A2b<
[#*****]
[##label=Vote A - $5 more in taxes
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----]
[form template][cyan]
Okay, then suppose the proposed policies that will reduce uninsurance in
your state by one quarter will instead cause you to have to pay [yellow]$5[cyan] more in
taxes every year. Given your current budget, would you vote for or against
the referendum? [white]
```

```
<1> For
<2> Against
<3> Would not vote [green]
<d> Do not know
<r> Refused
```

[goto KSQ11]

```
[#*****]
>KSQ08A2b.2<
[#*****]
OK, entonces supongo que la propuesta de políticas que reduzcan en uninsurance su
estado por cuarta vez se le causa tener que pagar [yellow]$5[cyan] mas en impuestos
cada año. Habida cuenta de su presupuesto actual, ¿podria votar a favor o en contra
el referendum?
```

```
<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused
```

```
[#*****]
>KSQ08B1<
[#*****]
[##label=Vote B - $50 more in taxes
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----]
[form template][cyan]
Suppose there is a new voter referendum in your state. The referendum is a
```

proposal to reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level (which is about \$60,000 for a family of 4). If the referendum passes, you and everyone else will have to pay [yellow]\$50[cyan] more in taxes every year. Given your current budget, would you vote for or against this referendum? [white]

<1> For [goto KSQ08B1a]
<2> Against [goto KSQ08B2a]
<3> Would not vote [green] [goto KSQ08B2a]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

```
[#*****  
>KSQ08B1.2<  
[#*****  
Supongamos que hay un nuevo referéndum de votantes en su estado. El referéndum es un propuesta de reducir en una cuarta parte la tasa de uninsurance entre las familias que ganan menos de tres veces el nivel de pobreza ($60000 para un familia de 4). Si el referendo pasa, usted y todos los demás tendrán que pagar [yellow] $50[cyan] más en impuestos cada año. Habida cuenta de su presupuesto actual, podría votar a favor o en contra de este referéndum?
```

<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused

```
[#*****  
>KSQ08B1a<  
[#*****  
[##label=Vote B - $100 more in taxes  
[define <d> <8>] [##md1=8]  
[define <r> <9>] [##md2=9]  
[missing <8> <9>]  
[#-----  
[form template][cyan]  
Okay, then suppose the proposed policies that will reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay [yellow]$100[cyan] more in taxes every year. Given your current budget, would you vote for or against the referendum? [white]
```

<1> For [goto KSQ08B1b]
<2> Against [goto KSQ11]
<3> Would not vote [green] [goto KSQ11]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

```
[#*****  
>KSQ08B1a.2<  
[#*****  
OK, entonces supongo que la propuesta de políticas que ayuden a reducir en una cuarta parte la tasa de uninsurance entre las familias que ganan menos de tres veces la pobreza nivel en su estado en vez de causar que usted tiene que pagar [yellow]$100[cyan] mas en impuestos cada año. Habida cuenta de su presupuesto actual, ¿podria votar a favor o en contra de la referendum?
```

<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused

```
[#*****
```



```

>KSQ08B1b<
[#####
[##label=Vote B - $250 more in taxes
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
Okay, just one more then: suppose the proposed policies that will reduce by
one quarter the rate of uninsurance among families earning less than three
times the poverty level in your state will instead cause you to have to pay
[yellow]$250[cyan] more in taxes every year. Given your current budget, would you vote for
or against the referendum? [white]

<1> For
<2> Against
<3> Would not vote [green]
<d> Do not know
<r> Refused

[goto KSQ11]

[#####
>KSQ08B1b.2<
[#####
Bueno, sólo uno más entonces: supongamos que la propuesta de políticas que reduzcan por
cuarto de la tasa de uninsurance entre las familias que ganan menos de tres
veces el nivel de pobreza en su estado en vez de causar que usted tenga que pagar
[yellow]$250[cyan] más en impuestos cada año. Habida cuenta de su presupuesto actual,
podría votar por o en contra del referéndum?

<1> Para
<2> Contra
<3> No votar
<d> Do not know
<r> Refused

[#####
>KSQ08B2a<
[#####
[##label=Vote B - $25 more in taxes
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
Okay, suppose the proposed policies that will reduce by one quarter the rate
of uninsurance among families earning less than three times the poverty level
in your state will instead cause you to have to pay [yellow]$25[cyan] more in taxes every
year. Given your current budget, would you vote for or against the
referendum? [white]

<1> For [goto KSQ11]
<2> Against [goto KSQ08B2b]
<3> Would not vote [green] [goto KSQ08B2b]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

[#####
>KSQ08B2a.2<
[#####
Bueno, supongamos que la propuesta de políticas que ayuden a reducir en una cuarta parte la tasa
no asegurados de entre las familias que ganan menos de tres veces el nivel de pobreza
en su estado en vez de causar que usted tiene que pagar [yellow]$25[cyan] más en impuestos cada
año. Habida cuenta de su presupuesto actual, ¿podría votar a favor o en contra de la
referéndum?

<1> Para
<2> Contra
<3> No votar

```

<d> Do not know
<r> Refused

```
[#*****  
>KSQ08B2b<  
[#*****  
[##label=Vote B - $5 more in taxes  
[define <d> <8>] [##mdl=8]  
[define <r> <9>] [##md2=9]  
[missing <8> <9>]  
[#-----  
[form template][cyan]  
Okay, just one more then: suppose the proposed policies that will reduce by  
one quarter the rate of uninsurance among families earning less than three  
times the poverty level in your state will instead cause you to have to pay  
[yellow]$5[cyan] more in taxes every year. Given your current budget, would you vote for  
or against the referendum? [white]  
  
<1> For  
<2> Against  
<3> Would not vote [green]  
<d> Do not know  
<r> Refused
```

```
[#*****  
>KSQ08B2b.2<  
[#*****  
Bueno, sólo uno más entonces: supongamos que la propuesta de políticas que reduzcan por  
Cuarto de la tasa de uninsurance entre las familias que ganan menos de tres  
Veces el nivel de pobreza en su estado en vez de causar que usted tenga que pagar  
[yellow]$5[cyan] más en impuestos cada año. Habida cuenta de su presupuesto actual,  
¿podría votar por o en contra del referéndum?  
  
<1> Para  
<2> Contra  
<3> No votar  
<d> Do not know  
<r> Refused
```

```
[#*****  
>KSQ11<  
[#*****  
[##label=Health condition  
[define <d> <8>] [##mdl=8]  
[define <r> <9>] [##md2=9]  
[missing <8> <9>]  
[#-----  
[form template][cyan]  
Now I'd like to ask you some questions about your health and your health  
insurance.  
  
Would you say your health is excellent, very good, good, fair, or poor?[white]  
  
<1> Excellent  
<2> Very good  
<3> Good  
<4> Fair  
<5> Poor [green]  
<d> Do not know  
<r> Refused
```

```
[#*****  
>KSQ11.2<  
[#*****  
Ahora me gustaría hacerle algunas preguntas sobre su salud y su salud
```

Seguro.

¿Diría usted que su salud es excelente, muy buena, buena, regular, o mala?

- <1> Excelente
- <2> Muy buena
- <3> Bueno
- <4> FERIA
- <5> Pobre [green]
- <d> Do not know
- <r> Refused

```
[#*****  
>KSQ13<  
[#*****  
[##label=Healthcare providers - Satisfaction  
[define <d> <8>] [##mdl=8]  
[define <r> <9>] [##md2=9]  
[define <n> <7>]  
[missing <8> <9>]  
[#-----  
[form template][cyan]  
All things considered, are you satisfied or dissatisfied with the health care  
providers you have seen or that you and your family have seen during the last  
12 months? [green]  
  
Interviewer: Probe with "If you did not receive services that you felt you  
needed, please consider that too." [white]
```

- <1> Satisfied
- <2> Neither satisfied nor dissatisfied
- <3> Dissatisfied
- <n> Have not seen any providers in the past 12 months [green]
- <d> Do not know
- <r> Refused

```
[#*****  
>KSQ13.2<  
[#*****  
A pesar de todo, ¿está usted satisfecho o insatisfecho con el cuidado de la salud  
proveedores de ustedes han visto o que usted y su familia se han visto en los últimos  
12 meses? [green]  
  
Interviewer: Probe with "Si no recibió los servicios que se sentía usted  
Necesario, tenga en cuenta que también" [white]
```

- <1> satisfecho
- <2> Ni satisfecho ni insatisfecho
- <3> insatisfecho
- <n> No hayan visto ninguna médicos en los últimos 12 meses
- <d> Do not know
- <r> Refused

```
[#*****  
>KSQ14<  
[#*****  
[##label=Have health insurance  
[define <d> <8>] [##mdl=8]  
[define <r> <9>] [##md2=9]  
[missing <8> <9>]  
[#-----  
[form template][cyan]  
Do you have some form of health insurance (health care coverage) or not? [green]  
  
Interviewer: Probe "Do not know" with "A health insurance plan is something  
that helps pay for health care bills when you see a doctor or go to the  
hospital." [white]
```

<0> No insurance [goto KSQ18]
<1> Yes, have insurance [green]
<d> Do not know [goto KSQ18]
<r> Refused [goto KSQ18]

[#*****]
>KSQ14.2<
[#*****]
?Tiene algún tipo de seguro de salud (cobertura de salud) o no? [green]

Interviewer: Probe "Do not know" with "Un plan de seguro de salud es algo que ayuda a pagar las facturas de asistencia médica cuando vea a un médico o ir a la hospital" [white]

<0> No seguros
<1> Si, tengo seguros
<d> Do not know
<r> Refused

[#*****]
>KSQ15<
[#*****]
[##label=Primary form of health insurance
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
Of the following choices, which is your main form of health insurance? [white]

<1> Provided through my job or a family member's job (union included)
<2> Privately purchased by me or by a family member
<3> Medicaid, Family Health Plus, Healthy NY (programs for low income people)
<4> Medicare (for the elderly and disabled)
<5> Military or related [green]
<d> Do not know
<r> Refused

[#*****]
>KSQ15.2<
[#*****]
De las siguientes opciones, que es su principal forma de seguro de salud?
[white]
<1> Siempre a través de mi trabajo o de un miembro de la familia del trabajo (sindicatos incluidos)
 <2> Privada comprado por mí o por un miembro de la familia
 <3> Medicaid, Family Health Plus, Healthy NY (programas para personas de bajos ingresos)
 <4> Medicare (para las personas mayores y los discapacitados)
 <5> Fuerzas Armadas o relacionados [green]
<d> Do not know
<r> Refused

[#*****]
>KSQ16<
[#*****]
[##label=Insurance costs - Satisfaction
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
Now we want to ask you some questions about your satisfaction with the costs and health plan access to providers.

All things considered, are you satisfied or dissatisfied with your overall health insurance coverage in terms of its costs (premiums as well as out of

```

pocket costs)? Are you: [white]

<1> Satisfied
<2> Neither satisfied nor dissatisfied
<3> Dissatisfied [green]
<d> Do not know
<r> Refused

[#####
>KSQ16.2<
[#####
[Cyan]
Ahora queremos hacerle algunas preguntas sobre su nivel de satisfacción con los costes
plan de salud y el acceso a los proveedores.

A pesar de todo, ¿está usted satisfecho o insatisfecho con su general
cobertura de seguro de salud en términos de sus costos (primas, así como de
gastos de bolsillo)? ¿Es usted: [white]

<1> satisfecho
  <2> Ni satisfecho ni insatisfecho
  <3> insatisfecho [green]
<d> Do not know
<r> Refused

[#####
>KSQ17<
[#####
[##label=Insurance access to providers - Satisfaction
[define <d> <8>] [##mdl=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#####
[form template][cyan]
All things considered, are you satisfied or dissatisfied with your overall
health insurance coverage in terms of how easy it is to see the providers you
want? Are you: [white]

<1> Satisfied
<2> Neither satisfied nor dissatisfied
<3> Dissatisfied [green]
<d> Do not know
<r> Refused

[#####
>KSQ17.2<
[#####
[Cyan]
A pesar de todo, ¿está usted satisfecho o insatisfecho con su general
cobertura de seguro de salud en términos de lo fácil que es ver a los proveedores que
quieren? ¿Es usted: [white]

<1> satisfecho
  <2> Ni satisfecho ni insatisfecho
  <3> insatisfecho [green]
<d> Do not know
<r> Refused

>KSQ18_pre<
[if KSQ14 eq <1> goto KSQ19]
[# Otherwise go ahead with KSQ18 (since they don't have insurance)

[#####

```

```

>KSQ18<
[#####
[##label=Why not have health insurance
[define <d> <88>] [##md1=88]
[define <r> <99>] [##md2=99]
[missing <88> <99>]
[#-----
[form template][cyan]
What's the main reason you do not currently have health insurance? [green]
Interviewer: Do not offer the options but do use them when probing.[white]
<1> Too expensive
<2> Do not need it - I am healthy; I do not go to the doctor or use hospital
services
<3> I tried to enroll in Medicaid (for low income) but the process was too
difficult or I used to be on Medicaid but it was too difficult to keep
the paperwork up, etc.
<4> Do not know how to get it; Do not know if I am eligible for public
coverage (Medicaid) for low income individuals
<5> Employer does not offer it
<6> Employer offers it to some workers but I am not eligible for employer
coverage
<7> Other
<8> Unemployed
<9> Illegal immigrant
<d> Do not know <r> Refused

[#####
>KSQ18.2<
[#####
¿Cuál es la razón principal por la que actualmente no tienen seguro de salud? [green]
Interviewer: Do not offer the options but do use them when probing.
<1> Demasiado caro
<2> No lo necesitan - Estoy sano; yo no ir al médico o al uso hospital
Servicios
<3> Traté de inscribirse en Medicaid (para los de bajos ingresos), pero el proceso es demasiado
Difícil o Solía estar en Medicaid pero era demasiado difícil de mantener
El papeleo, etc
<4> No sé cómo conseguirlo; No sé si tengo derecho a la pública
Cobertura (Medicaid) para personas de bajos ingresos
<5> empleadores no los ofrece
<6> empleador que ofrece a algunos trabajadores pero no soy elegible para el empleador
Cobertura
<7> Otros
<8> Desempleados
<9> Migrantes indocumentados
<d> Do not know <r> Refused

[#####
>KSQ19<
[#####
[##label=Insurance coverage in past 12 months
[define <d> <8>] [##md1=8]
[define <r> <9>] [##md2=9]
[missing <8> <9>]
[#-----
[form template][cyan]
During the last 12 months, since [fill MONNAME] 2007, did you have health insurance
all the time, none of the time, or was there a time during the year when you did
not have any health coverage? [white]

<1> Yes, covered all the time
<2> Uninsured all of the time
<3> Uninsured for some time [green]
<d> Do not know
<r> Refused

[#####
>KSQ19.2<
[#####
Durante los últimos 12 2007, hasta [fill MONNAME] 2007 tiene seguro de salud

```

todo el tiempo, ninguno de los casos, o existe un tiempo durante el año en que lo hizo no tiene cobertura de salud?

<1> Si, que abarca todo el tiempo
<2> No aseguradas todo el tiempo
<3> No aseguradas por algún tiempo [green]
<d> Do not know
<r> Refused

```
[#*****  
>KSQ20<  
[#*****  
[##label=Insurance coverage for children  
[define <d> <8>] [##mdl=8]  
[define <r> <9>] [##md2=9]  
[define <n> <7>]  
[missing <8> <9>]  
[#-----  
[form template][cyan]  
If you have children, do your children have coverage through Medicaid or  
Child Health Plus (or other public coverage plans for low income families)? [white]  
  
<0> No  
<1> Yes  
<n> Do not have children [green]  
<d> Do not know  
<r> Refused
```

```
[#*****  
>KSQ20.2<  
[#*****  
Si tiene hijos, ¿sus hijos tienen cobertura a través de Medicaid o  
Child Health Plus (u otros planes de cobertura pública para familias de bajos ingresos)? [white]  
  
<0> No  
<1> Si  
<n> No tiene hijos [green]  
<d> Do not know  
<r> Refused
```

```
[#*****  
>KSQ21<  
[#*****  
[##label=Know of other children under Medicaid  
[define <d> <8>] [##mdl=8]  
[define <r> <9>] [##md2=9]  
[missing <8> <9>]  
[#-----  
[form template][green]  
If you have children, do your children have coverage through Medicaid or  
Child Health Plus (or other public coverage plans for low income families)? [cyan]  
  
Do you know anyone else who has children under this program? [white]  
  
<0> No  
<1> Yes [green]  
<d> Do not know  
<r> Refused
```

```
[#*****  
>KSQ21.2<  
[#*****  
Si tiene hijos, ¿sus hijos tienen cobertura a través de Medicaid o Child Health  
Plus (u otros planes de cobertura publica para familias de bajos ingresos)? [Cyan]  
  
