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To: Herndon Alliance

From: Celinda Lake, David Mermin, and Dan Spicer,
Lake Research Partners

Date: August 3, 2010

Re: Summary analysis of focus group research¹

STRATEGIC RECOMMENDATIONS

Our focus group research revealed that swing health care reform voters can be moved from initial skepticism and support for repeal of the health care reform law to a position of resisting repeal, but that a specific approach is required to facilitate this shift in attitude:

- **Let voters know it passed.** Many voters—especially Latino voters and non-college women—are not even sure Congress has passed a health care reform law. Voters who don't even realize health care reform is now the law are more susceptible to the myths and scare tactics of opponents.
- **Use personal stories coupled with clear, simple descriptions of how the law works.** One of the most powerful findings of this research is that a compelling personal story helps tremendously to make the health care reform law real, break down resistance, tap into anger about how things were under the old system, provide hope for how health care reform can make it better, and help voters retain knowledge of key provisions. Given the lack of information about how health reform works, it is essential to include with the story a short description of how it works and

¹ Lake Research Partners conducted eight focus groups in four cities (Las Vegas, NV; Charlotte, NC; Philadelphia, PA; and St. Louis, MO) between July 8-19, 2010. The groups were composed of seniors, non-college women, voters under 40, Latinos, and rural and suburban St. Louis women.

especially the key benefits of the law illustrated by the story to help make the benefits crystal clear and reinforce them.

- **Keep claims small and credible; don't overpromise or "spin" what the law will deliver.** Large-scale claims about the broad impact of health care reform are not reassuring to voters, and big promises about what it will deliver are not credible—regardless of factual accuracy.
- **Focus on how the law will end pre-existing condition exclusions for adults and children, provide small business tax credits to help them provide coverage for their employees, and force insurers to provide no-cost coverage of preventive care.** These are the core elements of the law that voters value, and they help turn skeptics into defenders of the law. Unless these provisions are spelled out, many voters will not realize these are a part of the health care law at all.
- **Use a transition message to meet them where they are and relax their defenses.** Even low information voters have been exposed to a lot of negative messages about health care reform, and they generally start from a position of apprehensiveness, fear, and doubt. Advocates should not be afraid to concede that the law is not perfect, or "not the law any of us would have written." This helps make any message to follow more relatable and credible. Follow-up with a positive statement like "but it does some good things..." and briefly describe the key provisions described above.
- **In this context, voters want to move on and improve the law rather than repeal it.** The language of "improve" works better than "fix," "repair," or "innovate" because it is positive and forward-looking.
- **Address scarcity and cost concerns.** Swing voters believe that health care reform covering tens of millions of uninsured people and people with pre-existing conditions is bound to cost more and lead to a scarcity of providers. Rather than argue that the bill will reduce the deficit or will lower costs, it helps to let voters know that the rich will see a tax increase to pay for it. Voters should also be reassured that an unprecedented number of new health care providers are being trained so they will not have longer waits to see a doctor or less time with their doctor—which is seen as a key measure of quality of care.
- **Avoid overheated political rhetoric.** Messages that employ partisan, celebratory, or self-congratulatory elements fall flat with these voters and are counterproductive. They want to know how the law works and how it will affect them and their families—and they are in no mood to listen to politicians take a victory lap for passing a law that many see as partisan, rushed, and deeply flawed.

- **Talk about members of Congress being part of the same system (being on the same “plan” would be even stronger if true).** One key to reducing skepticism about the law is to tell voters that Congress will be part of the same system. While for some the claim doesn’t seem credible, for others it’s a strong sign that the new system couldn’t be all bad if members of Congress are participating in it. What voters *really* want is for Congress to give everyone the same health care benefits they are getting.
- **Tapping into individual responsibility helps blunt opposition to the mandate to have health insurance.** Voters invoke personal freedom to resist the requirement that all individuals get health insurance coverage. However, an individual responsibility argument can be used to explain that those without insurance who use the emergency room for routine care are increasing costs for the rest of us who have insurance and tax payers.