¿Sabe alguien mas que haya niños en este programa?[white]
```

<0> No
<1> Si [green]
<d> Do not know
<r> Refused

Rural ESP questionnaire

This document shows the questions used in the rural ESP. I have grayed out the questions that are in the main ESP but not in the rural ESP in order to get under budget for the rural questions.

READ: Now I am going to ask you some questions about the health care system and health insurance reform in New York State. Before we proceed, let me give you some background on uninsurance in New York State. As of 2006, there are 2.2 Million nonelderly uninsured in the state.

1. How important will it be for New York's government leaders to address the cost of health care and health insurance this year? Will it be...*(Read List ONLY AS NEEDED)?*

- = extremely important
- = very important
- = somewhat important
- = not important
- = (VOL) Don't Know
- = (VOL) Refused

2. How important will it be for New York's government leaders to address the number of New Yorkers without health insurance this year? Will it be...*(Read List ONLY AS NEEDED)?*

- = extremely important
- = very important
- = somewhat important
- = not important
- = (VOL) Don't Know
- = (VOL) Refused

Now I'm going to ask you some questions about different proposals to reduce the number of uninsured.

3. One option for reducing the number of uninsured would be to provide public coverage from tax revenue. Up to what level of income would you favor or oppose expanding New York's programs such as Medicaid or Family/Child Health Plus to make available health coverage under these programs for more people? *(Note: pick best answer from these options)*

- =up to 100% or less of the federal poverty level (for a family of 4, this is about \$20,000)
- =up to 150% of FPL for a family of 4 (for family of 4, about \$30,000)
- =up to 250% of the federal poverty level (for a family of 4, about \$50,000)
- =up to 400% of the FPL (for a family of 4, about \$80,000)
- =for everyone, regardless of income?

4. Another option to reduce the number of uninsured would be for the government to require larger businesses (for example, a firm with over 25 employees) that do not currently provide health insurance to their workers to do so even if it meant that businesses would have to cut some jobs to pay for other workers' health insurance?

- = favor
- = oppose
- = (VOL) Don't Know
- = (VOL) Refused

5. Another option to reduce the number of uninsured is to require that everyone have health insurance and the cost would be shared. Employers would be required to provide coverage for their employees. Employees would pay part of the premium. The government would use tax revenue to cover all poor people not covered through employment.

Would you favor or oppose such a plan for New York?

(If Needed, Probe: Is that strongly (favor/oppose) or somewhat (favor/oppose)?)

= strongly favor

= somewhat favor

= somewhat oppose

= strongly oppose

= (VOL) Don't Know

= (VOL) Refused

6. Another option to reduce the number of uninsured is to make coverage more affordable through plans that have monthly premiums 25-40 percent lower than traditional plans in return for larger out-of-pocket deductibles (\$1,000 for individuals, \$2,000 for families) before insurance coverage begins. If these plans offer 25-40 percent in annual premium savings to consumers, would you favor providing such an option in New York to people who want to purchase them?

= favor

= oppose

= (VOL) Don't Know

= (VOL) Refused

7. Yet another option to reduce the number of uninsured is by setting up a single payer insurance plan, in which everyone is covered under a program like Medicare that's run by the government and funded by taxpayers. Would you favor New York setting up a system like this?

=favor

=oppose

=don't know

=refused

Questions on Willingness to pay

Now we're going to ask some specific questions about your willingness to pay for greater coverage if it would be paid for with tax dollars.

With 50% probability, please provide this information to survey respondents before asking the next questions:

About two fifths of the uninsured in New York State are already eligible for a public insurance program.

Now please randomize whether version A or B of the following series of three questions is asked.

VERSION A

8.1 Suppose there is a new voter referendum in the state. The referendum is a proposal to fund policies that will reduce uninsurance in the state by a quarter (set aside for now how it will reduce uninsurance, but assume it will do so with certainty). If the referendum passes, you and everyone else will have to

pay \$50 more in taxes every year. Given your current budget, would you vote for or against this referendum? FOR AGAINST WOULD NOT VOTE

8.1a. (If FOR on 8.1): OK, then suppose the proposed policies that will reduce uninsurance in your state by one quarter will instead cause you to have to pay \$100 more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

8.1b (If FOR on 8.1a): OK, just one more then: suppose the proposed policies that will reduce uninsurance in your town by one quarter will instead cause you to have to pay \$250) more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

8.2a (If AGAINST or WOULD NOT VOTE on 8.1): OK, suppose the proposed policies that will reduce uninsurance in your town by one quarter will instead cause you to have to pay \$25 more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

8.2b (If AGAINST or WOULD NOT VOTE on 8.2a): OK, then suppose the proposed policies that will reduce uninsurance in your state by one quarter will instead cause you to have to pay \$5 more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

VERSION B

8.1 Suppose there is a new voter referendum in your state. The referendum is a proposal to reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level (which is about \$60,000 for a family of 4). If the referendum passes, you and everyone else will have to pay \$50 more in taxes every year. Given your current budget, would you vote for or against this referendum? FOR AGAINST WOULD NOT VOTE

8.1a. (If FOR on 8.1): OK, then suppose the proposed policies that will reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$100 more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

8.1b (If FOR on 8.1a): OK, just one more then: suppose the proposed policies that will reduce one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$250) more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

8.2a (If AGAINST or WOULD NOT VOTE on 8.1): OK, just one more then: suppose the proposed policies that will reduce one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$25 more in taxes every year. Given your current budget, would you vote for or against the referendum? FOR AGAINST WOULD NOT VOTE

8.2b (If AGAINST or WOULD NOT VOTE on 8.2a): OK, then suppose the proposed policies that will reduce one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$5 more in taxes every year. Given your current budget, would you vote for or against the referendum? __ FOR __ AGAINST __ WOULD NOT VOTE

Now I'd like to ask you some questions about your health and your health insurance.

11. Now, I'd like to ask about your health. Would you say your health is excellent, very good, good, fair, or poor?

= excellent/very good/good

= fair/poor

= (VOL) Don't Know

= (VOL) Refused

12. I would like to ask a question about your job. Are you a member of a labor union?

Yes

No

Don't Know

13. All things considered, are you satisfied or dissatisfied with [(the health care providers you have seen/the you and your family have seen)] during the last 12 months?

PROBE: If you did not receive services that you felt you needed, please consider that too.

=SATISFIED.....

=DISSATISFIED.....

=NEITHER SATISFIED NOR DISSATISFIED.....

=Haven't seen any providers in the past 12 months.

=DON'T KNOW.....

=REFUSED.....

14. Do you have some form of health insurance (health care coverage), or not?

= yes, have insurance

= no insurance

= (VOL) Don't Know

= (VOL) Refused

If yes, go on to next question. If no then skip to 18. If don't know, then probe " a health insurance plan is something that helps pay for health care bills when you see a doctor or go to the hospital..."

15. Of the following choices, which is your main form of health insurance?

= Provided through my job or a family member's job (union included)

= Privately purchased by me or by a family member

=.Medicaid, Family Health Plus, Healthy NY (programs for low income people)

=. Medicare (for elderly and disabled)

=. Military or related

= Don't know

Now, we want to ask about your satisfaction with the costs and health plan access to providers.

16. All things considered, are you satisfied or dissatisfied with your overall health insurance coverage in terms of its costs (premiums as well as out of pocket costs)? Are you ..?

- =SATISFIED.....
- =DISSATISFIED.....
- =NEITHER SATISFIED NOR DISSATISFIED.....

17. All things considered, are you satisfied or dissatisfied with your overall health insurance coverage in terms of in terms of how easy it is to see the providers you want? Are you ..

- =SATISFIED.....
- =DISSATISFIED.....
- =NEITHER SATISFIED NOR DISSATISFIED.....

If the person has health insurance (answered yes to Q 14) then skip 18 and instead go directly to Q20)

18. What's the main reason you do not currently have health insurance?

(Do not read out all options, but use as prompts and code this way)

- = Too expensive
- = Don't need it (am healthy, don't go to the doctor or use hospital services)
- = I tried to enroll in Medicaid (for low income) but the process was too difficult (or I used to be on Medicaid but was too difficult to keep paperwork up etc)
- = Don't know how to get it, don't know if I am eligible for public coverage (Medicaid) for low income individuals
- = Employer doesn't offer it
- = Employer offers it to some workers but I am not eligible for employer coverage
- = Other, specify _____
- = Unemployed
- = Illegal immigrant
- = (VOL) Don't Know
- = (VOL) Refused

19. During the last 12 months, since (*read-in "January" or .. based on interview month*) 2007, did you have health insurance all the time, none of the time, or was there a time during the year when you did not have any health coverage?

- = yes, covered all the time
- =uninsured all of the time
- = uninsured for some time
- = (VOL) Don't Know
- = (VOL) Refused

20. (Ask all) if you have children: Do your children have coverage through Medicaid or Child Health Plus (or other public coverage plans for low income families)?

- =Yes
- =No
- =Don't Know
- =Don't have kids

Cell phone survey questionnaire

>iscell<

Have I reached you at a cell phone?

- <0> This is not a cell phone - Ineligible
- <1> Yes
- <r> Refuses to participate

>safety<

Your safety is important. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

- <0> No
- <1> Yes - Callback
- <n> This is not a cell phone - Ineligible
- <r> Refuses to participate

>scrnnys<

Are you currently a New York State resident?

- <0> No
- <1> Yes
- <r> Refused

>age<

We need to speak to adults 18 years of age or older. What year were you born?

- <1900-1998> year
- <d> Do not know
- <r> Refused

>scrnonly<

Does anyone else receive calls on this cell phone?

- <0> No
- <1> Yes
- <n> This is not a cell phone
- <r> Refused

>scrnlnd1<

In addition to having a cell phone, do you also have at least one land line phone in your house at which you or anyone else in the household normally receive incoming phone calls?

Please do not include modem-only lines, fax-only lines, lines used just for a home security system, beepers, pagers, or the cell phone.

- <0> No - Cell phone is only phone
- <1> Yes - Has land line phone in home
- <r> Refused

>scrnlnd2<

Thinking just about the land line home phone, not your cell phone, if that telephone rang, and someone was home, under normal circumstances how likely would it be answered. Would you say:

- <1> Extremely likely
- <2> Very likely
- <3> Somewhat likely
- <4> Somewhat unlikely
- <5> Not at all likely
- <d> Do not know
- <r> Refused

>county<

What county do you live in?

<1> Albany	<18> Genesee	<35> Oswego	<52> Warren
<2> Allegany	<19> Greene	<36> Otsego	<53> Washington
<3> Broome	<20> Hamilton	<37> Putnam	<54> Wayne
<4> Cattaraugus	<21> Herkimer	<38> Rensselaer	<55> Westchester
<5> Cayuga	<22> Jefferson	<39> Rockland	<56> Wyoming
<6> Chautauqua	<23> Lewis	<40> St. Lawrence	<57> Yates
<7> Chemung	<24> Livingston	<41> Saratoga	
<8> Chenango	<25> Madison	<42> Schenectady	New York City
<9> Clinton	<26> Monroe	<43> Schoharie	<58> Bronx
<10> Columbia	<27> Montgomery	<44> Schuyler	<59> Kings
<11> Cortland	<28> Nassau	<45> Seneca	<60> New York
<12> Delaware	<29> Niagara	<46> Steuben	<61> Queens
<13> Dutchess	<30> Oneida	<47> Suffolk	<62> Richmond
<14> Erie	<31> Onondaga	<48> Sullivan	
<15> Essex	<32> Ontario	<49> Tioga	<d> Do not know
<16> Franklin	<33> Orange	<50> Tompkins	<r> Refused
<17> Fulton	<34> Orleans	<51> Ulster	

>KSQ01<

Now I am going to ask you some questions about the health care system and health insurance reform in New York State. Before we proceed, let me give you some background on uninsurance in New York State. As of 2006, there were 2.2 million nonelderly uninsured in the state.

How important will it be for New York's government leaders to work to reduce the cost of health care and health insurance this year?

<1> Extremely important
 <2> Very important
 <3> Somewhat important
 <4> Not important
 <d> Do not know
 <r> Refused

>KSQ02<

How important will it be for New York's government leaders to work to reduce the number of New Yorkers without health insurance this year?

<1> Extremely important
 <2> Very important
 <3> Somewhat important
 <4> Not important
 <d> Do not know
 <r> Refused

>KSQ03<

Now I'm going to ask you some questions about different proposals to reduce the number of uninsured.

One option for reducing the number of uninsured would be to provide public coverage from tax revenue. Up to what level of income would you favor expanding New York's programs such as Medicaid (Medicaid is the government program for health insurance for low-income people) or Family/Child Health Plus to make available health coverage under these programs for more people?

<1> Up to 100% or less of the federal poverty level (for a family of 4, this is about \$20,000)
 <2> Up to 150% of the FPL (for a family of 4, about \$30,000)
 <3> Up to 250% of the federal poverty level (for a family of 4, about \$50,000)
 <4> Up to 400% of the FPL (for a family of 4, about \$80,000)
 <5> For everyone, regardless of income
 <d> Do not know
 <r> Refused

>KSQ04<

Another option to reduce the number of uninsured would be for the government to require larger businesses (for example, a firm with over 25 employees) that do not currently provide health insurance to their workers to do so even if it meant that businesses would have to cut some jobs to pay for other workers' health insurance. Would you favor or oppose such a plan for New York?

- <1> Favor
- <2> Oppose
- <d> Do not know
- <r> Refused

>KSQ05<

Another option to reduce the number of uninsured is to require that everyone have health insurance and the cost would be shared. Employers would be required to provide coverage for their employees. Employees would pay part of the premium. The government would use tax revenue to cover all poor people not covered through employment. Would you favor or oppose such a plan for New York?

Interviewer: Probe to see if they feel strongly or somewhat

- <1> Strongly favor
- <2> Somewhat favor
- <3> Somewhat oppose
- <4> Strongly oppose
- <d> Do not know
- <r> Refused

>KSQ06<

Another option to reduce the number of uninsured is to make coverage more affordable through plans that have monthly premiums 25 to 40 percent lower than traditional plans in return for larger out-of-pocket deductibles (\$1,000 for individuals, \$2,000 for families) before insurance coverage begins. If these plans offer 25 to 40 percent in annual premium savings to consumers, would you favor or oppose providing such an option in New York to people who want to purchase them?

- <1> Favor
- <2> Oppose
- <d> Do not know
- <r> Refused

>KSQ07<

Many people might not realize that for those over age 65 years, we already have a single payer system - Medicare. Another option to reduce the number of uninsured is by setting up a government-run, taxpayer-funded insurance plan like Medicare for everyone. Would you favor or oppose New York setting up a system like this?

- <1> Favor
- <2> Oppose
- <d> Do not know
- <r> Refused

>KSQ07o_pre<

[if KSQ07 ne <2> goto KSinfo]
[# Otherwise ask KSQ07o (since they opposed single payer system)

>KSQ07o<

What is it about a publicly-sponsored plan that would concern you or that you would not like?

Interviewer: If the respondent is stuck probe with "For example, restricted choice of providers, availability of services, quality of care." Do not let the respondent just repeat these examples back to you without some elaboration!

<1> Answered (specify)
<d> Do not know
<r> Refused

>KSinfo< [nodata]

Now we're going to ask some specific questions about your willingness to pay for greater coverage if it would be paid for with tax dollars.

[if KSinfoR eq <1>]

About two fifths of the uninsured in New York State are already eligible for a public insurance program but have not signed up for one.

[endif]

>KSver<

[if KSverR eq <A> goto KSQ08A1]

[if KSverR eq goto KSQ08B1]

>KSQ08A1<

Suppose there is a new voter referendum in the state. The referendum is a proposal to fund policies that will reduce uninsurance in the state by a quarter (set aside for now how it will reduce uninsurance, but assume it will do so with certainty). If the referendum passes, you and everyone else will have to pay \$50 more in taxes every year. Given your current budget, would you vote for or against this referendum?

<1> For [goto KSQ08A1a]
<2> Against [goto KSQ08A2a]
<3> Would not vote [goto KSQ08A2a]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

>KSQ08A1a<

Okay, then suppose the proposed policies that will reduce uninsurance in the state by one quarter will instead cause you to have to pay \$100 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For [goto KSQ08A1b]
<2> Against [goto KSQ11]
<3> Would not vote [goto KSQ11]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

>KSQ08A1b<

Okay, just one more then: suppose the proposed policies that will reduce uninsurance in your state by one quarter will instead cause you to have to pay \$250 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For
<2> Against
<3> Would not vote
<d> Do not know
<r> Refused

[goto KSQ11]

>KSQ08A2a<

Okay, suppose the proposed policies that will reduce uninsurance in your state by one quarter will instead cause you to have to pay \$25 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For [goto KSQ11]

<2> Against [goto KSQ08A2b]
<3> Would not vote [goto KSQ08A2b]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

>KSQ08A2b<

Okay, then suppose the proposed policies that will reduce uninsurance in your state by one quarter will instead cause you to have to pay \$5 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For
<2> Against
<3> Would not vote
<d> Do not know
<r> Refused

[goto KSQ11]

>KSQ08B1<

Suppose there is a new voter referendum in your state. The referendum is a proposal to reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level (which is about \$60,000 for a family of 4). If the referendum passes, you and everyone else will have to pay \$50 more in taxes every year. Given your current budget, would you vote for or against this referendum?

<1> For [goto KSQ08B1a]
<2> Against [goto KSQ08B2a]
<3> Would not vote [goto KSQ08B2a]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

>KSQ08B1a<

Okay, then suppose the proposed policies that will reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$100 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For [goto KSQ08B1b]
<2> Against [goto KSQ11]
<3> Would not vote [goto KSQ11]
<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

>KSQ08B1b<

Okay, just one more then: suppose the proposed policies that will reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$250 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For
<2> Against
<3> Would not vote
<d> Do not know
<r> Refused

[goto KSQ11]

>KSQ08B2a<

Okay, suppose the proposed policies that will reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$25 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For [goto KSQ11]
<2> Against [goto KSQ08B2b]
<3> Would not vote [goto KSQ08B2b]

<d> Do not know [goto KSQ11]
<r> Refused [goto KSQ11]

>KSQ08B2b<

Okay, just one more then: suppose the proposed policies that will reduce by one quarter the rate of uninsurance among families earning less than three times the poverty level in your state will instead cause you to have to pay \$5 more in taxes every year. Given your current budget, would you vote for or against the referendum?

<1> For
<2> Against
<3> Would not vote
<d> Do not know
<r> Refused

>KSQ11<

Now I'd like to ask you some questions about your health and your health insurance.

Would you say your health is excellent, very good, good, fair, or poor?

<1> Excellent
<2> Very good
<3> Good
<4> Fair
<5> Poor
<d> Do not know
<r> Refused

>KSQ13<

All things considered, are you satisfied or dissatisfied with the health care providers you have seen or that you and your family have seen during the last 12 months?

Interviewer: Probe with "If you did not receive services that you felt you needed, please consider that too."

<1> Satisfied
<2> Neither satisfied nor dissatisfied
<3> Dissatisfied
<n> Have not seen any providers in the past 12 months
<d> Do not know
<r> Refused

>KSQ14<

Do you have some form of health insurance (health care coverage) or not?

Interviewer: Probe "Do not know" with "A health insurance plan is something that helps pay for health care bills when you see a doctor or go to the hospital."

<0> No insurance [goto KSQ18]
<1> Yes, have insurance
<d> Do not know [goto KSQ18]
<r> Refused [goto KSQ18]

>KSQ15<

Of the following choices, which is your main form of health insurance?

<1> Provided through my job or a family member's job (union included)
<2> Privately purchased by me or by a family member
<3> Medicaid, Family Health Plus, Healthy NY (programs for low income people)
<4> Medicare (for the elderly and disabled)
<5> Military or related
<d> Do not know
<r> Refused

>KSQ16<

Now we want to ask you some questions about your satisfaction with the costs and health plan access to providers.

All things considered, are you satisfied or dissatisfied with your overall health insurance coverage in terms of its costs (premiums as well as out of pocket costs)? Are you:

- <1> Satisfied
- <2> Neither satisfied nor dissatisfied
- <3> Dissatisfied
- <d> Do not know
- <r> Refused

>KSQ17<

All things considered, are you satisfied or dissatisfied with your overall health insurance coverage in terms of how easy it is to see the providers you want? Are you:

- <1> Satisfied
- <2> Neither satisfied nor dissatisfied
- <3> Dissatisfied
- <d> Do not know
- <r> Refused

>KSQ18_pre<

[if KSQ14 eq <1> goto KSQ19]

[# Otherwise go ahead with KSQ18 (since they don't have insurance)]

>KSQ18<

What's the main reason you do not currently have health insurance?

Interviewer: Do not offer the options but do use them when probing.

- <1> Too expensive
- <2> Do not need it; I am healthy; I do not go to the doctor or use hospital services
- <3> I tried to enroll in Medicaid (for low income) but the process was too difficult or I used to be on Medicaid but it was too difficult to keep the paperwork up, etc.
- <4> Do not know how to get it; Do not know if I am eligible for public coverage (Medicaid) for low income individuals
- <5> Employer does not offer it
- <6> Employer offers it to some workers but I am not eligible for employer coverage
- <7> Other
- <8> Unemployed
- <9> Illegal immigrant
- <d> Do not know
- <r> Refused

>KSQ19<

During the last 12 months, since [fill MONNAME] 2007, did you have health insurance all the time, none of the time, or was there a time during the year when you did not have any health coverage?

- <1> Yes, covered all the time
- <2> Uninsured all of the time
- <3> Uninsured for some time
- <d> Do not know
- <r> Refused

>KSQ20<

If you have children, do your children have coverage through Medicaid or Child Health Plus (or other public coverage plans for low income families)?

- <0> No
- <1> Yes
- <n> Do not have children
- <d> Do not know

<r> Refused

```
>KSQ21_pre<
[if KSQ20 ne <0> and KSQ20 ne <7> goto employ]
[# Otherwise go ahead with KSQ21 (since their own children aren't in the program)
```

```
>KSQ21<
If you have children, do your children have coverage through Medicaid or
Child Health Plus (or other public coverage plans for low income families)?
```

Do you know anyone else who has children under this program?

<0> No
<1> Yes
<d> Do not know
<r> Refused

```
>employ<
Now, we are almost done. I am going to ask you some basic questions about your
employment and some other items about yourself just to make sure we have
opinions and views from all different sorts of people.
```

Last week, did you do any work for either pay or profit? Include any job from
which you were temporarily "absent" or "on layoff."

<1> Yes
<2> No [goto lkwork]
<3> Retired [goto lkwork]
<4> Disabled [goto lkwork]
<5> Unable to work (student, no working papers, permanently disabled, etc.) [goto KSQ12]
<d> Do not know [goto lkwork]
<r> Refused [goto lkwork]

```
>jbtype<
Which of the following best describes your main job? (By main job we mean the
one at which you usually work the most hours.)
```

<1> Full-time, all year round
<2> Part-time, all year round
<3> Temporary
<4> Seasonal or part year
<5> Contract or on call
<d> Do not know
<r> Refused

```
>hrswrk<
How many hours did you work last week, at all jobs?
```

<0-100> Hours/week
<d> Do not know
<r> Refused

```
>Slfempl<
Are you self-employed without employees (i.e., consultant, freelancer) on
your main job?
```

<0> No
<1> Yes
<d> Do not know
<r> Refused

[goto KSQ12]