CONTEXT AND PERCEPTIONS OF HEALTH CARE

- **Voters are scared, upset, disappointed, anxious, and depressed by the current direction of the country.**

- *The pervading sense of unease cuts across all the groups in the study—a general sense of that our country is experiencing profound problems that we are unable to solve.*

“There are so many things today that I could pick out a number of things. The war in Afghanistan that is -- I have sons that might have to go over there.” [Senior man, Philadelphia]

“Politics in general and policy and war and the oil spill. You name it. It is coming at you like -- I don't even watch the news as much any more because it is bums you out. There is never any good news, rarely good news.” [Suburban female, St. Louis]

- *This is especially true regarding perceptions of the economy and unemployment.*

“Everything is a mess. I feel everything has gone down. The jobs are not available like they used to be. The aid is not available like they used to be, and everything just went down hill.” [Non-college female, Charlotte]

- **Voters are concerned about rising health care costs, and believe that their costs are continuing to rise.**

“They charge more for the medications and for the doctors and everything goes up. Inflation.” [Latino male, Las Vegas]

“My premium went up; my prescription co-pay went up; my doctor's co-pay went up.” [Senior woman, Charlotte]

INITIAL PERCEPTIONS OF HEALTH CARE REFORM

- **Surprisingly, many voters are not aware that the health care reform has even passed—especially in the non-college women and Latino groups.**

“I don't think it has passed.” [Non-college woman, Philadelphia]

“I don't know what this new healthcare reform that's in front of Congress that has passed halfway through, I don't know the details of it.” [Non-college woman, Philadelphia]

- *Those not aware that it passed have among the lowest resistance to repeal. They don't realize any changes have been made, so there is nothing to defend or hold onto.*
- *Some who are aware that it has passed believe that it will be several years before the law takes effect.*

“No, because it is supposed to take effect in 2014. We've got over 3 years...” [Senior man, Philadelphia]

“I'd like to see a timeline of how it is going to affect people that are already insured, people who are uninsured. I'd like to see the timeline because some of it is already taking effect. It will take a year or 2 years.” [Non-college woman, Las Vegas]

- **Many are concerned that the law is 2,000 pages long and too complicated for them to understand.**

- *Many volunteer that members of Congress haven't read it.*

“I just think our Senators and Congressmen didn't read it.” [Suburban woman, St. Louis]

- *They want the provisions of the bill spelled out in black and white so it's made clear and simple. They want a website or Consumer Reports-type information where they can go and see what impact it would have on them.*

“If they put it down in black and white so everybody can understand it, and everybody knows what is coming, and everybody knows what they can do, it will be easy.” [Suburban woman, St. Louis]

- **As we have seen since the beginning of the Herndon work, women—especially older and non-college women—see health care as a valued and potentially scarce resource. Many are concerned that health care reform will mean less provider availability given the influx of millions of newly covered people.**

- *They fear longer waits to see their doctor and less time when they were able to secure an appointment.*

“A lot of our doctors only allow 15 minutes.” [Suburban woman, St. Louis]

- *Even when told the law would include an unprecedented training of new medical providers, some doubt it would really happen. Still this is an important point to get across to address the scarcity concern.*

“I'm not sure I trust that— they don't know that. They don't know what all of these things that they are trying to implement what impact that is going to have. There is no way they can guarantee that. Just because you give more training, I don't know that means there is going to be more doctors.” [St. Louis suburban woman]

THE ECONOMY

- **Many believe that health care reform will not help the economy because it would place an added burden on small business, and add to the deficit. Advocates had hoped that the poor economy would make it a good time for reform, but actually people think it's a bad time.**

“I put bad timing because the way the economy is right now, it is a bad time.” [Latino man, Las Vegas]

- *Many think that it will raise taxes and costs.*

“I underlined lower the quality of the care we receive, increase our taxes, increase the national deficit, break state budgets. It's a government take over; the doctor should have the power to make medical decision. It is un-American requiring every person to have it, and it cuts Medicare by nearly half a trillion dollars.” [Senior woman, Charlotte]

“Small businesses will be affected negatively. Probably because they are smaller it is going to cost -- how much is it going to cost them and if they don't conform, they are going to pay penalties.” [Latino man, Las Vegas]

- *Though some believe it may save money in the long run, they see no way that the law could cover millions of additional people and cover those with pre-existing conditions without increasing costs in the short run.*

“There is going to have to be hidden costs in the implementation of the whole system. You are going to design a system and you are going to build it from the ground up, and you are going to support it. Our government already spends more money than it makes. If you are going to add another module to the government, you are going to pay for it. It might not be directly through healthcare but you are going to pay for it through increased taxes.” [Young white woman, Charlotte]

- *It helps therefore to provide a source of revenue rather than have people assume their own costs and taxes will increase. Voters respond positively to the wealthy paying more, and it adds credibility and helps reassure them that it doesn't raise taxes on the middle class.*

"I think if you make \$200,000 then yes, you should probably pay more than another person that makes \$80,000." [Non-college woman, Las Vegas]

REACTIONS TO PERSONAL STORIES AND MESSAGE NARRATIVES

- **Voters find the personal stories compelling. It helps make reform real to them—credible, relatable, concrete, understandable—and helps them retain two or three of reform's core provisions.**

- *Personal stories help stir voter anger and sadness that these things could be possible, and it gives them hope and helps marshal them to the defense of the parts of reform that have or will prevent these tragedies from befalling more people.*

"I certainly have heard of many, many cases like this." [Senior man, Philadelphia]

"I never even got down to the bottom of the paragraph because I was so ticked off about the situation. It seems like the insurance companies only want the healthiest person who is never going to have to use their services. I mean an insurance company cannot exist if every client they have files a claim. They would go bankrupt. How do you even run a business based on that? You can't just only insure the healthiest person who is never going to have to use your services." [Young man, Charlotte]

- *The stories turn voters into defenders of reform by helping them to understand how badly the core provisions were needed.*

"I feel the same way; I can kind of relate to it. [Younger male, Charlotte]

- *Stories help open the minds of voters, break down resistance, get them asking questions about reform, including what's in it and who supports it. The stories also help people retain the specifics. After hearing personal stories people brought them in later to defend their position.*

"If I saw Lindsay here actually telling the story, like wow, we did the right thing." [Younger male, Charlotte]

- *Stories help mitigate their sense that reform is too big, too partisan, and too complex—forces that create resistance to the law. The stories help draw lines and make better enemies than more partisan language.*

- *Voters want facts about how the law works, and personal stories help illustrate and apply it. Immediately following the story, it is also necessary to include a brief, simple explanation of how health reform works to prevent the recurrence of the personal crises illustrated by the story.*

“This is drawing teams, making Republicans the enemy. Misleading propaganda.”
[Non-college woman, Philadelphia]

- **A “bridge” message which concedes that the law isn’t perfect, or is not the law any of us would have written, is partially effective because it meets them where they are on reform, but it does not go far enough if it fails to provide them with a clear understanding of how the law works.**

- *Even low information voters have been exposed to a lot of negative messages about health care reform, and they generally start from a position of apprehensiveness, fear, and doubt.*

- *Advocates should not be afraid to concede that the law is not perfect, or “not the law any of us would have written.”*

- *This helps make any message to follow more relatable and credible.*

- *Follow-up with a positive statement like “but it does some good things...” and briefly describe the key provisions described earlier.*

- *It is strong to talk about “improving” the health care law.*

“I agree we need to give it a chance because not everything new is always perfect.” [Blue collar woman, Philadelphia]

- *Once the “how it works” element is added, voters find the stories even more compelling and relevant.*

PERSONAL STORIES WITH KEY ELEMENTS IN BOLD ITALICS

[PERSONAL STORY: MAX]

Max is a 58-year custom tool fabricator at a small machine shop ***who paid his insurance premiums like clockwork for 20 years.*** Earlier this year his doctor told him he has cancer and now he’s suffering major complications and has needed multiple surgeries, chemotherapy and radiation treatments. Unfortunately, his insurer just told him that due to months of expensive cancer treatments, ***he hit the annual limit on his policy and over \$350,000 worth of hospital bills this year won’t be covered.*** His was forced to retire early due to poor health, but was too young to qualify for Medicare. Now he is

forced to declare bankruptcy and may lose his home. Under the new health care law, ***insurance companies will no longer be allowed to impose lifetime or annual caps on coverage, so Max's cancer treatment will be covered.*** Instead of paying premiums for years and then being cut off when we get seriously ill, we ***will have the peace of mind of knowing that we will have the health care we paid for when we need it.*** And the law ***creates a reinsurance program for those 55-64 years of age that helps employers continue to provide coverage for employees who retire early.***