```
>lkwork<
```

In the last four weeks have you looked for new work or a new job?

- <1> Yes
- <0> No
- <d> Do not know
- <r> Refused

>KSQ12<

Are you a member of a labor union?

- <0> No
- <1> Yes
- <d> Do not know
- <r> Refused

>married<

Are you married, divorced, separated, widowed, or single?

- <1> Married
- <2> Divorced
- <3> Seperated
- <4> Widowed
- <5> Single
- <6> Other (specify)[specify]
- <d> Do not know
- <r> Refused

>ideo<

When it comes to social issues, do you usually think of yourself as extremely liberal, liberal, slightly liberal, moderate or middle of the road, slightly conservative, conservative, or extremely conservative?

- <1> Extremely liberal
- <2> Liberal
- <3> Slightly liberal
- <4> Moderate or middle of the road
- <5> Slightly conservative
- <6> Conservative
- <7> Extremely conservative
- <d> Do not know
- <r> Refused

>party<

Generally speaking, when it comes to political parties in the United States, how would you best describe yourself?

Interviewer: If Democrat or Republican, probe on whether strong, not very strong. If Independent, probe if closer to Democrat or Republican, or closer to neither.

- <1> Strong Democrat
- <2> Not very strong Democrat
- <3> Independent, close to Democrat
- <4> Independent (close to Neither)
- <5> Independent, close to Republican
- <6> Not very strong Republican
- <7> Strong Republican
- <8> Other party affiliation (specify) [specify]
- <d> Do not know
- <r> Refused

>educ<

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

- <1> None, or grade 1-8
- <2> High school incomplete (Grades 9-11)
- <3> High school graduate (Grade 12 or GED certificate)
- <4> Technical, trade, or vocational school AFTER high school
- <5> Some college, no 4-year degree (including 2yr associate degree)
- <6> College graduate (B.S., B.A., or other 4-year degree)
- <7> Post-graduate training or professional schooling after college
(e.g., toward a master's Degree or Ph.D.; law or medical school)
- <d> Do not know
- <r> Refused

>hisp<

Are you, yourself, of Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

- <0> No
- <1> Yes
- <d> Do not know
- <r> Refused

>race<

What best describes your race?

- <1> White or Caucasian
- <2> Black or African-American
- <3> American Indian, Aleut, Eskimo
- <4> Asian or Pacific Islander
- <5> Something else (specify) [specify]
- <d> Do not know
- <r> Refused

>relig<

What is your religious preference? Is it Protestant, Catholic, Christian Orthodox, Jewish, Muslim, some other religion, or no religion?

- <1> Protestant (include Baptist, Episcopal, Jehovah's Witness, Lutheran, Methodist, Presbyterian, Episcopalian, Pentecostal, Church of Christ, etc.)
- <2> Catholic (include Roman Catholic)
- <3> Christian Orthodox (include Greek Orthodox, Russian Orthodox)
- <4> Jewish
- <5> Muslim (include Islam/Islamic)
- <6> Other Non-Christian religion (specify) [specify]
- <7> No religion/Atheist/Agnostic
- <d> Do not know
- <r> Refused

>church<

Aside from weddings and funerals, how often do you attend religious services? More than once a week, once a week, once or twice a month, a few times a year, seldom, or never?

- <1> More than once a week
- <2> Once a week
- <3> Once or twice a month
- <4> A few times a year
- <5> Seldom
- <6> Never
- <d> Do not know
- <r> Refused

>hhsiz<

How many total people (including yourself) are in your household ...

0-40 d-Do not know r-Refused

Adults (65 and older) ... a
Adults (18-64) b
Children (under 18) c

>hhinca<

Lastly, for statistical purposes, last year (that is in 2007) what was your total household income from all sources, before taxes?

If the respondent refuses, code as "Refused" and ask income ranges.

<0-1000000> dollars [goto gender]
<d> Do not know
<r> Refused - Answer as range

>hhincb<

Instead of providing me your exact household income, I'm going to read you a list of income categories. Please tell me which of them best describes your total household income in 2007 before taxes from all sources.

If the respondent refuses, assure them that all information is completely confidential and is used purely for statistical analysis to ensure diversity of respondents.

- <1> Less than \$10,000
- <2> 10 to under \$20,000
- <3> 20 to under \$30,000
- <4> 30 to under \$40,000
- <5> 40 to under \$50,000
- <6> 50 to under \$75,000
- <7> 75 to under \$100,000
- <8> 100 to under \$150,000
- <9> \$150,000 or more
- <d> Do not know
- <r> Refused

>gender<

Interviewer: Record the respondent's gender (do not read out loud)

<1> Male
<2> Female
<d> Do not know
<r> Refused

>paytell<

Just to remind you, for your participation we will be sending you \$10.

<1> Respondent has been told

>payinfo<

In order to pay you \$10, we need to know your full name and address.

Name (first then last): fn ln

Address: addr
City: city
State: state
Zip: zip

>payconf<

So we'll be making the \$10 check out to:

[fill payinfofn] [fill payinfofn]

And sending it to:

[fill payinfoaddr]
[fill payinfoaddr], [fill payinfoaddr] [fill payinfoaddr]

Is that correct?

<0> No [goto payinfo]
<1> Yes

Technical Appendix 2: Employer Survey

A) Data and Methods

The goal of our employer survey was to gather private employer opinions about the different health insurance reform options the state might consider and to understand how these opinions correlate with employer characteristics. The survey was conducted by the Survey Research Institute of Cornell University. Businesses were selected at random from among all private sector companies in New York State – i.e. excluding SIC codes 08 (forestry), 91-97 (governments), 43 (post offices), 82 (schools), 83 (social service), 86 (membership organizations). Businesses were stratified as small (1-9 employees), medium (10-49 employees) or large (50 or more employees).

Data collection began on March 3, 2008 and was completed on April 15, 2008. A total of 475 interviews were completed; of those, 114 were completed with small businesses, 116 with medium businesses and 245 with large businesses. We decided to sample businesses by three firm size categories since employer health insurance availability varies drastically by firm size, and the divisions selected here (1-9, 10-49, 50 or more) are the thresholds that appear as the most distinct ones. For example, according to the Medical Expenditure Panel Survey Insurance,⁹ in 2006 the national offer rate by firm size is as follows:

Less than 10 employees	10 - 24 employees	25 - 99 employees	100-999 employees	1000 or more employees	Less than 50 employees	50 or more employees
35.10%	63.20%	81.60%	94.10%	98.40%	42.60%	95.60%

Thus, firms with under 10 employees are a distinct group with 35.1% of employers offering health insurance, while just above this threshold (10-24 employees) the offer rate almost doubles to 63.2%. The last two columns show that the 50 employee size is also another important threshold as the rate of offers below 50 is 42.6% while it is 95.60% above it

Column1	Less than 10 employees	10 to 49 employees	50 or more employees
Distribution of establishments	57.83%	17.26%	24.92%
Distribution of employees	11.50%	16.00%	72.50%
Our sample allocation	21.05%	26.32%	52.63%

⁹ Agency for Healthcare Research and Quality. Percent of private-sector establishments that offer health insurance by firm size and selected characteristics (Table I.A.2), years 1996-2006: 1996 (Revised March 2000), 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2002 (July 2004), 2003 (July 2005), 2004 (July 2006), 2005 (July 2007), 2006 (July 2008). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <<http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.jsp>>

Within these size categories, we decided on the number of observations to sample based on balancing the distribution of establishments and the distribution of employees. Using national data from MEPSIC again,¹⁰ in 2006, small firms accounted for 57.85% of all establishments but only 11.5% of all employment (part time and full time are both included). Our sample allocation, shown on the last line of the table above, was picked to provide atleast 100 observations in each group, with the proportion picked being between the proportion of employees represented and the proportion of establishments represented in the case of small and large firms. We oversampled medium firms because these represent the firms that are likely to be not exempt from legislation (unlike small firms under 10 employees that are often exempt) yet are not already providing health insurance at the near 100% rate in large firms.

Firm size refers to the total size of the corporate entity. One firm could be comprised of multiple (or a single) establishment(s). We refer to the firm as being the corporate entity, and the establishment (or sometimes ‘employer’ or ‘business’ as being the unit of the respondent. Businesses that refused to participate in the survey were asked a single question: “Does your company offer or contribute to a health insurance program as a benefit to your employees?” Those responses are tabulated below, along with all the information on response rates.

Table A2.1a, Response Outcomes for Employer Survey

Outcome	N			
	Small Businesses	Medium Businesses	Large Businesses	Overall
Completed survey	100	125	250	475
Bad phone number	32	21	50	103
Language barrier	3	2	1	6
Refused & offers health insurance	0	0	0	0
Refused & does not offer health insurance	0	0	1	1
Refused & health insurance offering undetermined	8	2	3	13
Out of business	13	11	15	39
Business has no office in NYS	2	0	1	3
Ineligible – Unable to provide sufficient data	1	0	3	4
Pending – Called less than 5 times	158	86	68	312
Pending – Called 5+ times with no resolution	158	144	350	652
Total	475	391	742	1608

Since the establishments were selected at random, they are representative of NYS employers within their firm size strata. The general confidence interval at the 95% level is plus or minus 9.2% for small firms, 9.1% for medium firms and 6.3% for large firms, based on sample sizes drawn of 114, 116 and 245 establishments of each firm size category. The estimated total number of establishments in New York State (NYS) of each firm size category is 270,926 establishments belonging to small firms, 68,155 belonging to medium firms and 84,241 belonging to large firms, as reported in the MEPS 2005 survey.

¹⁰ Agency for Healthcare Research and Quality. Percent of number of private-sector employees by firm size and selected characteristics (Table I.B.1.a), years 1996-2006: 1996 (Revised March 2000), 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2002 (July 2004), 2003 (July 2005), 2004 (July 2006), 2005 (July 2007), 2006 (July 2008). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC.
<<http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.jsp>>

The cooperation rate (number completed, 475 surveys, divided by potential interviews where contact verified the respondent would have been eligible, 475 + 14 refusals) for the survey as a whole was 97.1% using the information above. For small firms, it is 88.5%, for medium firms it is 98.4% and for large firms it is also 98.4%.¹¹

B) Analysis

1) Descriptive statistics

Our first table, Table A2.1b, shows descriptive statistics for the sample. Response rates are shown in Table A2.1a above. We present all results by small, medium and large firms as our survey is not constructed to be representative at the state level, but rather to be representative at the firm size level for firms within NYS. To illustrate, we compare the number of establishments in our sample to a nationally representative sample. We show numbers from the Medical Expenditure Panel Employer Survey Insurance Component (MEPSIC), which shows that in 2005, in New York State, 64% of all establishments were small. In our sample, 24% are from small firms. We also show the distribution of employees in NYS by firm size and the percent of establishments by firm size that offer health insurance from the MEPSIC for 2005 (the last statistic is comparable to our Question 9 below). The descriptive table then goes on to show the means for each variable, by firm size, as well as the valid sample that reports the data for each question. For example, the variable “firmsize” shows the number of employees represented by the firm, which is a mean of 3.86 employees in small firm establishments (113 of the 114 reported that), 24.3 for medium sized firm establishments (114 of the 116 reported that), and 832.6 for the large firm establishments (236 of 245 reported that). The next line is “pft” which is described as the fraction full-time employees of all employees at the location.

2) Regression Analysis

Table A2.1c shows the results of regressions that correlate multiple factors with the answers provided by respondents to opinions about health reform options and their possible reactions if changes were to be enacted. Q19a-d (see Table A2.1b as well as the Questionnaire below for definitions) inquires whether employers agree or do not agree with certain statements about the responsibility of employers in providing health insurance to their workers. For the regression analysis, we coded support as “high” if the respondent said they strongly agree or somewhat agree. If they somewhat disagree or strongly disagree, their value is coded as 0 for the variable (eq q19a_high). Ordinary least squares regressions are presented, thus the coefficients can be interpreted as marginal effects. For example, the first number in the table, 0.009 [0.107] shows that if the result had been statistically different from 0, indicated by the number of asterisks as in the legend below, we would have interpreted this to say that establishments that offer health insurance are almost one percentage point more likely to support (be in the “1” category) for the variable q19a_high (which is whether one agrees with the statement that “All employers bear some responsibility for providing health insurance to their workers”). The number in brackets is the standard error, as noted in the notes under the table. The number of observations is shown in the bottom row. The first regression that is reported has 105 observations. There are three sets

¹¹ Note that the response data are based on the classification of firm size obtained from our vendor's proprietary InfoUSA database. Based on data contained in our survey on current firm size and verification from respondent call-backs, we reclassified some firms into different size groups than indicated in the Info USA database. Thus our response table data are based on the original sample sizes of 100 small firms, 125 medium firms and 250 large firms, while our analysis is based on the corrected classification, which is 114 small firms, 116 medium firms and 245 large firms.

of regression results in the table, one for small firms, one for medium firms and one for large firms. The variables that are used as explanatory variables (explanations can be seen in the descriptive statistics table and in the questionnaire) include whether the establishment offers health insurance, the percent unionized of the full time workers at the location, the percent of workers at the location earning \$21,000 or less, the percent at the location earning \$50,000 or more, industry indicators (6 dummy variables for 7 categories as explained in the descriptive statistics table, the omitted being industry 7), and an indicator for being located upstate ("downstate" is defined as New York, Rockland, Kings, Richmond, Westchester, Suffolk, Queens, Nassau, and Bronx counties, with the remaining counties of the state defined as "upstate, as in the main ESP). In addition to q19, q24 asks employers whether they would react in various ways if eligibility for public health insurance were expanded (see questionnaire for definitions), and q23 asks whether employers would buy into in Family Health Plus if there were subsidies available for some of their workers.

C) Discussion

New York employers of all firm sizes agree that employers *and* individuals bear some responsibility for paying for health insurance. They are more divided on solely taxing employers to pay for this coverage. In multivariate regressions reported in Table A2.1C, among small firms, employers in transportation related activities were more likely to disagree that firms had a responsibility for insurance where the omitted category was the service industry. There was also a small influence from the percentage of low income workers: as this percentage increased, support was less. Among medium size firms, agreement was more likely if firms offered insurance and less likely if firms were in manufacturing, or financial services and insurance (and more likely if they were in transportation). Among large firms, agreement was less likely for firms with a high proportion of low wage workers and those in agriculture and financial services and insurance.

Employers were asked for their views on two options regarding taxing employers. The first option was a model in which firms with 10 or more employees who did not offer insurance are required to pay an 8% payroll tax used to help finance coverage for workers without coverage. The second option was a model in which all firms with 10 or more workers pay a 8% payroll tax in return for the state providing health insurance to all workers, resulting in a "single payer" system. Some 57% of small-firm establishments, 46% of medium-firm establishments and 57% of large firm establishments strongly or somewhat agree that non-offering firms with 10 or more employees should be taxed 8% of payroll. Support was lower for taxing all firms with 10 or more employees in exchange for a single payer type system. Among medium firm establishments, only 23% agreed, while 53% of small firms and 42% of large firms supported taxing all firms with 10 or more employees. (See Figure 6 in the main report).

Findings suggest that expanding public coverage to more low-income workers would not likely cause employers to drop coverage outright for all their workers. At the same time, there could still be significant implications for behavior. Responses indicate employers would be likely to alter how they do business. For example, responses suggest that there could be changes in eligibility criteria and how employers make decisions about pay raises. These kinds of responses could have indirect implications for coverage as well as worker welfare. An important policy implication is that it is important to carefully consider the likely consequences of legislation on firm behavior across a range dimensions and not simply willingness to offer insurance.

D) Tables

Table A2.1B : Descriptive Statistics, Employer Survey

(All statistics are presented by Small/Medium/Large firms separately)

	Small (1-9 employees)	Medium (10-49 employees)	Large (50+ employees)
N (out of 475 total)	114	116	245
Real distrib. of establishments (from MEPS NY)	0.64	0.16	0.20
Real distrib. of employees (from MEPS NY sample, 2005)	0.13	0.17	0.70
Our distrib. of estabs in the sample	0.24	0.24	0.52
% of estab's that offer ins in MEPS in NYS	44%	N/A	99%
Firmsize (a created variable)	3.86	24.30	832.55
N	113	114	236
I used Q2 and Q2a to create fraction full-time employees at location, pft			
Pft	0.83	0.77	0.80
N	104	116	241
Q3: Min hours for full-time worker definition	38.22	34.90	34.81
N	107	114	241
Q4: Firm locations (multiple or not)			
Only one location	93.86	83.62	40.82
Multiple locations	6.14	16.38	59.18
N	114	116	245
Q6: Unionized workers - percent of your full time employees at your location	0.29	5.49	15.66
N	113	116	245
Q7: \$21k or less - Percent earning	12.50	13.33	15.68
N	109	112	228
Q8: \$50k or more - Percent earning	21.87	26.97	32.50
N	110	107	212
Q9: Offer health insurance (percent yes)	44.74	87.93	96.33
No	55.26	12.07	3.67
N	114	116	245
Q10_a: High premiums - reason why no ins	out of 63	out of 14	out of 9
Very important	72.13	78.57	75.00
Somewhat important	9.84	7.14	12.50
Not too important	3.28	14.29	0.00
Not at all important	14.75	0.00	12.50
N	61	14	8
Q10_b: Employee turnover - reason why no ins			
Very important	8.33	50.00	12.50
Somewhat important	10.00	7.14	37.50
Not too important	18.33	21.43	12.50
Not at all important	63.33	21.43	37.50
N	60	14	8
Q10_c: Employees already covered - reason why no ins			
Very important	31.15	14.29	0.00
Somewhat important	22.95	28.57	25.00
Not too important	8.20	42.86	0.00
Not at all important	37.70	14.29	75.00
N	61	14	8

Q10_d: Good employees w/o offering - reason why no ins			
Very important	23.33	14.29	37.50
Somewhat important	26.67	50.00	12.50
Not too important	6.67	14.29	12.50
Not at all important	43.33	21.43	37.50
N	60	14	8
Q10_e: Seriously ill employee - reason why no ins			
Very important	8.20	7.14	25.00
Somewhat important	8.20	0.00	12.50
Not too important	4.92	7.14	12.50
Not at all important	78.69	85.71	50.00
N	61	14	8
Q11: Knowledge of ins eligibility			
Knows number of employess eligible	72.55	70.59	56.36
Knows percentage of employees eligible	27.45	29.41	43.64
N	51	102	236
Q11a and q11b combined to create fraction eligible, of all at the location (pel)			
	0.802	0.801	0.805
N	51	101	236
Q12: Enrolled in company plan - Percent, of those who are eligible			
	66.22	49.58	69.57
N	51	100	226
Q13: Pay employees who reject company ins			
Yes	12.00	14.00	25.32
No	88.00	86.00	74.68
N	50	100	233
Q14: Retirees < 65 years - Offer ins			
Yes	8.51	14.43	23.36
No	91.49	85.57	76.64
N	47	97	214
Q15: Retirees 65+ years - Offer ins			
Yes	4.35	15.31	22.69
No	95.65	84.69	77.31
N	46	98	216
Q16: Plans offered (number)			
	1.28	1.66	2.38
N	50	101	234
Q17_a Single cvrg - Premium			
	430.81	378.51	356.72
N	37	80	185
Q17_b Single cvrg - Employee contrib			
	115.43	125.49	87.72
N	42	86	202
employee contrib as %	0.27	0.33	0.25
Q17_c: Family cvrg - Premium			
	1005.69	896.58	932.49
N	35	77	182
Q17_d: Family cvrg - Employee contrib			
	306.12	370.18	314.09
N	41	83	196
employee contrib as % of prem	0.30	0.41	0.34
Q18: Offer health savings account			
Yes	12.00	16.67	19.66
No	88.00	83.33	80.34
N	50	102	234

Q19_a: Employers responsible for health ins			
Strongly agree	27.03	35.65	43.98
Somewhat agree	45.05	43.48	43.57
Somewhat disagree	14.41	11.30	7.47
Strongly disagree	13.51	9.57	4.98
N	111	115	241
Q19_b: Individuals responsible for health ins			
Strongly agree	31.25	31.3	45.99
Somewhat agree	48.21	47.83	40.93
Somewhat disagree	15.18	12.17	6.33
Strongly disagree	5.36	8.7	6.75
N	112	115	237
Q19_c: Tax employers not offering health ins			
Strongly agree	24.07	13.39	16.45
Somewhat agree	33.33	33.04	40.26
Somewhat disagree	26.85	27.68	25.11
Strongly disagree	15.74	25.89	18.18
N	108	112	231
Q19_d: Tax all employers			
Strongly agree	20.37	11.30	9.65
Somewhat agree	32.41	21.74	32.02
Somewhat disagree	17.59	33.91	29.82
Strongly disagree	29.63	33.04	28.51
N	108	115	228
Q20: Healthy NY - Familiarity			
Very familiar	16.67	14.66	8.98
Somewhat familiar	32.46	25.00	42.04
Not at all familiar	50.88	60.34	48.98
N	114	116	245
Q21: Uncomfortable buying through Healthy NY			
Strongly agree	15.84	14.15	7.14
Somewhat agree	24.75	15.09	28.10
Somewhat disagree	35.64	49.06	43.81
Strongly disagree	23.76	21.70	20.95
N	101	106	210
Q22: Family Health Plus - Familiarity			
Very familiar	17.86	11.21	11.89
Somewhat familiar	29.46	33.62	47.13
Not at all familiar	52.68	55.17	40.98
N	112	116	244
Q23: Consider FHP if subsidized			
Strongly agree	11.70	10.42	11.79
Somewhat agree	37.23	51.04	44.34
Somewhat disagree	27.66	22.92	28.77
Strongly disagree	23.40	15.63	15.09
N	94	96	212

Q24_a: Affect raise decision - Free public ins			
Yes	38.89	40.00	24.89
No	61.11	60.00	75.11
N	108	110	229
Q24_b: Ins program change - Free public ins			
Yes	52.88	63.46	52.21
No	47.12	36.54	47.79
N	104	104	226
Q24_c: Eligibility change - Free public ins			
Yes	41.41	41.51	32.02
No	58.59	58.49	67.98
N	99	106	228