[PERSONAL STORY: LINDSAY]

Lindsay is a 23 year old waitress who is 6 months pregnant with her second child. She used to get her health care coverage through her husband John, but he was recently laid off and just found a new job, and ***his new insurance has denied her coverage because they consider her pregnancy a "pre-existing condition."*** To make matters worse, their 6-year old son ***Jacob suffers from asthma and so he was also denied health care coverage due to a pre-existing condition.*** Their health care bills are already high and now they have pre-natal expenses to consider as well, but John is the only family member with coverage—which he will have to drop soon because his new employer requires him to pay for 50% of the premiums. She'll have to leave work to have the baby, and they just don't know what they are going to do. ***Under the new health care law, children can no longer be denied coverage due to pre-existing conditions,*** and what happened to Jacob will be illegal in September of this year. When the law is completely implemented, ***insurance companies will not be allowed to deny adults with pre-existing conditions either,*** and ***small businesses will get tax credits to help them provide affordable coverage to their employees,*** so no other family will have to go through this again.

- **The Healthy Generation message² is effective, with the only quibble for some coming on the 26 year olds staying on their parents' plan.**

- *This message tapped into voters' desire to make things better, think about the future, help children, and the aspirational values are still strong in these days of perceived reform.*

"I agree to what she said. Our kids need to be healthier, the healthiest as we can get them." [White woman, Missouri]

- **Voters reject messages that are perceived as partisan, celebrate passage, or self-congratulatory.**

² [CHILDREN/HEALTHY GENERATION] We need a national commitment to creating the healthiest and strongest generation of American children we have ever had – the Healthy Generation. The new health care law will make sure every child gets the basic health care and preventive care they need to stay healthy and detect health problems early, and children who currently lack health coverage can sign up right now for affordable, quality coverage through Medicaid and other programs. Starting this September, children can never again be denied insurance because of a pre-existing condition like asthma, and older children up to age 26 will be able to stay on their parents' health plans. Repealing health care reform would be a huge step backwards for our kids.

“I crossed that out, actually [that it was ‘amazing Congress actually passed it’]. That and it’s about time they actually did something rather than just arguing about it. I thought there was a lot of good stuff in this statement but that statement alone took away from it because it is like yeah, pat on the back they did it. Yes, do you want a cookie now? It doesn’t add any credibility to what they are trying to get across. It detracts from it.” [Younger female, Charlotte]

“They are more concerned about getting re-elected than they are about the people.” [Senior man, Philadelphia]

- *Relating health care reform to other issues like Wall Street reform heightens the sense of partisanship and undermines the appeal of the message, frustrating many who want objective information, not more political rhetoric. This type of message is not reassuring.*

“I’m just not convinced. It’s too political for me to take seriously. I don’t want to hear about Democrat this, Republican this. I just want to be informed.” [Latino man, Las Vegas]

- **Any attempt to make big powerful claims seems like jamming it down their throats for swing voters, so avoiding the hard sell and strident approaches is a better strategy.**

- *Overly broad or grandiose claims fall flat, it is more credible to make smaller more specific claims rather than sweeping ones.*

“One thing when I first read it the first thing, the changes will be easy. At first I thought oh here we go again. I thought that might be something you put at the end. Show me how it is going to be easy and then let me know that.” [Younger male, Charlotte]

- **Attacks on health insurance companies could work in principle because voters are angry at insurance companies, but the messages tested were seen as going too far, over the top, or overheated in their language.**

“A lot of times we like to collect them and blame them on someone else. I think with the healthcare bill I think a lot of people passed it quickly to say hey look what we’ve done. A lot of other people passed it quickly to say hey look what they’ve done. You are going to blame it on the other person when it doesn’t go well.” [Younger male, Charlotte]

- **In all messaging, it is critically important to focus on the two or three clearest, most popular elements of reform—ending pre-existing condition exclusions for both children and adults, small business tax credits to help businesses provide coverage to their employees, ending lifetime caps on coverage, and free or low-cost preventive care—and**

use real-life personal stories to illustrate these components and help voters remember them.