Q24_d: Reduce coverage - Free public ins			
Yes	27.55	22.22	19.11
No	72.45	77.78	80.89
N	98	108	225
Q24_e: Single contrib change - Free public ins			
Yes	42.11	37.14	35.43
No	57.89	62.86	64.57
N	95	105	223
Q24_f: Family contrib change - Free public ins			
Yes	43.75	45.71	38.57
No	56.25	54.29	61.43
N	96	105	223
Industry (Fractions)			
Ind1: Ag, fishery and forestry	0.018	0.017	0.004
Ind2: Mining and construction	0.070	0.069	0.037
Ind3: Manufacturing	0.044	0.095	0.053
Ind4: Transportation etc	0.061	0.034	0.069
Ind5: Trade, retail and wholesale	0.245	0.345	0.244
Ind6: FIRE	0.088	0.069	0.078
Ind7: Services	0.421	0.276	0.433
(no missing)			
Upstate (vs downstate, same definition as ESP)	0.5	0.526	0.531
(no missing)			

Table A2.1c : Employer regression results, by small/medium/large

Small Firms

Variable	q19a: Employer Responsible	q19b: Individual Responsible	q19c: Tax Employers Not Offering HI	q19d: Tax All Employers	q23: Consider Subsidized FHIP	q24: FPI - Affect Raises	q24: FPI - Change Insurance	q24: FPI - Change Eligibility	q24: FPI - Reduce Coverage	q24: FPI - Single Contribution Change	q24: FPI - Family Contribution Change
offer	0.009 [0.107]	-0.082 [0.101]	-0.049 [0.122]	-0.216 [0.131]	-0.096 [0.133]	-0.079 [0.130]	-0.180 [0.130]	-0.277 ** [0.138]	-0.212 [0.128]	-0.081 [0.143]	-0.152 [0.145]
q6 (% union)	0.008 [0.013]	-0.023 * [0.013]	0.008 [0.015]	0.018 [0.016]	-0.013 [0.016]	-0.012 [0.016]	-0.016 [0.015]	-0.011 [0.015]	-0.008 [0.015]	-0.018 [0.015]	-0.016 [0.015]
q7 (% low income)	-0.003 ** [0.002]	-0.002 [0.002]	-0.003 * [0.002]	-0.001 [0.002]	0.000 [0.002]	0.000 [0.002]	-0.003 [0.002]	0.001 [0.002]	-0.002 [0.002]	0.001 [0.002]	0.001 [0.002]
q8 (% high income)	0.000 [0.001]	0.001 [0.001]	0.002 [0.002]	0.000 [0.002]	-0.001 [0.002]	-0.001 [0.002]	-0.002 [0.002]	0.002 [0.002]	0.000 [0.002]	0.002 [0.002]	0.001 [0.002]
ind1(eg. etc)	0.331 [0.451]	0.283 [0.424]	0.303 [0.505]	-0.354 [0.524]	0.631 [0.522]	0.540 [0.524]	-0.568 [0.516]	-0.358 [0.518]	-0.236 [0.490]	-0.597 [0.512]	-0.530 [0.522]
ind2 (min. and cons)	-0.095 [0.167]	0.083 [0.157]	-0.130 [0.199]	0.144 [0.208]	0.146 [0.220]	0.088 [0.206]	0.008 [0.191]	-0.032 [0.218]	-0.015 [0.207]	-0.380 [0.235]	-0.386 [0.239]
ind3 (manuf)	-0.173 [0.211]	-0.107 [0.157]	-0.130 [0.238]	0.136 [0.246]	0.391 [0.269]	-0.241 [0.246]	-0.397 [0.243]	-0.170 [0.245]	-0.119 [0.232]	-0.289 [0.242]	-0.098 [0.246]
ind4 (transport)	-0.342 * [0.177]	-0.099 [0.166]	-0.358 * [0.212]	-0.252 [0.219]	-0.515 * [0.303]	-0.291 [0.219]	-0.262 [0.216]	-0.128 [0.216]	0.097 [0.205]	0.230 [0.213]	0.230 [0.217]
ind5 (trade)	-0.037 [0.114]	-0.070 [0.105]	-0.255 ** [0.122]	-0.170 [0.133]	-0.184 [0.137]	0.001 [0.137]	-0.061 [0.137]	-0.148 [0.138]	0.060 [0.133]	-0.038 [0.150]	-0.081 [0.149]
ind6 (HHR)	0.092 [0.161]	0.039 [0.152]	-0.431 ** [0.182]	-0.128 [0.188]	0.039 [0.188]	-0.193 [0.188]	0.093 [0.185]	0.173 [0.194]	-0.067 [0.176]	-0.171 [0.183]	-0.033 [0.186]
upstate	-0.108 [0.090]	-0.080 [0.085]	-0.035 [0.102]	-0.133 [0.108]	-0.079 [0.112]	0.026 [0.107]	-0.008 [0.108]	0.034 [0.110]	0.154 [0.104]	0.228 ** [0.111]	0.207 * [0.112]
firmsize	0.032 [0.020]	0.005 [0.019]	-0.011 [0.023]	0.019 [0.024]	0.032 [0.025]	-0.001 [0.024]	0.002 [0.024]	-0.022 [0.025]	0.008 [0.024]	-0.038 [0.025]	-0.024 [0.026]
R ²	0.161 105	0.094 105	0.158 102	0.114 101	0.146 99	0.094 101	0.144 98	0.145 94	0.079 94	0.164 91	0.139 92

Standard errors in brackets

* significant at 10%, ** significant at 5%, *** significant at 1%

Medium Firms

Variable	q19a: Employer Responsible	q19b: Individual Responsible	q19c: Tax Employers Not Offering HI	q19d: Tax All Employers	q23: Consider Subsidized FHP	q24: FPI - Affect Raises	q24: FPI - Change Insurance	q24: FPI - Change Eligibility	q24: FPI - Reduce Coverage	q24: FPI - Single Contribution Change	q24: FPI - Family Contribution Change
offer	0.615 *** [0.119]	0.273 * [0.142]	0.498 *** [0.154]	0.247 [0.167]	-0.105 [0.176]	-0.086 [0.174]	0.443 ** [0.180]	-0.016 [0.188]	-0.108 [0.154]	0.122 [0.175]	0.054 [0.183]
q6 (% union)	-0.002 [0.002]	-0.004 * [0.002]	0.004 * [0.003]	0.002 [0.003]	0.001 [0.003]	0.004 [0.003]	-0.005 * [0.003]	-0.007 ** [0.003]	0.002 [0.003]	-0.001 [0.003]	-0.001 [0.003]
q7 (% low income)	0.002 [0.002]	0.001 [0.002]	0.000 [0.002]	-0.001 [0.002]	-0.001 [0.003]	-0.003 [0.002]	-0.002 [0.002]	0.001 [0.002]	-0.003 [0.002]	-0.006 *** [0.002]	-0.004 * [0.002]
q8 (%high income)	0.001 [0.001]	0.000 [0.002]	0.003 * [0.002]	0.000 [0.002]	0.001 [0.002]	0.004 * [0.002]	0.001 [0.002]	0 [0.002]	-0.003 [0.002]	-0.003 [0.002]	-0.002 [0.002]
ind1 (eg. etc)	0.352 [0.255]	-0.175 [0.305]	-0.402 [0.330]	0.325 [0.360]	0.325 [0.358]	-0.016 [0.374]	0.637 * [0.354]	0.106 [0.369]	-0.209 [0.309]	-0.203 [0.349]	-0.353 [0.364]
ind2 (min. and cons)	-0.051 [0.161]	0.145 [0.192]	-0.470 ** [0.209]	0.047 [0.227]	0.190 [0.245]	-0.172 [0.236]	0.341 [0.246]	0.593 ** [0.232]	0.098 [0.213]	-0.067 [0.243]	-0.126 [0.254]
ind3 (manuf.)	-0.277 ** [0.129]	0.164 [0.154]	-0.085 [0.175]	-0.089 [0.182]	-0.088 [0.187]	0.273 [0.189]	0.454 ** [0.184]	-0.133 [0.187]	-0.098 [0.156]	0.143 [0.176]	0.19 [0.184]
ind4 (transport)	0.344 * [0.189]	0.267 [0.226]	-0.14 [0.245]	-0.203 [0.267]	-0.387 [0.370]	-0.275 [0.277]	-0.089 [0.260]	-0.019 [0.303]	-0.199 [0.253]	0.149 [0.286]	0.053 [0.299]
ind5 (trade)	-0.126 [0.083]	-0.035 [0.099]	-0.273 ** [0.109]	0.012 [0.116]	-0.257 * [0.130]	0.055 [0.125]	0.156 [0.117]	0.146 [0.122]	0.121 [0.101]	0.300 ** [0.116]	0.337 *** [0.121]
ind6 (FIRE)	-0.274 * [0.143]	-0.010 [0.170]	-0.235 [0.161]	0.196 [0.201]	-0.169 [0.220]	0.210 [0.209]	0.075 [0.197]	0.311 [0.207]	0.206 [0.172]	0.014 [0.194]	0.127 [0.203]
upstate	-0.059 [0.073]	-0.059 [0.087]	-0.236 ** [0.095]	-0.094 [0.103]	-0.224 * [0.117]	0.061 [0.108]	-0.076 [0.105]	0.145 [0.109]	0.135 [0.091]	0.038 [0.103]	0.115 [0.108]
firmsize	0.002 [0.003]	-0.006 [0.004]	-0.004 [0.004]	0.004 [0.005]	0.001 [0.005]	0.001 [0.005]	-0.003 [0.005]	0.000 [0.005]	0.004 [0.004]	0.000 [0.005]	0.000 [0.005]
R ²	0.325	0.139	0.330	0.110	0.183	0.121	0.221	0.143	0.133	0.204	0.190
Observations	105	105	103	106	89	102,000	97,000	99,000	100,000	98,000	98

Standard errors in brackets

* significant at 10%; ** significant at 5%; *** significant at 1%

Large Firms

Variable	q19a: Employer Responsible	q19b: Individual Responsible	q19c: Tax Employers Not Offering HI	q19d: Tax All Employers	q23: Consider Subsidized FHP	q24: FPI - Affect Raises	q24: FPI - Change Insurance	q24: FPI - Change Eligibility	q24: FPI - Reduce Coverage	q24: FPI - Single Contribution Change	q24: FPI - Family Contribution Change
offer	-0.087 [0.125]	-0.018 [0.132]	-0.147 [0.188]	0.104 [0.186]	-0.253 [0.200]	0.200 [0.169]	0.006 [0.183]	-0.180 [0.182]	-0.039 [0.154]	0.239 [0.205]	0.095 [0.208]
q6 (% union)	-0.001 [0.001]	-0.001 [0.001]	0.000 [0.001]	0.002 [0.001]	-0.001 [0.001]	0.000 [0.001]	-0.002 [0.001]	-0.002 [0.001]	0.001 [0.001]	-0.001 [0.001]	-0.001 [0.001]
q7 (% low income)	-0.002 * [0.001]	0.000 [0.001]	-0.003 [0.002]	0.000 [0.002]	0.000 [0.002]	-0.002 [0.002]	-0.001 [0.002]	0.000 [0.002]	-0.001 [0.001]	-0.001 [0.002]	0.000 [0.002]
q8 (%high income)	-0.001 [0.001]	0.000 [0.001]	-0.002 [0.002]	-0.004 ** [0.002]	-0.001 [0.002]	0.000 [0.001]	-0.001 [0.001]	-0.001 [0.001]	0.001 [0.001]	0.001 [0.001]	0.001 [0.001]
ind1 (eg. etc)	-0.886 *** [0.335]	0.122 [0.356]	-0.513 [0.505]	-0.439 [0.497]	0.521 [0.503]	-0.238 [0.454]	-0.640 [0.491]	-0.388 [0.487]	-0.163 [0.414]	-0.244 [0.480]	-0.292 [0.487]
ind2 (min. and cons)	-0.006 [0.134]	-0.126 [0.143]	0.027 [0.218]	0.063 [0.215]	0.291 [0.202]	0.002 [0.182]	-0.262 [0.196]	-0.004 [0.195]	-0.105 [0.166]	0.130 [0.192]	0.104 [0.195]
ind3 (manuf.)	0.030 [0.108]	0.096 [0.115]	0.090 [0.163]	0.020 [0.168]	0.139 [0.172]	0.395 *** [0.147]	0.467 *** [0.165]	0.029 [0.172]	-0.288 ** [0.141]	0.407 *** [0.156]	0.383 ** [0.158]
ind4 (transport)	-0.076 [0.089]	-0.101 [0.095]	0.093 [0.135]	0.025 [0.133]	0.220 [0.135]	0.048 [0.122]	0.119 [0.131]	0.095 [0.130]	0.005 [0.111]	0.125 [0.129]	0.098 [0.130]
ind5 (trade)	-0.026 [0.058]	0.097 [0.061]	-0.042 [0.087]	0.019 [0.086]	0.154 * [0.090]	0.011 [0.080]	-0.061 [0.085]	0.028 [0.084]	0.076 [0.073]	0.212 ** [0.084]	0.274 *** [0.085]
ind6 (FIRE)	-0.228 ** [0.092]	0.022 [0.098]	0.020 [0.139]	0.062 [0.137]	0.186 [0.146]	-0.110 [0.125]	-0.131 [0.135]	-0.009 [0.134]	-0.090 [0.114]	0.131 [0.132]	0.116 [0.134]
upstate	-0.077 [0.051]	0.054 [0.055]	-0.139 * [0.077]	-0.065 [0.077]	-0.063 [0.080]	-0.033 [0.072]	0.103 [0.077]	0.028 [0.075]	0.063 [0.065]	-0.006 [0.075]	0.048 [0.076]
firmsize	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]	0.000 [0.000]
R ²	0.096	0.051	0.052	0.059	0.063	0.061	0.111	0.030	0.060	0.082	0.087
Observations	205	203	201	199	186	194	198	198	194	195	195

Standard errors in brackets

* significant at 10%, ** significant at 5%, *** significant at 1%

e) Questionnaire

The questionnaire follows the wording used in the Massachusetts survey by Jon Gabel very closely. His assistance is gratefully acknowledged.

New York State Employer Health Insurance Survey Questionnaire

If Respondent **refuses to complete survey** ask: Does your company offer or contribute to a health insurance program as a benefit to your employees?

Yes (**Includes cases where they only offer it to some employees**)

No

No answer

A. General characteristics of the employer

Q1: What were the total number of employees at your location for a typical pay period in 2007? _____

Q2: How many of these were full time workers? _____

If not known → Q2a

If known → Q3

Q2a: If you are unable to tell me the number, could you tell me approximately what percent that is? _____

Q3: What is the minimum number of hours worked to be considered full time?

Q4: Is there more than one location for the firm? The rest of the questions will pertain to your own establishment, if there is more than one establishment in the firm

1 Only one location

2 Multiple locations

Q5: What were the total number of employees your organization had **at all locations** for a typical pay period in 2007? _____

Q6: Of your full time employees in this location, about what percentage are unionized workers? An estimate is fine. _____

Q7: Of your full time employees in this location, about what percentage make \$21,000 or less per year? This translates to an hourly wage of approximately \$10 per hour.

Q8: Of your full time employees in this location, about what percentage makes \$50,000 or more per year? This translates to an hourly wage of approximately \$24 per hour.

Q9: Does your company offer or contribute to a health insurance program as a benefit to your employees?

1 Yes (**Includes cases where they only offer it to some employees**) → **Section B**

B

2 No

We must have an answer to Q9 or we cannot use the case.

Q10: I am going to read you a list of reasons why companies do not have an employee health insurance plan. As I read each reason, please tell me how important this reason was in your firm's decision **not to offer** health insurance to your employees. Would you say that (**read a through e**) is very important, somewhat important, not too important, or not at all important?

	Very important	Somewhat important	Not too important	Not at all important	Do not know (volunteered)
a. Premiums are too high.	1	2	3	4	8
b. Employee turnover is too high.	1	2	3	4	8
c. Employees are generally covered under another plan, such as a spouse's /parent's policy or Medicaid/Family Health Plus.	1	2	3	4	8
d. The firm can attract good employees without having to offer insurance.	1	2	3	4	8
e. The firm has a seriously ill employee.	1	2	3	4	8

→ **Section C**

B. Questions of employers who offer health insurance

Q11: Of the employees in your location (answered above in Q1), how many are eligible for your health insurance plans? Please do not include in this number any dependents or retiree health plan participants. Also, **do not include plans offered and administered exclusively by a union – just employer sponsored plans.**

1 Knows number of employees eligible → **Q11a**

2 Knows percentage of employees eligible → **Q11b**

We must have an answer to Q11 or we cannot use the case. If the respondent does not know, their best guess is acceptable.

Q11a: Of the employees in your location (answered above in Q1), how many are eligible for your health insurance plans? _____ → **Q12**

Q11b: What percentage of employees are eligible for your health insurance plan(s) (in your location)? _____ → **Q12**

Q12: Of these eligible workers, what percent of them are enrolled in a plan offered by your employer? _____

Q13: Does your company make a direct payment to workers who **do not** take up health insurance through the employer?

- 1 Yes
- 2 No

Q14: Does your company offer health insurance to retirees under age 65?

- 1 Yes
- 2 No

Q15: Does your company offer health insurance to retirees 65 and over?

- 1 Yes
- 2 No

Health insurance plan characteristics

Q16: How many plans do you offer? _____

Q17: Now, I will ask you some questions about the cheapest plan (or the single plan, if you offer just one).

a. What is the total cost of the plan in premium per month for single coverage?

b. Of this, how much is paid by the employee in monthly contributions for single coverage? _____

c. What is the total cost of the plan in premium per month for family coverage?

d. Of this, how much is paid by the employee in monthly contributions for family coverage? _____

Q18: Do you offer Health Savings Account (HSA) as an option to your employees? (If they ask, an HSA is a savings account that is combined with a high deductible health insurance plan; such a plan has typically a deductible above \$1,100 a year for single coverage and \$2,200 a year for family coverage.)

C. Questions about health insurance reform opinions

Q19: As you may know, several states have been trying out new health insurance reform programs. ~~Governor Spitzer~~ has New York State government officials have expressed an interest in developing similar programs for NYS. We would like to know a little bit about your attitudes towards health insurance reform and some possible programs. With that in mind, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Do not know (volunteered)
a. All employers bear some responsibility for providing health insurance to their workers	1	2	3	4	8
b. All individuals bear some responsibility for buying health insurance, if their income is above the poverty level	1	2	3	4	8
c. Employers with 10 or more workers that do not offer health insurance should be required to pay a tax that is 8% of payroll (approximately \$3200 per worker). The money would go towards enrolling those workers in a government program.	1	2	3	4	8
d. Employers with 10 or more workers (regardless of whether they would have offered health insurance or not) should pay 8% payroll tax to the state (approximately \$3200 per worker) in return for the state providing health insurance to all workers. This would result in a "single payer" system	1	2	3	4	8

New York specific programs already in place

Q20: How familiar are you with "Healthy New York," the program which offers small employers

(less than 50 employees) an opportunity to buy subsidized health insurance if they have not offered health insurance in the past?

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not at all familiar

Q21: Would you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statement:

My firm would be uncomfortable buying health insurance through "Healthy New York" (even if it were open to all firms) because it is a governmental plan.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

Q22: How familiar are you with "Family Health Plus" which offers low cost health insurance to

low income children and families?

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not at all familiar

Q23: Would you strongly agree, somewhat agree, somewhat disagree or strongly disagree

with the following statement:

My firm would consider offering coverage (continue to offer coverage) if employees whose income is less than 400% FPL (currently about \$84,800 for a family of 4) could be enrolled in "Family Health Plus" upon our payment of a heavily subsidized contribution

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

Q24: For the following yes or no questions, consider the following scenario: Suppose you had an employee with family income 300% of FPL (currently about \$63,600 a year for a family of 4) whom you are considering giving a raise that would take them to 310% FPL (a raise of about \$2,120 a year).

	Yes	No	Do not know (volunteered)
a. If legislation were passed enabling people with family incomes only at or below 300% FPL to obtain free public insurance, would that affect your decision to give the employee a raise?	1	2	8
b. Would the existence of such legislation change the way you ran your own health insurance program?	1	2	8
c. Would you change eligibility rules for your firm's plan?	1	2	8
d. Would you reduce coverage?	1	2	8
e. Would you change employee contributions for single coverage?	1	2	8
f. Would you change employee contributions for family coverage?	1	2	8

Q25: I would like to confirm your name and address so we may mail you the survey report, which should be sent out later this year.

Name: _____
Title: _____
Company: _____
Address: _____
City, State: _____
Zip code: _____
Phone: _____

Technical Appendix 3: Resident and Employer Focus Groups

A) Data and Methods:

The goal of this qualitative research was to gain a more in-depth understanding of the views and opinions of New York residents and small business owners about health reform (their views about the current health care insurance system, their opinions about specific reform proposals, and their own ideas about the ideal health care insurance system for New York State). A total of eight focus groups were conducted, 4 groups with New York residents and 4 with New York small business owners employing 25 or fewer employees. Resident and employer focus groups were conducted in three upstate locations (Ithaca, Rochester and Buffalo), and one each in a downstate location (one with residents in Jamaica (Queens) and one with small business owners in Brooklyn). In selecting group members, people with active ties to interest groups or lobbying organizations were excluded. Please see Exhibit 1 for technical details of each focus group, Exhibit 2 for an example of a recruiting poster, and Exhibits 3 and 4 for screening criteria documents. Exhibits 5 and 6 contain letters sent to participants and alternates. Cornell University Human Subjects approval was obtained for all aspects of the focus groups. Criteria for selecting participants for resident focus groups were age, gender and insurance status, and for small business owners the number of employees in the firm.

All focus groups were conducted between March 5 and May 15, 2008. Discussions lasted about 90 minutes each. Verbatim transcripts were created using tapes, and thematic analyses were performed using NVivo 8 software. Qualitative coding and analysis was done by several analysts. Our overall approach to setting up focus group questions and analyzing results followed methods prescribed in Krueger (1998) in Morgan (1997).¹² For systematic qualitative coding procedures, we used methods prescribed in Chamarz (1995).¹³ Focus group discussions followed a three-part format, which was described to participants by the focus group facilitator (please see Exhibits 7 and 8 for the focus group protocols). This format solicited views of the current system, responses to specific reform proposals, and participant ideas for reform. Within this overall structure, we identified sub-themes. This report summarizes the results of our qualitative analysis of focus group discussions.

B) Analysis

1): Summary

a) Resident focus groups

Participants expressed a desire to participate in these focus group discussions because of their concerns regarding access to quality health care. This was expressed mostly in terms of health care costs being too high, but anecdotes about non-financial negative experiences with the health care system were also conveyed. Many did not have health care insurance coverage or were unhappy with their coverage and other available options, but found it difficult to articulate the details of any specific reform proposal. The need for simplification was a resounding sentiment. Often, discussion would expand beyond the topic of health insurance to consider related concerns such as the need for tort reform, limits on medical

¹² Krueger, Richard A. (1998) *Analyzing and Reporting Focus Group Results*, Sage Publications, Inc. Focus Group Kit #6

Morgan, David (1997) *Focus groups as qualitative research*, Sage University Paper, Qualitative Research Methods Series #16, 2nd ed.

¹³ Chamarz, Katherine (1995) *Grounded theory from Smith, Harre and Van Langehove* (eds) *Rethinking Methods in Psychology*, 1995, pp27-49, copyright 1995 Sage Publications Ltd.

malpractice liability, advocating healthier lifestyles, changing regulations regarding direct-to-consumer advertising, curbing lobbyist activities, and improving the efficient delivery of quality health care. One common topic of discussion was the role of unneeded medical procedures and the excessive profits of both health care providers and the insurance industry in increasing costs. All agreed that universal health insurance would be desirable, but that it was difficult to figure out how to get there. Residents from Ithaca were most vociferous about the need for universal health care, even going so far to declare that this was a basic human right. In general, residents were receptive to the reform proposals, and many voiced the belief that some type of change would be better than no change at all. However, as they pursued discussion of the proposals, frustration was expressed that the reform proposals didn't go far enough, or did not provide a sufficiently large overhaul of the current system. The expression of a "band-aid approach" was used to describe the reform options.

The idea of *mandates* was met with opposition. This may have been partly a reaction to the use of that terminology, but also reflected underlying concerns. The individual mandate was generally disliked. The employer mandate was viewed as slightly less objectionable, but only because, it seemed, that it shifted the cost and responsibility burden to the employer.

From the perspective of many of the respondents, *Shared Responsibility* and incremental expansion represented temporary stop-gap measures. Many participants did not quite understand the income threshold limitations, but recognized that they might be in a personal situation to realize a benefit from incremental expansion. The *high deductible option* was controversial. Most participants favored this option only if it was offered as one of several possible choices. Participants also expressed concerns that high deductibles might result in underutilization of routine and preventive services.

A *single payer system* was acceptable to resident focus group participants. However, there was skepticism regarding government's ability to administer such a system. Concern about the loss of quality care was expressed. After discussing the impact of the cost of such a system on taxes, consideration was given to the need for having limitations on the level of services to be provided and issues regarding supplemental coverage.

Some residents expressed concerns about *public coverage expansion* with respect to income, asset or age limits on participation. The provision of health care insurance for special populations, such as illegal immigrants or prison inmates by publicly sponsored programs was an especially controversial and emotional issue.

Many resident participants wished to have a "one size fits all" type of plan structure. In particular, most desired an approach which would eliminate the confusion and burden associated with the paperwork of the current system. However, when pressed to define the specifics of an ideal plan, many found it difficult to lay out details and there was considerable discussion of possible plan aspects. The desirability of educational initiatives for the general public was discussed to increase understanding of health insurance issues, particularly at the high school or college level.

b) Business owner focus groups

Business owners expressed a desire to participate in these focus groups to learn more about the current system so that they might improve the offerings that they can make available to their employees. Many described providing health care coverage for employees variously as a struggle, a hardship, a concern, and as very difficult or impossible to do. They agreed that health care insurance is a benefit to the

employee and to the business for many reasons, but were in disagreement about whether it was an employer's obligation.

There was little satisfaction expressed for the current system. Rising costs were of great concern, as were the administrative inefficiencies of the current system. It was expressed that insurance industry terminology and the logistics of the system are difficult to understand. It is a large burden on employers to shop for, compare, contract and provide health care insurance for employees.

Like the residents, the business owners felt that reform is necessary. Their leaning was towards more government involvement in varying degrees. Comparisons were made to fire protection, police protection, and basic education. Familiarity with current publicly sponsored programs and reform options was limited. Universal health care insurance as an ultimate goal was viewed favorably by the business owners, as it was by the residents (with the idea that it would shift financing burdens away from the employer). The downstate business owners focus group was the only group which seemed to express a willingness to embrace employer responsibility for the provision of health care insurance. Upstate groups were reluctant to accept employer mandate or shared responsibility reform proposals. Many business owners felt that the employers would be able to easily exploit loopholes in regulations to successfully circumvent an employer mandate. Others felt that if insurance requirements are to be tied to employers, it should be based on the profits of a company, not the number of employees. The individual mandate was also disliked amongst the business owners, although the downstate group expressed some dissent from the majority opinion.

Participants of the business owner focus groups were very familiar with the high deductible option, many employing this strategy themselves. Most stated they utilize it only out of necessity and would support such a proposal only if it was offered on an optional basis. They recognized that coverage may be limited only to catastrophic coverage, and raised issues regarding implications for preventative care, well-care and care of minor ailments. The single payer system was viewed as an acceptable option by the business owner groups, but with less enthusiasm than the resident groups.

Although participants recognized the uncertain nature of change that would likely be associated with a single payer system, the view was expressed that transition might not be that difficult and that overall, important aspects of insurance could be simplified. Concerns were expressed about the administrative inefficiencies of the government, lower quality of care, and the loss of personal choices. There were also concerns that unmonitored and unrestricted increases in costs could occur, leading to increased and inequitably distributed taxes.

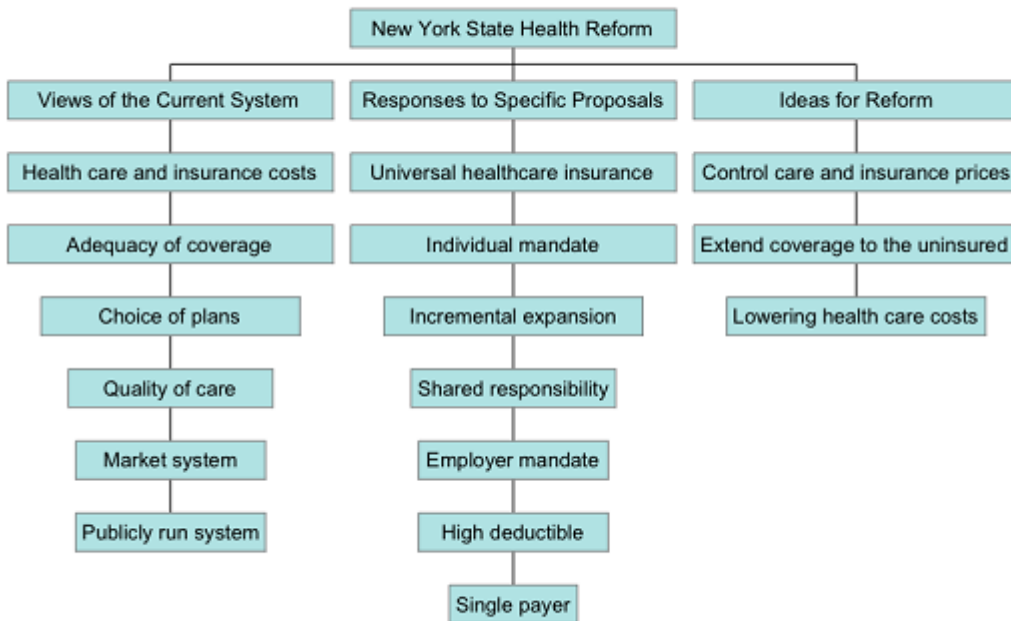
Suggestions for improvement included the need for more and better consumer education. Such initiatives could come in the form of service price disclosures, plan rating systems, and plan policy coverage comparisons as well as consumer educational programs targeting insurance education and improved self-care.

It was suggested that tax credits to businesses providing coverage for employees might serve as a positive incentive. Lastly, funding insurance coverage through the taxation of corporations whose products are detrimental to health was proposed as another consideration.

2) Details of analysis

Figure 1 presents an overview of our overall themes and sub-themes associated with these themes based on qualitative analysis; this was used as a basis for organizing the discussion of findings which follows in the next section.

Figure 1: Thematic Representation of Focus Group Proceedings



a) *Views of the Current System*

What are participants’ views about the state of the health care insurance system in New York State, concerns about their own coverage and views on the problem of the uninsured?

Participants’ concerns ranged from the costs and quality of health care to equity and efficiency in the health insurance system.

Major sub-themes include:

- Health Care and Health Insurance costs (B2ai)
- Adequacy of Coverage (B2aii)
- Choice of Insurance Plans (B2aiii)
- Quality of Care (B2aiv)
- Pros and Cons of the Current Employer-Based, Market-Centered System (B2av)
- Pros and Cons of a Publicly Run System (B2avi)

Table I provides a summary of topic areas for discussion under each of these areas for B2a.

Table I (for B2a): Views of the Current System

Health Care and Insurance Costs	*High costs of care and coverage *Reasons for high costs *Geographically prejudicial pricing
Adequacy of Coverage	*Coverage is shrinking *Coverage doesn't include essentials *Poor coverage under public programs

Choice of Plans	*Choice of affordable plans is limited *Choice of plans is decreasing *Choice of plans varies by geographic area
Quality of Care	*Quality of care varies by provider *Quality of care lower when reimbursement lower
Pros and Cons of the Current Employer-Based, Market-Centered System	*Driven by effective incentives *Inequities in coverage of unemployed *Small business disadvantaged *Employers who cover disadvantaged *Incentives to stay in insured jobs
Pros and Cons of a Publicly-Run System	*Eliminates high costs due to private insurer profits *Risk of government administrative inefficiency

Responses are summarized at the beginning of each sub-theme section for “upstate” (groups held in Ithaca, Rochester and Buffalo) and “downstate” (groups held in Jamaica and Brooklyn). Comments labeled “New York City resident” are from Jamaica. Comments labeled “New York City small business” are from Brooklyn. Because there were important differences between opinions expressed in upstate focus groups, particularly between Ithaca and other upstate locations, we also identify upstate comments by city of location.

i) Health Care and Health Insurance Costs

For most upstate participants, difficulty in affording health insurance is a major concern. Main reasons cited for the high cost of health insurance are layers of bureaucracy and profit in the private insurance system. High pharmaceutical prices, overuse of medications, malpractice costs and fraudulent claims are also seen as drivers of high insurance costs.

For most downstate participants, difficulty in affording health insurance is a major concern. Geographically discriminatory pricing and constraints of use of out-of-network providers are obstacles. Main reasons downstate participants cite for the high cost of health insurance are health care provider price inflation and unnecessary tests and procedures.

* High (and still rising) costs prevent people from getting coverage.

“The real issue is affordability. And that’s what I think, that it’s being placed more on residents. We have to bear more of that cost because of escalating costs of insurance. We really need to address the affordability issue of insurance.” (Buffalo Resident)

“It’s my most out-of-control cost. I can budget in a 10% increase, I can budget in a 15%. We have 38% increase. What do you do?” (Ithaca Small Business)

“I had insurance and I lost it because I couldn’t make the COBRA payment. It’s becoming overwhelming to the point where I don’t even want to pursue it anymore, I just want to try to stay healthy.” (Ithaca Resident)

“Our 2-person company has a value plan for health insurance and my particular plan is for myself and my daughter and my other employee has a family plan and we pay \$1300 a month. For a small 2-person business, that’s pretty much our biggest expense outside of salary. I don’t go to the doctor. I’m not sick that much, and for me to be paying over \$600 a month for something I never or rarely use is just, it’s almost crippling to a business of our size.” (Rochester Small Business)

“It’s a challenge trying to find [health insurance] that’s not equal or more than your house mortgage.” (Rochester Small Business)

* The cost of coverage is too high due to insurer profits and bureaucracy.

“Why is middle management at a health insurance company paid 30% more than middle management for anybody else?” (Buffalo Small Business)

“How much of that dollar actually goes toward providing me services when I need them. I don’t know, but I would imagine that it’s maybe 50 cents, or 60 cents, but a lot of money is being eaten up in just administrative costs that really don’t do anything for us, other than help people push papers to track all of this. (Buffalo Resident)

“If they cut the bureaucracy out. There are too much, too many steps. There’s costs each step that cost more money.” (Ithaca Small Business)

“It’s a for-profit system and every layer of the system...it’s a layered for-profit system, so every layer in the system is trying to make a profit. “ (Ithaca Small Business)

“In the for-profit insurance a lot of it goes toward administrative costs.” (Ithaca Resident)

“The thing that I like about it is, if you look at some of the people and we’re talking paperwork, if you look at the amount of money spent in the health care industry in this country for non-medical procedures...the processing of bills, the challenging claims, and you say, well gee, if you didn’t have to do all that, what could you do with all that money? Either you could use it to make people healthy or you could reduce the premiums that you collect from people.” (Rochester Resident)

* The cost of health care is too high due to drug costs, overuse of medications, malpractice costs, fraudulent claims.

“If there was some control on medical costs, pharmaceutical drugs for one...if there was a cap on that, there’s got to be some way to bring these policies down. I just think they’re way overpriced and prescription drugs are way overpriced, and that’s a big factor.” (Buffalo Resident)

“The drug companies, and that’s kind of another issue I have is the fact that they’re spending billions of dollars on advertising, pushing their drugs. I walk into a doctor’s office and I’m convinced by what I hear over the television that I have these symptoms, and I want a particular medication. Now I’m telling my doctor what medication I need. Now my doctor is put in the spot of, if he doesn’t give me that medication, somebody else will and he may lose a patient because he’s not giving me the medication that I’m demanding. So now, drugs have become resident-driven as opposed to driven from the medical profession, prescribed by doctors who might think twice before giving you that drug, but

now are all-too-willing to dispense it because they don't want to lose a patient, and that is just absolutely pointless."

"Keep the sue-happy America and keep the physicians' insurances down for unnecessary lawsuits."
(Buffalo Small Business)

"There are people who are making claims that shouldn't be made. We need to be able to police that better. That's driven things up. There's people that sue doctors for malpractice, and don't get me wrong there are legitimate malpractice suits, but a majority of them are not and that pushes insurance up which pushes the costs and the fees up which pushes everything else up." (Ithaca Small Business)

*The cost of insurance and health care are especially high for those in poor communities, where residents face geographically prejudicial pricing.

"Health care is a very, very heavy issue in Harlem. We seem to have much higher prices than everywhere else. We're not getting a lot of the things that other areas get with their insurance policies and we're being rejected by a lot of different doctors and different hospitals with the insurance that we can carry." (New York City Resident)

*Adequate care is very difficult to afford.

"I can't afford the kind of insurance that I feel is adequate for me and my family." (New York City Resident)

*The cost of health care is high because doctors order unnecessary tests to inflate their bottom line.

"I got a bill from the x-ray and I'm like, when did I have an x-ray? You think when did I have this? You call the doctor and they're saying, oh, when you needed it for this. But did I require it? That's the thing when you get those larger out of pocket deductibles because sometimes I believe that covers the expense of the frivolous tests that they take because you go to the doctor and they take all of these x-rays and CT scans and the insurance doesn't cover it. The insurance only covers if it's necessary. If it's necessary, if it's something that you have to have it, they cover it, but if you did not have to have it...if you go to the doctor and they review the medical records and you did not have to have it, you're getting the bill." (New York City Resident)

*The high and rising cost of health insurance is due largely to inflated pricing by caregivers themselves.

"Every year, it seems, costs for insurance go up, benefits decrease." (New York City Small Business)

"[There are] gray areas that doctors use to be able to get around rules and regulations that the insurance providers give them and end up charging more and more money for visits, for hospital stays, for -- I mean I stayed in the hospital for pneumonia for two days. Two days in a substandard room in North Shore and my bill came to \$12,000." (New York City Small Business)

ii) Adequacy of Coverage

For many upstate residents, the private and public insurance coverage they have is less than adequate, failing to cover essential tests, procedures and other care. They see this situation as having become

worse over the years. Also, Upstate residents mentioned significant difficulties in getting health insurance providers to pay what they viewed as legitimate claims.

Downstate resident participants covered by Medicaid and other public programs point to a marked gap in coverage and lower quality of care given to those using these programs.

*Coverage is shrinking and doesn't include essentials.

“The health insurance industry has kind of reined in the health providers to a certain extent. If you go to the hospital, you can't stay an extra day for anything. They're closing hospitals left and right because they're not using the beds because the health insurance carriers won't let you stay there. Everything is outpatient surgery, and they're actually sending women home after having babies the same day or the next day.” (Buffalo Small Business)

“[My husband] got food poisoning, he didn't know it was food poisoning, he was in his truck. He was throwing up, he had a high fever, he had the chills. He didn't know what else to do, so he went to the hospital and they said it was food poisoning. You know, he thought he was dying. Well, you know, we turned it into our insurance company and they wouldn't cover it because they said it wasn't life-threatening.” (Ithaca Resident)

“Various tests that people have that used to be covered by your policy are no longer covered by your policy.” (Rochester Small Business)

“I think when you're in a situation where you have to have repeated tests, you know something is happening, and you refuse those tests, and your doctors are saying you really need these...we have your baseline but we need to move you up. I think for what it costs for a blood test, I paid for it, and they found out that I had this disease, and that was let go. As far as the rest of the coverage, they covered everything else – they covered the radiation, they covered the surgeries, they've covered all of that. But had they covered this test, maybe I would have gotten it a little earlier and I wouldn't have had to go through so much.” (Rochester Resident)

*Coverage is often not adequate under Medicaid and other public programs, leading to inferior care.

“A lot of the places, they feel that if you have Medicaid, then they don't want to give you quality care in most instances. They don't give you quality care or they extend it, they extend your appointments further because you're only allowed a certain amount of visits. Whether it be medical emergency visits, per quarter...so now they're saying OK, if you're sick 10 times out of the 10 visits that we allow you for that quarter, they may either pay for it, or they may send you a bill for it. So it's to their discretion and I don't think that's fair because who knows when they're going to be sick?” (New York City Resident)

“Sometimes you're in the hospital and you're waiting for a long time because your insurance is not the best or you don't really have insurance. So it takes you a long time to get served when someone else can go to another area and you're served and you're getting great service.” (New York City Resident)

*Coverage is often not adequate under private insurers.

“Previously, I worked in corporate America for years...15 years, and corporate America had the best, the greatest insurance because you get good deals with the company you work for. I worked for an

investment firm, and they gave us great insurance. Coming out of that and now working into the regular work field, insurance that they're offering me now, I can't believe it. It's like you go to the hospital, there's 1000 people there. It's like you're not getting anything good, but you're paying way more money than you were paying when you were insured." (New York City Resident)

*Coverage doesn't include out-of-network specialists.

"The price of going out of network, if need be to go see a doctor that's not in network, is skyrocketing. The deductibles keep increasing. The cost of plans annually goes upward of 20 percent per year. They tend to try to force you to use bad doctors within their network only. It seems to be a trend in the insurance industry, but which no one I work with is too happy about." (New York City Small Business)

iii) Choice of Insurance Plans

Some upstate business owners remember when there was a larger selection of health insurance plans from which to choose, and note that the options have decreased in recent years.

Downstate residents point out that many plans only cover certain geographic areas, and are not available to all. Downstate employers shopping for affordable coverage for their employees report finding few options.

*Choice of plans is limited and decreasing.

"I have been doing this for a while and when we started doing this, there were a lot of companies in New York offering health care insurance. Guardian was here." (Ithaca Small Business)

"All of a sudden, as a culture, we've got these policies that are very comprehensive. I think there should be more choices from a pricing standpoint to be a little more...cover the catastrophic...I personally got into a Health Savings Account, and I have a single, it's a traditional major medical program for my wife. So we've mixed and matched, and they've kept our premiums down to the \$10,000 range per year. So I think that as a society, we become...it's grown that these policies are maybe too comprehensive. Rob, the attorney, had mentioned that his family is relatively healthy and he's taken a price point that I'll self-insure and we'll see if it's going to work out. I think we need to be a little more creative and have some more options available for that." (Buffalo Small Business)

*Choice of health insurance plans with adequate reimbursement rates is very limited. As a result, caregivers cannot be relied upon to continue to accept any given insurance.

"Sometimes the doctors may take that insurance at first and then 3-4 or 3-6 months later you go for the next visit and all of a sudden, they don't take that insurance anymore. But they don't inform you that they don't take your insurance, so therefore they're not giving you the option to say you know what? I don't have the money to pay this visit so my child cannot come to this visit because I don't have the money. They don't inform you." (New York City Resident)

"I find that with the health insurance, they don't pay the doctors and that's why they stop taking [a particular insurance]...It seems like there's a rift between actual doctors or hospitals getting their money from the insurance policy or from the insurance companies." (New York City Resident)

*Sometimes consumers have to travel out of their immediate area to get adequate quality care.

“A lot of people that I’ve spoken to go outside of their own community for health care because they get better health care in Long Island than you do in Queens and Brooklyn. Me? I go to Long Island Jewish, and I’ve been going there since I was a little girl. Why? Because they provide the best care and you know, the security of knowing that they’re going to do what they need to do and do it adequately” (New York City Resident)

*Choice of health insurance plans is limited.

“I have children and just like on the job, if they are in nonunion positions, health care -- choices are very limited. I would like to see those choices expanded.” (New York City Small Business)

“I know how difficult it can be to get health coverage because I have priced it out myself. There was a time when I was trying to get insurance for us and it ended up costing a lot of money and I didn't see too many different opportunities to get a lower price coverage.” (New York City Small Business)

* Insurance system is difficult to navigate and understand.

“The process is difficult and burdensome. My husband is a lawyer and works for the hospital and we still have trouble navigating these things. My background is finance, and I find the paperwork and how you pay and how you get reimbursed – it’s daunting for me. I look at people like my extremely ill mother-in-law and I think, how do they expect people to deal with the process? Even if their insurance coverage is adequate, sometimes the process is so daunting and so confusing, and it really upsets me.” (Rochester Resident)

iv) Quality of Care

Upstate participants find quality of care to be relatively poor, noting our nation compares unfavorably to others on this score. Downstate residents report having to travel outside their area to find high quality care.

*Quality of care is poor.

“It’s all paperwork now. It’s all the insurance. It’s not...the main concern is not the quality of care.” (Buffalo Resident)

“We provide health care for our employees but it’s getting to where the health care is so bad, and the cost is being put on to the employee, that it’s like a trickle-down effect where it doesn’t seem like it’s going to ever end.” (Buffalo Small Business)

“I don’t think by anyone’s standards we have the best health care as a country.” (Rochester Resident)

“I feel as though my quality of care isn’t in an exact ratio of the cost increase every year.” (Ithaca Resident)

*Sometimes consumers must travel to get adequate quality care.

v) *Pros and Cons of Employer-based, Market-Centered System*