“Prevent insurance companies from -- the pre-existing condition that prevents the hidden coverage caps or loss of coverage. That is exactly what I would like an insurance company to be able to do. I want to pay for my basic needs and then be protected in case something drastic would happen.” [Younger male, Charlotte]

“I think that it helps small businesses is really important. Businesses, when they have to put people on a part-time status to keep from having to provide health insurance is -- if you work, obviously, you should be able to enjoy the benefits from the job.” [Non-college woman, Las Vegas]

PERCEPTIONS OF THE KEY PROVISIONS OF REFORM

- **The key to winning support for the reform is to remind people of popular reforms. Pre-existing conditions (for both adults and children), small business tax credits, and prevention are the most popular components.**

“I just think they need to do away with pre-existing conditions, if that is something that was passed.” [Non-college woman, Philadelphia]

“What is going to happen is preventive care like mammograms and things like that, there is not going to be a co-pay.” [Senior Woman, Charlotte]

- **Voters are more mixed on the \$250 check to help close the Medicare Part D donut hole. In other work we have done, many believe it is not enough to close the hole.**

“Where is the money coming from, first of all? The statements are so general. No matter how many prescription drugs you need or how much they cost. Who determines what your need is? You, the doctor, the person paying the bill?” [Senior man, Philadelphia]

“Right, you have to spend so much and then maybe it will kick in again. It's ridiculous.” [White non-college woman, Philadelphia]

- **They also have mixed views on the provision that allows adults children up to 26 years remain on their parents' policies.**

- *Some voters were unsure why adult children were singled out for a special benefit, or argued that they were on their own at 26 and found their own coverage.*

“Twenty-six seems a little old. Because you are an adult when you are 26... You should be working.” [Non-college woman, St. Louis]

- *However, voters who have family members in this age group find this provision very appealing.*

“If [my son] doesn't go to school, my insurance cuts him. Now it's going to be because of the new bill, he is going to be covered” [Non-college woman, Philadelphia]

REACTIONS TO THE MANDATE

- **Voters have mixed reactions to the mandate, with a number disliking the requirement to purchase anything.**

“It's like telling somebody you've got to go out and buy milk this week whether you want milk or not.” [Senior woman, Charlotte]

- *It helps to turn the personal responsibility argument around by suggesting that if other people fail to get insurance, it's the rest of us who end up paying for their care when they get sick or injured.*

“This makes sense to me. The other thing that goes with it is that if you don't require people to have insurance coverage, health costs are going to go up regardless because you are going to have people that go into the emergency that can't pay for the services they receive. Those costs are going to be passed on to all the rest of us.” [Younger male, Charlotte]

“In the long run we all pay for everybody's sickness anyway. Now we pay it in an unorganized way. You pay when some guy is homeless or is sick. He is going to go to the emergency room. He'll get the care. It will cost twice as much.” [Senior man, Philadelphia]

- **Voters reject the analogy to automobile insurance since one can choose not to drive, and many people drive without insurance.**

“I didn't drive until I was 25 because I couldn't afford auto insurance. I had a choice. Do I want to drive or not, so I didn't drive” [Non-college woman, Philadelphia]

“Do you know how many people are driving around without insurance?” [Non-college woman, Philadelphia]

- **There are also concerns about enforcement, with voters wondering how the government would track down people who refused to purchase insurance.**

“Who says you have to have health insurance? . . . Are they going to pull you over and say ma'am, show me your I.D. card for...” [Non-college woman, Philadelphia]

- **Some say there is no point in having a mandate when some people simply can't afford it.**

“I can't see -- if they can't afford it now, how are they going to afford it then. Telling them they've got to have it don't make it cost efficient.” [Senior woman, Charlotte]