Upstate residents said the employer-based insurance system unfairly discriminates against the unemployed. Upstate small business owners said the employer-based system puts them at a disadvantage vis-a-vis larger employers, and creates incentives for workers to stay in less productive jobs with insurance. They also mentioned the costs of searching for affordable coverage each year.

Downstate residents said the employer-based system prompts employers to avoid hiring full time employees. Downstate small business owners expressed support for the employer-based system but suggested tweaking incentives and regulating for greater pricing transparency to make the system work better.

*The employer-based system is arbitrary and unfair, puts small business at a disadvantage, and reduces productivity by adding incentives to stay in jobs with insurance.

“I have no insurance and I just hope nothing major is wrong or becomes wrong, but you know that it will at some point. I’m very conscious that preventative health care is the best way to stay healthy, and yet, without insurance and without much income, one doesn’t go to the doctor and have yearly physicals or whatever. I have had friends from Canada, and I have witnessed how easy health care is for them, and I’m very conscious of how unfair it is, who has health care here and who doesn’t. Who happens to have a job with health care, or happens to be married to someone with a job with health care. This kind of lucky circumstance – and the rest of us don’t have it.” (Ithaca Resident)

“To speak to that point, it’s really difficult to keep employees when you have larger organizations that offer tremendous benefit packages. We can be very comparable wage-wise, but when it comes to health benefits packages, it’s very difficult for small companies to compete.” (Ithaca Small Business)

“It shouldn’t be tied to employment. My daughter is married to a guy who has a job he hates. He hates to go to work. It’s a New York State job, he has two kids, one of them is asthmatic. He doesn’t dare quit. He’s been in there for 10 years, he hates it there.” (Ithaca Resident)

*In an employer-based system, employers tend to avoid having to cover employees by hiring part-time employees.

“I believe that the employers have to purchase for all employees, because in the southern states it’s not unusual like in Atlanta or in Florida, what these companies do to not give health insurance. They only hire people part-time. And it’s not unusual to see people with 2 or 3 jobs. They’re working themselves to death trying to get money to go to the doctor and stuff. I think that’s a crime. That’s criminal. I believe even if you’re a part-time worker you should have some form of health insurance or some kind of coverage. Maybe not like if they were full-time, but they should have at least the basic. It’s absolutely ridiculous to have to work 3 jobs just to afford some type of anything.” (New York City Resident)

*The employer-based system generally works, but places employers who provide coverage at a competitive disadvantage vis-a-vis employers who opt not to.

“I think we would like to see some sort of subsidized program that the government makes insurance mandatory for all employers. However, not all employers can afford that. So the government might have to subsidize those employers or the employees.” (New York City Small Business)

*The market-based system generally works, but suffers from a lack of incentives to cover employees and a lack of transparency in pricing.

“There should be governmental incentives [for employers] to get better coverage, basically split the difference with health care companies.” (New York City Small Business)

“Competition always brings out the best in everything, and if you allow that competition to open up with [more transparent] pricing. I think costs will ultimately get under control.” (New York City Small Business)

vi) Pros and Cons of Publicly Run System

While many upstate participants expressed very strong support for a single payer system, they also voiced concerns about mandates, worries about health-care rationing and long waits for care, and loss of choices of providers. Not all viewed Medicare as a successful program.

Downstate resident participants favored a publicly run system, but cautioned that caregiver acceptance would have to be enforced. Downstate small business owners were clear in their disapproval of a publicly run system, citing government inefficiency.

* Support for publicly run system as means assuring access to care:

“Because I really was interested in this back in the 90’s when the Clinton health plan was suggested. What was appalling, if you look at other countries like Germany, Sweden, any of the major ones, Canada, that have universal health care, you realize what a terrible spot we’re in. There are so many people that, even if they have limited coverage, because of their financial situation, do not go to the doctor until it’s almost too late. At the time they go there, they either wind up going to the emergency room and the, what do they call it, morbidity? I don’t know what they call it, but they’re so much sicker than if it had been nipped in the bud.” (Rochester resident)

*Concerns about a publicly run system include a strong fear of mandates, waiting in lines for care and loss of choice.

“When Hillary visited this years ago, I think it fell through because businesses didn’t want to be mandated by the government to have to carry health insurance because it could put them under, because they knew what the cost was.” (Buffalo Small Business)

“We lose individual choice. Although I might have the disposable income to afford it, if health care is not that important to me, or if I’m comfortable in providing my own health care to a great extent, should I have to pay for a policy I’m not going to use? Maybe when I was 20 years old I wanted to afford a boat rather than health care insurance.” (Rochester Small Business)

*Make sure all doctors accept the insurance and provide high quality care to all, and limit who is covered in order to control costs.

“You would have to make it mandatory to have the doctors and the hospitals and everything really step up to par and take care of the people at a certain time.” (New York City Resident)

“With illegal immigrants. OK, we all have a problem with them just coming ashore and reaping the benefits of this. We have people here that can’t even get the benefits, and yet some people...” (New York City Resident)

“It has to be cost-controlled because if it’s not cost-controlled, then people who get \$100,000 a year can probably get better care and get insurance and things like that. When you come to apply for your medical insurance, by the time you fill it out they will automatically calculate and tell you whether you’re eligible or not, so there definitely needs to be a cost-control.” (New York City Resident)

*A publicly run system is a bad idea due to historically incompetent government administration.

“When the government runs something, they are not usually that efficient.” (New York City Small Business)

3) Responses to Specific Proposals

What are participants’ views about the general concept of universal health care insurance, in particular the following 6 specific approaches that could be implemented to increase the number of covered individuals in New York State: 1) the individual mandate; 2) incremental expansion of existing public programs alone; 3) shared responsibility (individual mandate + incremental expansion + employer mandate); 4) the employer mandate; 5) the high deductible plan; and 6) a single payer system.

1. The general concept of **universal health care insurance** was defined for focus group participants as simply providing everyone with health care insurance. This evoked varying degrees of support among focus group participants. Most support access to care for all, but suggested limitations on the types of care covered in order to control costs. Concerns include loss of choice, rationing and long waiting lines for care, losing high quality providers and becoming a magnet for the uninsured.

2. The **individual mandate** was defined as a requirement that all individuals have health care insurance coverage, even those who would choose to not have it. Those who could afford it would be required to pay for it, regardless of employment status. There would be a fine imposed on those who did not obtain health insurance. Participants strongly oppose this proposed policy as restricting freedom of choice and failing to solve affordability issues. However, a few support it as a way of controlling costs.

3. **Incremental expansion** was defined as expanding existing public health insurance programs such as Family Health Plus by increasing income eligibility limits. Varying degrees of expansion were proposed, including 250% of the federal poverty level (FPL), 400% of FPL and universal expansion. Participants favor increased coverage for the poor in varying degrees, but have concerns about effects on their taxes without the return of a personal benefit. They regard this as a band-aid approach that fails to address the rising costs of health care and insurance.

4. The **shared responsibility** model was defined as a combination of three reform components: a) increasing income eligibility limits for public insurance programs such as Family Health Plus (incremental expansion); b) making it mandatory that employers purchase it on behalf of all their employees (employer mandate); and c) requiring that every individual have health insurance (individual mandate). Participants express support for different components of this approach, but reject

the package as falling short of a comprehensive solution. They see it as a windfall for insurers without any increase in accountability for cost control or quality.

5. The **employer mandate** was defined as a requirement that employers with over 10 employees provide health insurance for all employees. There would be a fine for employers who chose not to provide health insurance of a certain minimum standard. Many participants thought employers would simply find ways to circumvent the law. Notably, the New York City small business owner participants express support for the employer mandate, but suggested the requirement be tied to the amount of profits rather than the number of employees.

6. The **high deductible** plan was defined as one which offers lower monthly premiums than traditional plans in return for larger out-of-pocket deductibles before insurance begins. This model wins acceptance among participants, but only if presented as an option on a wider menu. Participants view high deductible plans as discouraging the use of important routine, preventive health care.

7. The **single payer** model was defined as a government-run taxpayer-funded insurance plan like Medicare for everyone. With the notable exception of New York City small business owners, who prefer to tweak the current employer-based system, most focus group participants showed surprisingly strong support for the idea of a single payer system that is not tied to employment. At the same time, they express concerns about the ability of government administration to run an efficient system and worries about decreased access to providers, lower quality of care, gaps in coverage, and increased taxes. They ask what policy makers might do to work out these issues.

Table II summarizes findings of participant responses.

Table II: Responses to Specific Proposals, by Focus Group

	ITHACA Consumer	Business	ROCHESTER Consumer	Business	BUFFALO Consumer	Business	NEW YORK Consumer	Business
Universal health care	Strongly support	Support	Support	Support	Strongly support	Strongly support	Support	Support
Employer Mandate	Support	Somewhat oppose	Somewhat oppose	Somewhat oppose	Neutral/mixed	Somewhat oppose	Support	Strongly support
High Deductible	Somewhat oppose	Support	Support	Support	Support	Neutral	Strongly oppose	Support
Incremental Expansion	Support	Neutral/mixed	Neutral/mixed	Neutral/mixed	Support	Neutral/mixed	Support	Support
Individual Mandate	Somewhat oppose	Strongly oppose	Neutral/mixed	Strongly oppose	Somewhat oppose	Somewhat oppose	Somewhat oppose	Support
Shared Responsibility	Strongly oppose	Strongly oppose	Support	Strongly oppose	Neutral/mixed	Neutral/mixed	Support	Strongly support
Single Payer	Strongly support	Support	Neutral/mixed	Neutral/mixed	Support	Support	Support	Somewhat oppose

A more detailed summary of responses to each reform proposal by focus groups with illustrative comments follows.

a) Universal Health care Insurance

The Ithaca Resident group strongly supported universal health care. They described it as benefiting both individuals society as a whole. They spoke of access to health care as a basic human right.

The Ithaca Small Business group supported universal health care, but would limit access to basic coverage. They argued for eliminating insurance company involvement and strictly controlling costs by limiting the scope of coverage.

The Rochester Resident group supported the concept of universal health care, but some members suggested excluding illegal immigrants and the unemployed.

The Rochester Small Business group supported universal access but insisted having health care insurance should not be mandated.

The Buffalo Resident group strongly supported universal health care, framing the issue in terms of equity, with a parallel to basic public education.

The Buffalo Small Business group strongly supported universal health care as a means to eliminate the higher health care prices charged to the uninsured and to expand access to care beyond minimal emergency services.

The New York City Resident group supported universal health care, arguing that it is important for people to know they will get care, regardless of income. They cautioned, however, that in implementing it, the state must be sure that all providers will accept a state-provided insurance, so that residents of all areas of the state benefit equally.

The New York City Small Business group supported universal health care but suggested more research is needed to see how other countries have accomplished it. They noted that taxpayers pay for the costs of care for the uninsured already, so universal health care might simply streamline the process.

Comments on universal health care:

(This is) one of the most progressive nations on earth. Every one of our people should have access to health care. (Buffalo resident)

Everyone should have an opportunity to have health care insurance. I don't know why anybody wouldn't want to have it, but I think the opportunity has to be there for anyone to choose to have it. (Rochester business owner)

Let's say at some point society pays the bill anyway, whether the person has insurance or does not have it, we're picking it up. To my knowledge, nobody in America goes without health care if they need it. (Buffalo business owner)

We are paying for it anyway, so why not make it a cleaner system, which may have more transparency and more price regulation. (New York City business owner)

The problem is where is the money going to come from? who is going to pay for it? We are, obviously, but... (New York City business owner)

b) Individual Mandate

The Ithaca Resident group rejected the individual mandate as an imposition on residents that would not achieve a much-needed overhaul of the current, for-profit insurance system. They thought it might work if run by the government, but noted the young and healthy might not want to buy coverage.

The Ithaca Small Business group strongly opposed the individual mandate on principal. They expressed concern that it might not be affordable for all and preferred to reserve the freedom to choose not to be covered.

The Rochester Resident group viewed the individual mandate as a way to encourage those without insurance to get it, but were hesitant to endorse a mandate without specifying what is “affordable” for residents.

The Rochester Small Business group opposed the individual mandate as undermining the right to choose coverage options. They foresaw that individuals would find ways to circumvent the rules.

The Buffalo Resident group opposed the individual mandate, citing concerns about the specification of “affordable” for residents to bear the cost. They thought the individual mandate might be good for all of society if everyone were insured and it was government run.

The Buffalo Small Business group opposed the individual mandate, but acknowledged it might benefit society. They urged that it be tied cost controls and expressed concern about its enforceability.

The New York City Resident group opposed the individual mandate, especially the idea of fines for non-compliance. They pointed out that providers might need to be encouraged to accept the insurance plans offered in particular regions.

The New York City Small Business group supported the individual mandate. They felt it would push extra business to insurers, but would be acceptable if tied to price controls.

Comments on the individual mandate:

I don't like it. I don't like the government telling us what we have to do. If people choose not to have it, then that's their choice. I think everyone would want to have it, but to have a mandate from the government say you have to do this, I couldn't buy into that. (Buffalo resident)

I would not want to be required to buy a for-profit insurance, ever. To require everyone to buy a for-profit insurance, a lot of money is lost on administrative costs and so on. It's a very bad idea. (Ithaca resident)

Who's deciding if I can afford it? Is it based upon what someone thinks my household income is, regardless of what my other expenses might be? So, I think that would be a sticking point for me. I need to see a clear definition of “afford it.”(Rochester business owner)

There's got to be a way for everybody (to have insurance) because when somebody ends up severely injured or sick, who absorbs, who has to pay for that? It ends up being the taxpayers, people who work for a living. (Buffalo resident)

I guess its good because it's asking you to be covered. You're going to actually be covered, so some of those problems that we're having now will be eliminated because you do have coverage. (Rochester resident)

c) Incremental Expansion

The Ithaca Resident group saw incremental expansion as acceptable, but had reservations. They viewed expansions of public coverage (and tax increases) as hard to justify given their own difficulties in affording unsubsidized coverage. They said resource and asset requirements as well as income limits for publicly-run programs should be changed to include more people.

The Ithaca Small Business group made a neutral response to incremental expansion. They viewed it as modifying the system without making it easier to navigate. They pointed out that any expansion of income eligibility levels should take into consideration the cost of living in different areas of the state.

The Rochester Resident group found incremental expansion to be controversial. They thought it would increase their own tax liability without providing a benefit to them personally. They were wary of a net negative impact on them due to increased taxes.

The Rochester Small Business group had a mixed reaction to incremental expansion. They thought it would succeed in covering more people but would increase the tax burden, making them less able to afford their own coverage.

The Buffalo Resident group mostly supported incremental expansion, but noted it does not address high health insurance costs or the difficulties of navigating an unduly complex system. They supported adding age limits and other limitations to be eligible for public coverage.

The Buffalo Small Business group described incremental expansion as a temporary fix that doesn't address high costs of health insurance or inequities in access to coverage.

The New York City Resident group supported incremental expansion as helping those with marginal incomes and catastrophic illnesses, and suggested increases in income eligibility limits take into consideration regional variations in the cost of living.

The New York City Small Business group supported incremental expansion but expressed concern that it would increase taxes and still not reach those who choose not to enroll. They recognized it would increase their taxes but expressed the belief that covering more people would have long-term benefits.

Comments on incremental expansion:

You'd be a monster if you said, oh, I think it's terrible that they should expand programs to cover more people. Yeah, they should, but...the government runs at a deficit as it is...In a situation like this more people are going to get health care, but I'm still going to be paying the same price for my health care

plan, because I probably won't be able to get into one of these. My taxes are going to go up to cover the cost of those that are getting in it, so my situation actually gets worse.(Rochester business owner)

It's too much government, and too many programs, too much administration, too expensive. There needs to be one program. It's got to be federal, and its got to be across all the states.(Buffalo business owner)

I would like to have that stuff expanded, but actually, I feel like it's a band-aid approach. I think the real issue is that there's a huge bureaucracy surrounding it and it needs to be simplified... (Ithaca business owner)

I think it's a reasonable proposition. I think it could help. I mean,, certainly it's a beginning. I still don't like the general system, and I still think somehow or another, the government should be able to come up with something better...(Buffalo resident)

d) Shared Responsibility

The Ithaca Resident group opposed shared responsibility as allowing insurance companies to remain in control. They argued it would not control costs, but would increase profits of insurance companies.

The Ithaca Small Business group opposed shared responsibility as putting businesses at a competitive disadvantage vis-a-vis businesses in other states.

The Rochester Resident group regarded shared responsibility as improving the health and productivity of the workforce, but had reservations about potential inequities, for example in non-coverage of part-time workers.

The Rochester Small Business group opposed shared responsibility as failing to control costs and imposing a burden on those with spousal coverage or other employment who might not want insurance.

The Buffalo Resident group had mixed reactions to shared responsibility. They viewed encouraging employer support as positive, but felt the bottom line of small businesses would suffer.

The Buffalo Small Business group had mixed reactions to shared responsibility. They thought it might hurt small businesses and reduce employees' net pay. They argued it does not control costs, and fails to provide an employment incentive for the unemployed.

The New York City Resident group viewed shared responsibility as a good approach, arguing it would ensure a certain standard level of quality coverage. They specified that if implemented, it should cover part-timers and ensure portability so insurance doesn't control the flow of workers into jobs.

The New York City Small Business group had a positive reaction to incremental expansion. They argued that fraud might diminish because everyone would have a stake in the outcome.

Comments on shared responsibility:

I don't like it. If (small businesses) were mandated to have it, they'd be out of business and then the employee would not have a job. (Buffalo)

It doesn't address how insurance companies would run or what they're charging. This goes back to, it's your responsibility to be insured, but we're not going to reform private insurance. Something is broken here and that doesn't solve it. (Ithaca consumer)

I'm all for your employers taking care and helping you with insurance, but I think that would kill small businesses and some start-ups. (Buffalo Consumer)

Responsibility like this would just add another tax or financial pressure to us, especially a small business. We're already burdened with enough taxes. (Ithaca business owner)

As a business owner that appeals to me a little bit more. It shares responsibility so there is less abuse in the system, I guess. You know, it's on both parties, so everybody is feeling it. (New York City business owner)

e) Employer Mandate

The Ithaca Consumer group supported the employer mandate model with reservations, expressing concerns about the cost being passed on to the consumer. They thought it might work for large businesses but hurt small businesses.

The Ithaca Small Business group opposed the employer mandate, saying it increases financial burdens on small business and puts them at a disadvantage vis-a-vis larger competitors. They suggested small businesses would find ways to circumvent the rules to avoid having to provide coverage, such as hiring part-time employees and reducing the number of employees.

The Rochester Resident group opposed the employer mandate as adverse to small business to the degree that it would prompt them to leave the state. They objected to increasing the regulatory burden on small businesses without simultaneously reducing insurance company prices.

The Rochester Small Business group opposed the employer mandate as a disincentive to firm start-ups and detrimental to the small business' bottom lines. They expressed particular concerns about having different rules for different sized businesses and different kinds of employees within firms (full-time, part-time, temporary.)

The Buffalo Resident group opposed the employer mandate as potentially harmful to small businesses while failing to address the cost of health care.

The Buffalo Small Business group opposed the employer mandate. They argued it does not address the high cost of health insurance. They also argued it would unfairly advantage some businesses, since some could exploit loopholes whereas others might be forced to go out of business.

The New York City Resident group supported the employer mandate as a way to a healthier workforce and increased productivity. They conceded it might prevent a business from growing, but thought the overall effect on most firms would be favorable.

The New York City Small Business group strongly supported the employer mandate, but thought it should be tied to the profit status and the amount of profits rather than the number of employees.

Comments on employer mandate:

I just see this as a disincentive to grow your business.(Rochester business owner)

I think it'll just encourage more employers to be more creative. They'll split a company into two smaller LLC's to get below the limit. Or you start doing contract labor. We use temporary help through a temporary agency, so they're responsible...(Rochester business owner)

You're kidding yourselves if you think the employers are going to absorb these costs, because they're not. They just pass it on. (Ithaca Resident)

That's fine with me. It also makes the employer know that if their employees are sick they can go to the doctor and come back right to work. It only helps them. (New York City resident)

If you restrict it to numbers of employees, you don't do anything to level the playing field between profit and non-profit. I think that's good, but it should be tied to how much these companies are making. (New York City business owner)

f) High Deductible

The Ithaca Resident group opposed the high deductible as discouraging use of routine, preventive care.

The Ithaca Small Business group reluctantly supported the high deductible, but noted it passes on costs to the employee. They suggested it might work with a Health Savings Account (HSA), but concluded it will not help to keep a workforce healthy, a priority for business owners.

The Rochester Resident group supported offering the high deductible as a resident option, but insisted it should not be mandated. They regarded it as a worthwhile choice, particularly for those who are generally healthy.

The Rochester Small Business group supported making the high deductible an option, noting it is useful for those not needing intensive medical services.

The Buffalo Resident group supported the high deductible as lowering upfront resident costs, but only in combination with an HSA. They cautioned this form fails to address preventive care or lower insurance costs.

The Buffalo Small Business group supported the high deductible so long as it is not mandated. Some said they use this option but prefer not to use it for low paid employees. They viewed it as useful for people with more wealth, catastrophic illnesses, or with a Health Savings Accounts.

The New York City Resident group unanimously opposed the high deductible, saying it effectively precludes making use of one's insurance.

The New York City Small Business group viewed the high deductible as an acceptable option.

Comments on high deductible:

I don't like it, but that's where I am going. It's not going to be acceptable to my employee because they don't have the cushion to deal with it. So I'm paying peanuts and praying that nothing happens.(Buffalo business owner)

It kills us to have to do that because it's money out of our employees' pockets and they have to do this, but you look at it and you just don't know any other way to do it. We can't afford (the higher premium) for families. (Ithaca business owner)

What this does, is it makes people think twice about going to the doctor. They're not going to run for every little thing. They're going to sit there and think, okay, am I sick enough to go to the doctor? And there are pros and cons to that, but you don't want people to be in a situation when they are really sick and because of this health insurance, they're putting it off. (Ithaca business owner)

I see this in my auto insurance. When times get tough I raise my deductible, and it's a trade-off. It's going to cost less but I'm taking a bigger risk. (Ithaca resident)

...it's great for the catastrophic; not so good for the preventative (New York City business owner)

If I get sick, I can't use the insurance because I have to pay twice as much out of pocket. Nobody wants that. (New York City resident)

g) Single Payer

The Ithaca Resident group strongly supported single payer. They argued under this model, care is affordable and fairly distributed, since it is not tied to employment. However, they expressed concerns about longer wait times. Some member expressed concern about trying to transition too quickly from the old infrastructure to new system.

The Ithaca Small Business group supported single payer but with reservations. They expressed concerns about gaps in coverage and administrative inefficiencies under a government-run system.

The Rochester Resident group expressed skepticism about single payer. They conceded that simplifying the system might generate efficiencies, but felt uncertain whether Medicare was a good model to follow, citing gaps in coverage and the need for additional optional coverage under this system.

The Rochester Small Business group voiced uncertainty about single payer, citing a lack of knowledge about Medicare and concerns about increased taxes, lower quality care, and unanticipated difficulties.

The Buffalo Resident group supported single payer with reservations. They thought it would extend coverage to more people and reduce costs, but cited concerns about inferior quality of care and coverage gaps in the current Medicare system.

The Buffalo Small Business group weakly supported single payer, saying a new system is needed but might not be the ideal answer. They expressed doubt about the government's ability to efficiently run a health care insurance system.

The New York City Resident group reluctantly supported single payer, but seemed unfamiliar with the model, and unaware of the need to ensure quality of care. They thought it might cause tax increases, and urged limitations on eligibility to control costs.

The New York City Small Business group expressed a general hesitancy about single payer, citing concerns about the general administrative inefficiencies of government. They thought taxes would increase and saw a need to rein in rising health care costs.

Comments on single payer:

To me it just means that I don't have to be afraid of getting hurt and going to the hospital. I don't have to take certain jobs because some of my options have been cut in half because I don't have insurance. To me it just means that I can be more productive in society. (Ithaca resident)

It makes it easier for people to make the choice of working full time, switching jobs, working part time, being a student, opening their own business. You have so much more freedom. It's crazy to have it tied to jobs. And to have a for-profit insurance is crazy. (Rochester resident)

I think single payer will eliminate costs, which is eating us up. You know, that's one thing that it will benefit overall, is the bottom line. (Ithaca business owner)

If you look at the amount of money spent in the health care industry in this country for non-medical procedures – the processing of bills, the challenging claims – and you say, well gee, if you didn't have to do all that, what would you do with all the money? Either you could use it to make people healthy or you could reduce the premiums you collect from people. (Rochester resident)

A single-payer system isn't a great system, but we have a moral obligation to people to have health care. (Buffalo business owner)

My only issue is when the government runs something, they are not usually that efficient. (New York City business owner)

I just want to comment on the universal health care sponsored by the government. I think we're going to end up there, and I honestly believe it's a good idea, but as a taxpayer, it scares me to death that the government would cost-effectively run anything, because they haven't proven in the past that they can. (Buffalo business owner)

Quality is a big issue. People tend to think that it may lead to lower quality health care. (Buffalo resident)

It sounds excellent, but you have to look and see what you're going to be getting out of that program. What is being provided, coverage, as well as is it going to be mandatory for all doctors to accept this? (New York City resident)

4) New Ideas for Reform

In the course of focus group discussions, participants offered a number of ideas for reform of the health insurance system and address health care costs.

Major sub-themes include:

- Ways to control health care and insurance prices
- How to pay for extending coverage to more people
- Ways to lower health care costs

a) Ways to control health care and insurance prices

1. Allow small business owners to pool into a large group so they can obtain better rates and choices. (Ithaca Small Business)
2. Allow uninsured people to be considered one pool so they can negotiate for lower prices. (Ithaca Resident)
3. Regulate what caregivers and insurers can charge
 - a. Reduce provider fraud by charging the State Insurance Department increased auditing functions and through a public education campaign to alert residents to be on the lookout for health care price inflation. (New York City Small Business)
 - b. Demand price controls on health care insurance in exchange for increased profits to insurers due to health care insurance mandates. (New York City Small Business)
 - c. Regulate the prices health care providers can charge by setting a cap on the prices of different procedures. Index prices by the cost of living in different geographic regions. (New York City Small Business)
4. Require health care providers to disclose prices so that residents can compare. (New York City Small Business)
5. Set up a tiered rating system to help residents shop for plans with best prescription coverage. (Buffalo Small Business)

b) How to pay for extending coverage to more people

1. Increase employer contributions through incentives
 - a. Allow employers to set up flex plans for employees for free. (Buffalo Resident)
 - b. Provide generous tax credits to small businesses and individuals who buy health insurance coverage. (Rochester Resident)
 - c. Require all firms with annual profit in excess of some minimum, (not based on the number of employees) to provide coverage for their employees. (New York City Small Business)
 - d. Require that all employers offer HSAs to employees. (Ithaca Small Business)

2. Naturalize illegal immigrants so they become taxpayers and contribute to paying for health care. (New York City Resident)

3. Use private profits to help fund universal coverage

a. Publicize hospital and health care center profits and require that they dedicate a portion of their profits toward expanding coverage of the uninsured. (New York City Small Business)

b. Help fund coverage for the uninsured through “sin taxes”--additional taxes on corporations which help generate health risks, such as tobacco and alcohol companies and companies responsible for dumping pollution into the environment. (New York City Small Business)

3. Raise the minimum wage so people can afford health care coverage. (Buffalo Resident)

c) Ways to lower health care costs

Open ended discussion of participants’ own ideas for possible reforms (B4c) drew on topic areas summarized in Table III.

Table III (for B4c): New Reform Ideas

Sub-Theme	Sub-Sub Theme
Ways to control health care and insurance prices	*Regulate prices *Increase pooling
How to pay for extending coverage to more people	*Tax provider profits *Employer incentives *Sin taxes
Ways to lower health care costs	*Public awareness of preventive health care *Use of less expensive care

A brief summary of major ideas that came up in focus group discussions of these topics is as follows:

1. Educate the public about preventive health and seeking health care when needed, using public service announcements. (New York City Small Business)

2. Provide incentives for health

a. Provide incentives to individuals who keep themselves healthy. (Buffalo Small Business)

b. Provide incentives to providers for successful health outcomes. (Rochester Resident)

3. Build and fund more clinics so people can use clinics more, emergency rooms less. (Ithaca Resident, Rochester Resident, New York City Resident)

Additional ideas which arose in discussions included:

- Set up single payer like a utility—run by a private company heavily regulated. (Ithaca Small Business)
- Offer a state-run health plan for everyone, as an option, to see how it competes. (Ithaca Small Business)
- Allow young adults just leaving college to stay on parents' plans until age 26. (Buffalo Resident)
- Set up a regional ombudsman to work with the state on tailoring solutions to the varying needs of different parts of the state. (New York City Resident)
- Provide more education to students as part of high school or college curriculum about health insurance and how to navigate the health insurance system. (Buffalo Resident)

I don't know anything about deductibles. All I know is about my car insurance. So for a 22-year-old, I think that politicians need to know that I don't even understand that, and I should know this. They need to address this in college, or they need to give a class in high school about all this stuff because I got out of college and my mom is like, oh, what's your deductible? I'm like mom, I don't even know what that is. I didn't even know what COBRA was until January. Until this past January.

I think they should get some money from somewhere, put a grant program out there for New York State high school students to learn about all the different things in health class about insurance and things that you really need to know when you get out of high school. (Buffalo resident)

C) Discussion

Findings from the eight focus groups described in this report capture views of New York residents and small business owners on the current health system and a selection of insurance reforms proposals along with participants' own ideas for reform.

- The consensus among the participants in these discussions is that the health care insurance system in New York State is in need of substantial change.
- In particular, focus group participants called for more affordable, higher quality and more fairly distributed health care, and there was substantial support for the goal of universal coverage.
- Participants varied in their views of the causes of high cost, inefficiency and inequity in the health care insurance system, and in their willingness to trust government to manage a solution.
- There was support for a range of possible reform options, including a shared responsibility model, high deductible plans and single payer. However, there was a more mixed reception to proposals for mandates, especially at the individual level.
- Focus group members showed an awareness of the complexity of options and saw value in drawing on lessons from other states as well as internationally, while taking into account special features of New York State. Value was seen in greater education of New Yorkers about health reform issues.

Exhibit 1: FOCUS GROUP RECRUITMENT TECHNICAL DISCUSSION

Eight different focus groups were conducted in pairs, one representing New York State residents, and one representing small business owners. There were four focus groups for each pair, two in Buffalo, two in Rochester, two in Ithaca, and two in downstate New York. The resident focus group took place in Jamaica (Queens) and the business owner focus group was held in Brooklyn.

Recruitment of focus group participants targeted having six to eight participants for each group. Actual participation was less in some groups because of cancellations, no-shows, etc. Participants were solicited through various known contacts in each of the areas and methods of recruitment included solicitation via newspaper articles, email distribution, personal word-of-mouth contact, and bulletin announcements.

All potential participants were screened via telephone to ensure that they were representative of the study requirements for focus group participation. Demographic and contact information was also obtained at this time. Participants were notified of their selection for inclusion into the study about one week before the focus group and, in an attempt to minimize non-participation, a reminder phone call was made the day before the meeting. Honorariums were distributed at the conclusion of the focus group discussion.

All residents of New York State greater than 18 years of age were invited to participate as long as a family member or another member of the household was not already participating. Criteria for inclusion into the focus groups were relatively relaxed, however there was an intention to exclude those who had ties to the health care industry, the health insurance industry, or those with political ties or interests in this particular issue. To be representative of small business, owners needed to employ between 2 and 25 people. Some expressed the number of employees as a range because of part-timers and seasonal fluctuations.

Resident focus groups:

Ithaca – This focus group had 8 participants, 7 female and 1 male. They ranged in age from 32 to 78 years and the average age was 48 years. Five participants were employed part-time, 1 full time, 1 unemployed, and 1 retired. Three participants were uninsured and of the five with insurance, one had Medicare, one was self-insured and the remainder carried employer-sponsored insurance. An honorarium of \$40 was provided to each participant.

Buffalo – There were eight participants from the Buffalo focus group, 5 females and 3 males. Their age range was 32 to 64 years, with an average age of 46.8 years. Four participants worked full time, 2 worked part-time, and 2 were unemployed. One person was self-insured, 4 had employer-sponsored insurance, and 3 carried government-sponsored health insurance. An honorarium of \$100 was provided to each participant.

Rochester – Eight people participated in this focus group, 6 females and 2 males. The average age was 50.5 years and the age range was 23 to 70 years. One person was retired, two unemployed, 3 worked full-time and two worked part-time. Five people carried employer-sponsored health insurance and 3 people had government-sponsored health insurance. An honorarium of \$40 was provided to each participant.

New York City (Jamaica) – Five people participated in this focus group discussion. Four were female and one was male. The age range was 26 to 50 years, with an average age of 41.4 years. One participant was unemployed and the other 4 were employed full-time. One participant was uninsured, two had employer-sponsored insurance, and two had government-sponsored insurance. An honorarium of \$100 was provided to each participant.

Business owner focus groups-

Ithaca – There were six people who participated in this focus group, 3 males and 3 females. Ages ranged from 26 to 54 years with an average age of 41.2 years. Four business owners provided insurance for their employees while 2 did not. Businesses represented included farming, research, technology, and manufacturing. An honorarium of \$100 was provided to each participant.

Buffalo – Seven people participated in this discussion group, only one of which was female. The average age was 47.9 years and the age range was 38 to 52 years. Three businesses provide health care insurance and one business did not provide insurance but provided funds so that the employer could purchase health insurance independently. The remaining three business owners expressed that they did not provide health insurance because it was available to all of their employees through the employment of their spouses. Businesses represented included retail, professional services, and transportation. An honorarium of \$100 was provided to each participant.

Rochester – This focus group had five participants, 3 were male and 2 were female. They ranged in age from 37 to 60 years and had an average age of 47 years. One business did not offer health insurance to its employees while three did offer coverage. The remaining business had many part-time and seasonal employees and offered health care insurance only to its 7 full-time permanent employees. Three businesses were involved in marketing, one in agriculture, and one in educational services. An honorarium of \$100 was provided to each participant.

New York City (Brooklyn) – Seven participants took part in this focus group, four males and three females. The average age was 41.6 years and the age range was 27 to 55 years. Four business owners provided health insurance coverage for their employees and three did not. Two businesses provided professional services, one was a retail business, two were involved in real estate and two businesses were in the arts. An honorarium of \$200 was provided to each participant.

Exhibit 2: Recruiting Poster Example



Cornell University
College of Human Ecology



**Do you own a small business?
Are you interested in healthcare insurance reform?
If so,
PARTICIPATE IN A FOCUS GROUP
on
HEALTHCARE INSURANCE REFORM IN NEW
YORK STATE**

**PARTICIPANTS WILL RECEIVE \$100
BREAKFAST WILL BE PROVIDED**

Date and time: Friday, April 25, 8:30 a.m. – 10:30 a.m.

Location: First Presbyterian Church, 89-60 164th St., Jamaica

Group size is limited and you **MUST** be registered in advance in order to participate

If you own a business with 25 or fewer employees, and are interested in healthcare insurance reform, call now to sign up!

Call **Bob** toll-free at **1(866) 571-3712** (email rdh38@cornell.edu)

All participation is strictly confidential.

Exhibit 3: BUSINESS REGISTRANT SCREENING CRITERIA

INTRODUCTION

Hello, I am _____.

By research protocol, I need to read something to you first, and then ask you several questions as part of our screening process. You should feel free to stop me at any point along the way if you have any questions. After the screening process, your name and information will go into a pool of potential participants from which the researchers will choose who they would like to have attend. This selection process is to ensure that there is a uniform mix of people participating on the study.

Shall we start?

I represent researchers at Cornell University who are doing a study about healthcare insurance. We are researching people's healthcare insurance coverage and may be able to suggest some changes to government leaders as a result of our studies. We are asking you to join the group because you have expressed an interest in sharing your opinions about this topic and because we feel that you may have some important points to offer. There will be about 6-8 people in this discussion group, people very similar to yourself. We will have some light refreshments on hand for your enjoyment and will be offering an honorarium at the conclusion of the focus group. Should you decide to participate in this focus group discussion, your commitment is very important to us and your attendance will be expected.

Do you have any questions to this point?

ASK:

Are you a small business owner?

Yes, for small business focus group

Yes, How many people do you employ?

3-25, may be included in the group – refer to the *Business* focus group recruitment questionnaire

1 person, exclude

2 people, continue to screen, may include or exclude, check with team

>25,

exclude

No, refer to the *Consumer* focus group recruitment questionnaire

BUSINESS

What is the name of your business? _____

What kind of a business do you own?

_____ retail

_____ restaurant

_____ service

_____ manufacturer

_____ healthcare (exclude)

_____ other _____

Can you describe a bit for me what it is that you do? _____

In one or two sentences, can you describe what type of people it is that you employ?

Summarize _____

Record number of employees : _____

Do you offer healthcare insurance to your employees?

_____ no

_____ yes; Describe the type of coverage: _____

What share do you pay and what share does the employee pay? _____

What is your age?

<18, exclude

>18, record _____

Is your business part of the healthcare industry?

Yes, exclude

Is your business involved with the insurance industry?

if yes – are you involved in healthcare insurance?

if currently or actively yes - exclude

Does your business involve lobbying the state on healthcare issues?

Yes, exclude

Do you belong to a professional organization that has lobbied the state on healthcare issues?

if yes, - Have you been actively involved in that lobbying?

if yes - exclude

Are you a resident of New York State?

No, exclude

We can only have one member of a household participate in our studies. Do you know if another member of your household will be participating in one of our focus groups?

Yes - exclude

Are you related to any other participants of our focus groups that you know of?

Yes - exclude

The focus group is scheduled for a 2 hour period. The discussion itself will last at least 90 minutes. Are you able to sit quietly, be interested, and interact in a discussion for a minimum of 90 minutes?

No - exclude

Must be available on <Date> and <Time>

Do you have reliable transportation to get you to and from the meeting place?

Do you know where we will be meeting?

<re-affirm the location>

Directions will be included in the confirmation letter

OBTAIN:

First and Last Name

Address

Phone

email

(to send a follow-up confirmation letter and to make a reminder phone call. Also, in case of cancellation or change of plans – and for financial records of honorarium)

Do you have any questions of me?

TELL THEM TO:

At this point I need to reinforce that in order to receive the honorarium you must be present at the meeting place, on time, and stay for the entire duration of the discussion group. The actual discussion will last about 90 minutes but about 2 hours of time will be required for the entire focus group study

If you have been selected for participation in the focus group I will send you a letter which provides some background information and the details of the meeting.

If for some reason the researchers do not select you to participate in the study, I will call you or e-mail you as soon as possible so that you may free up the time on your calendar.

We are, however, asking you to reserve this time period on your calendar as of now.

If you have any questions, concerns, changes of plans, or need to cancel for any reason, please call us at 866-571-3712, or contact

Bob Harris
607-254-5282
rdh38@cornell.edu

Carrie Ost
607-255-2577
cmo64@cornell.edu

I want to be sure that I have covered everything. Do you have any other questions?

FOLLOW - UP

Send a confirmation letter with highlights of meeting information after all of the participants have been selected. Postal mail is preferred but email is acceptable if time is an issue.

Make a phone call 24-48 hours in advance of the focus group meeting to remind people of the meeting.

Exhibit 4: CONSUMER REGISTRANT SCREENING CRITERIA

INTRODUCTION

Hello, I am _____.

By research protocol, I need to read something to you first, and then ask you several questions as part of our screening process. You should feel free to stop me at any point along the way if you have any questions. After the screening process, your name and information will go into a pool of potential participants from which the researchers will choose who they would like to have attend. This selection process is to ensure that there is a uniform mix of people participating on the study.

Shall we start?

I represent researchers at Cornell University who are doing a study about healthcare insurance. We are researching people's healthcare insurance coverage and may be able to suggest some changes to government leaders as a result of our studies. We are asking you to join the group because you have expressed an interest in sharing your opinions about this topic and because we feel that you may have some important points to offer. There will be about 6-8 people in this discussion group, people very similar to yourself. We will have some light refreshments on hand for your enjoyment and will be offering an honorarium at the conclusion of the focus group. Should you decide to participate in this focus group discussion, your commitment is very important to us and your attendance will be expected.

Do you have any questions to this point?

ASK:

Are you a small business owner?

Yes, for small business focus group

Yes, How many people do you employ?

3-25, may be included in the group – refer to the *Business* focus group recruitment questionnaire

1 person, exclude

2 people, continue to screen, may include or exclude, check with team

>25,

exclude

No, follow the *Consumer* focus group recruitment questionnaire, below

CONSUMER

What is your age?

<18, exclude

>18, record _____

Do you currently have healthcare insurance?

If yes - What type of healthcare insurance do you have?

uninsured _____

Medicaid _____

Medicare _____

Employer provided _____

Government sponsored _____

Self insured _____

Other _____

What is your current employment status?

unemployed _____

part-time _____

Full-time _____
What kind of work do you do? _____

Are you or were you a healthcare worker?
if yes, the work has been recent - exclude

Are you or were you an employee of the insurance industry?
if yes – are (were) you involved in healthcare insurance?
if currently or actively yes - exclude

Do you belong to a professional organization that has lobbied the state on healthcare issues?
if yes, - Have you been actively involved in that lobbying?
if yes - exclude

Are you a resident of New York State?
No, exclude

We can only have one member of a household participate in our studies. Do you know if another member of your household will be participating in one of our focus groups?
Yes - exclude

Are you related to any other participants of our focus groups that you know of?
Yes - exclude

The focus group is scheduled for a 2 hour period. The discussion itself will last at least 90 minutes. Are you able to sit quietly, be interested, and interact in a discussion for a minimum of 90 minutes?
No - exclude

Must be available on <Date> and <Time>

Do you have reliable transportation to get you to and from the meeting place?

Do you know where we will be meeting?
<re-affirm the location>
Directions will be included in the confirmation letter

OBTAIN:

First and Last Name

Address

Phone

email

(to send a follow-up confirmation letter and to make a reminder phone call. Also, in case of cancellation or change of plans – and for financial records of honorarium)

Do you have any questions of me?

TELL THEM TO:

At this point I need to reinforce that in order to receive the honorarium you must be present at the meeting place, on time, and stay for the entire duration of the discussion group. The actual discussion will last about 90 minutes but about 2 hours of time will be required for the entire focus group study

If you have been selected for participation in the focus group I will send you a letter which provides some background information and the details of the meeting.

If for some reason the researchers do not select you to participate in the study, I will call you or e-mail you as soon as possible so that you may free up the time on your calendar.

We are, however, asking you to reserve this time period on your calendar as of now.

If you have any questions, concerns, changes of plans, or need to cancel for any reason, please call us at 866-571-3712, or contact

Bob Harris
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Carrie Ost
607-255-2577
cmo64@cornell.edu

I want to be sure that I have covered everything. Do you have any other questions?

FOLLOW - UP

Send a confirmation letter with highlights of meeting information after all of the participants have been selected. Postal mail is preferred but email is acceptable if time is an issue.

Make a phone call 24-48 hours in advance of the focus group meeting to remind people of the meeting.



Exhibit 5: LETTER TO CONFIRM PARTICIPANTS

Dear Focus Group Participant;

Thank-you for agreeing to participate in our focus group discussion on healthcare insurance in New York State. We will be meeting at
<location>
on <date>
at <time>

<provide directions here>

Please be sure to be on time as we have a busy agenda and will need to start promptly. You will need to plan to be present for two hours. At the conclusion of the discussion you will be provided with a \$<XXX>.00 honorarium. We will have light snacks and beverages available.

If you cannot keep your appointment, please be sure to let us know as soon as possible. You may contact either Bob Harris, toll free, at 866-571-3712

You should also contact us if you have any concerns or questions regarding this project.

It is estimated that there were 2.2 million non-elderly New Yorkers without healthcare insurance in 2006. We will be discussing healthcare insurance reform. We hope to learn about the concerns of New York State residents related to current healthcare insurance. We would like to get your thoughts about possible reform options that may be considered by our state legislators in the future.

The New York State Health Foundation, who is sponsoring this research, has a goal of expanding health insurance coverage and improving access to health care services. State initiatives over the past decade have had only limited impact. This suggests that new and comprehensive reform initiatives would be required if New York State wishes to increase coverage. There are a number of models and options that have been proposed for expanding healthcare insurance coverage. We would like to find out more about how you feel about the current situation and the impact that any changes might have on you.

We look forward to our discussion with you.

Sincerely,

Bob Harris
Cornell University
Consortium for Coverage

Exhibit 6: LETTER TO ALTERNATES NOT SELECTED



Cornell University
College of Human Ecology

Hello _____;

Thank-you for your interest in our focus group discussion on healthcare insurance policy reform on <date>.

Unfortunately, the researchers have not selected you for participation. We had a very large pool of well qualified candidates and the selection process was quite difficult. An extensive effort was made to select participants that would be representative of many varied characteristics and perspectives.

Unless I hear from you otherwise, I would like to include you on a list of alternates should I have any cancellations or any other last minute unforeseen difficulties.

Again, your interest is very much appreciated, and we would look forward to work with you on another project at some future time. Please feel free to call me should you have any questions or concerns.

Kind regards,
Bob Harris

Exhibit 7: Business Focus Group Protocol

1. (5-10 min)

Please state your first name, your business name and the size and type of business, and very briefly, tell us what interested you in participating in this discussion about possible future reforms to healthcare insurance in New York State . We will go around the table.

2. (5 min)

Briefly, what are your thoughts about the healthcare insurance system in New York State? What aspects are you satisfied with and what concerns or worries do you have?

3. (5 min)

Currently, employers are the primary providers of health insurance to the working population under age 65. As an employer, how satisfied are you with this situation?

4. (5 min)

Some government leaders in New York are concerned about the cost of healthcare insurance and the large number of uninsured people in the state. They are currently considering making policy changes address these concerns. Do you think that this is an important thing for our elected officials to be doing? Please explain why or why not

5. (10 min)

If changes were to be made in the New York State health care insurance system by lawmakers, what specific things do you think should be done?

6. (5 min)

<show card labeled “Universal Healthcare”>

Universal healthcare insurance refers to a situation where everyone has healthcare insurance. Do you think that everyone should have healthcare insurance? (Note that as for right now, I have not said anything yet about who pays for it.)

<pause for comment>

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7. (5 min)

<show card labeled “Individual Mandate”>

The **individual mandate** requires all individuals have healthcare insurance coverage, even those who would choose to not have it. Those who could afford it would be required to pay for it, regardless of employment status. There would be a fine imposed on those who did not obtain health insurance. What would be your reaction to a requirement such as this?

8. (5 min)

<show card labeled “Incremental Expansion”>

One option to reduce the number of uninsured would be to provide more public coverage for low income people from tax revenue. This is similar to the system that we have now, except that there are increased provisions to make healthcare insurance more affordable for those with limited income. This is called **incremental expansion**. Would you favor or oppose expanding New York’s programs such as Medicaid, Family Health Plus or Child Health Plus to make available health coverage under these programs for more people?

Assuming such a plan were to be implemented, to what extent would you expand this program, using income as a guideline? This card shows some limits that are being considered, based on Federal Poverty Level Guidelines, or FPL.

<show a pre-printed chart with the following information>

up to 100% of the FPL (for a family of 4, this is income of about \$20,000)
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up to 400% of the FPL (for a family of 4, this is income of about \$80,000)
for everyone, regardless of income?

9. (5 min)

<show card labeled “Shared Responsibility”>

Shared responsibility is a proposal for getting to universal healthcare coverage by making it mandatory that employers purchase it on behalf of all their employees, and making certain requirements about sharing the cost of coverage. Employers and employees would both contribute towards the cost of health insurance, and the government would use tax revenue to cover people below a certain income threshold and those not covered through employment. This is similar to the system that we have now but everyone would be required to have coverage. How would you feel about such a plan in New York?

10. (5 min)

<show card labeled “Employer Mandate”>

The **employer mandate** is an option being considered which would require larger businesses (for example, a firm with over 25 employees) to provide health insurance for all of their workers. There would be a fine for employers who chose not to provide health insurance of a certain minimum standard. How would you feel about such a requirement?

What if this employer mandate meant that businesses would have to cut some jobs in order to pay for the healthcare insurance of other workers?

11. (5 min)

<show card labeled “High Deductible”>

An option being considered is to make coverage more affordable is to have plans that offer lower monthly premiums than traditional plans in return for larger out-of-pocket deductibles before insurance begins. This is called a **high deductible plan**. Typically these plans would offer a premium that is a 25-40% savings for the consumer and deductibles of \$1000 for individuals and \$2000 for families. How do you feel about this option?

12. (5 min)

<show card labeled “Single Payer System”>

Many people might not realize that for those over age 65 years, we already have what is called a **single payer system**. This single payer system is Medicare. Another option for New York is to set up a government-run taxpayer-funded insurance plan like Medicare for everyone (including those who currently have coverage from elsewhere). Would you favor or oppose New York setting up a system like this?

Please explain. What is it about a publicly sponsored plan that you like or would concern you?

13. (10 min)

<show one card displaying all of the concepts that have been mentioned >

STRATEGIES
Universal Healthcare
Individual Mandate
Incremental Expansion
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Employer Mandate
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Consider.....

Would all people be required to have health insurance?

Or, would you just work to make health insurance more affordable but leave people the choice of whether to purchase it?

Would you want to design a single plan for all or allow people to stay with their current options?

Regardless of what you chose, who would pay for it?

So, who would like to start.....?

<Allow discussion to evolve. After time, if needed, provide the following prompt:>

I want to make sure that we cover all bases and include everything. I am going to provide you with some "cue cards" for reference to see if there are any other points that you would like to make.

<show cards>

COVERAGE		
Who should be covered?	Other coverage limitations	employer government
What types of care should be provided?		
How much coverage should be provided?		
	COSTS	shared maximum limits
	individual	

14. (10 min)

Now that we have designed our plan I would like to turn our attention to the impact that our proposal would have on your businesses. Please describe for me how you feel you are affected by the current healthcare insurance system and what the impact of your new plan would be.

<display a card with the following information >

CONSIDERATIONS
income levels
cost containment
geographic limitations
privatization
government administration
government oversight

ISSUE	NOW	FUTURE
Do you offer?		
Influences to offer?		
Source of Information?		
Recruitment and retention?		
Cost to provide?		
Business share of cost?		
Impact on business & workforce?		
Cost to individuals?		
Taxes?		

Please give consideration to the following concerns:

Do you offer insurance coverage?

What influences your decision to offer coverage?

Where do you obtain information about the options?

Is there an ability to attract and retain employees?

What are the costs to provide coverage?

What is the business share of costs?

What is the impact on the business and the workforce?

What is the share of individuals?

How are taxes affected and applied?

15. (5 min)

Summarize highlights of discussion.

16. (5-10 min)

There were a lot of interesting and important points that were made during the course of this discussion. I would like to make sure that I have not missed anything. Does anyone have anything else to add or any last points to make?

Thank-you very much for your participation.

Notes for the moderator:

Prompting questions:

What are the *positive* features....?

What *impresses* you the most about....?

What *strengths* can you identify....?

What *weaknesses* can you identify....?

What was the *most useful*.....?

What was the *most helpful*....?

What is your *opinion* of.....?

If you could *change one thing* about.....?

Who else has some thoughts about this..?

Maybe something a little different, anyone...?

What else have people experienced in this area..?

We've heard several different ideas; what have we not heard yet...?

Remember, we want to hear all opinions; does anyone have anything else..?

Probes:

Can you expand on that?

Would you explain further?

Would you give me an example?

Would you say more?

Is there anything else?

Please describe what you mean

I don't understand...

Go on...

Continue.

Exhibit 8: Consumer Focus Group Protocol

1. (5-10 min)

Please state your first name, where you are from, what you do for work, and very briefly, tell us what interested you in participating in this discussion about possible future reforms to healthcare insurance in New York State. We will go around the table.

2. (5 min)

Briefly share with us your answer to the following: Are you satisfied with your personal healthcare insurance coverage or, can you identify areas that could be improved?

3. (5-10 min)

Some government leaders in New York are concerned about the cost of healthcare insurance and the large number of uninsured people in the state. They are currently considering making policy changes address these concerns. Do you think that this is an important thing for our elected officials to be doing? Please explain why or why not.

4. (10 min)

If changes were to be made in the New York State health care insurance system by lawmakers, what specific things do you think should be done?

5. (5 min)

<show card labeled “Universal Healthcare”>

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What types of care should be provided?	employer	cost containment
How much coverage should be provided?	government	geographic limitations
Other coverage limitations	shared	privatization
	maximum limits	government administration
		government oversight

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Summarize highlights of discussion.

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Notes for the moderator:

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Prompting questions:

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Don't forget the **Pause**