- *Talking about sliding scale premiums helps with the affordability criticism of the mandate, and is a very important element when discussing coverage for lower income individuals. It also helps take the edge off the “welfare” resentment by clarifying that everyone is still paying something.*

PERCEPTIONS OF HEALTH CARE VALIDATORS

- **Voters are skeptical of outside validators like the AARP who some see as an insurance company, and some suspect that doctors might be out to make money which undermines perceptions of their objectivity. Voters wonder what the self-interest of any validator is.**

“Up until the past year or two AARP was fighting for people 55 and over and they had a lot of pull in Congress. But when this healthcare bill came up, I think there is a lot of people that were not happy with it, maybe because it took care of everybody.” [White woman, Philadelphia]

- **They were not sure that nurses would have adequate information about the law.**

“It depends where they are getting their information.” [Rural woman, St. Louis]

- **A list of validators may be more successful but there is no silver bullet.**

- **Politicians are among the least trusted sources of information.**

“Even if you write to your Senator, nothing will be done about it anyway because they don't answer you on these things.” [Senior woman, Charlotte]

“I would trust doctors more than politicians.” [Non-college woman, Philadelphia]

- **Consumer Reports carries some weight as a validator and can help by providing the easy to understand information people want.**

“I would look at Consumer Reports. I would go to my human resource person at work, if I was employed. I would talk to my insurance company.” [Non-college woman, Philadelphia]

- **Friends and family are trusted, but are seen as themselves lacking information.**

- **Voters would appreciate an online resource “like WebMD” that would offer clear and objective information about the law.**
- **It helps for voters to hear that members of Congress will participate in the new system themselves, even if there are some voters who may doubt it’s true.**

- *One key to reducing skepticism about the law is to tell voters that Congress will be part of the same system. While for some the claim doesn’t seem credible, for others it’s a strong sign that the new system couldn’t be all bad if members of Congress are participating in it.*

“That would help [if Congress will be required to have the same coverage as everyone else].” [Suburban woman, St. Louis]

- *What voters really want is for Congress to give everyone the same health care benefits they are getting.*

“It is very simple. All they have to do is give us what they're getting. That's all. Why don't they give us the same plan they're getting, the politicians.” [Blue collar woman, Las Vegas]

FINAL POSITIONS ON REPEAL

- **By the end of the group in each session, there were some voters who moved toward understanding the value of reform and wanting to keep certain elements of it.**

- *Some Republican talking points have clearly penetrated even among low-information voters, like that the reform was too big, too expensive, too rushed, the government plays too large of a role, this wasn’t the right time, and it will have negative consequences.*

“Kind of the same thing everyone else was saying about how it is going to increase cost or the wait times could be longer. The government mandate requiring everyone to buy health insurance -- I really don't think the government should be involved in it.” [Rural woman, St. Louis]

- *Unless voters know what is in the bill, they have no reason not to support repealing it. Those most critical of it are also those with the least awareness of its benefits.*

“Make it simple, something we can understand.” [Senior woman, Charlotte]

- *It helps to allay these concerns to remind voters that with the passage of the law, we are where we are, and it's better to fix it than to lose the several important new provisions that they value.*
- **While voters retain some concerns about reform even at the end of the groups, some shift away from seeing repeal as the best way to go, and they most certainly do not want to see the insurance industry back in control of the health care system.**

“I think it is a step in the right direction. You've got to make changes instead of repealing it.” [Senior man, Philadelphia]

“Fix what is wrong, improve things that could be better; give it a chance to work.” [Non-college woman, Philadelphia]

- *Overall, by the end of the groups, there are more voters who oppose repeal than support it—a reversal in position from the start of the groups.*
- *Based on the groups in this study, non-college women show the most potential for opposing repeal (despite their initial support for repeal), while seniors are the most difficult to move against repeal—especially senior men.*

SENIORS

- **Relative to other groups, seniors are somewhat more informed about the law, but are also highly critical.**
 - *Seniors—especially senior women—are more likely to know that health care reform will expand coverage to the uninsured, eliminate exclusions for pre-existing conditions, eliminate lifetime caps, provide no-cost preventive care, allow young adults to remain on their parents' plans, reduce the size of the prescription drug donut hole, provide a tax credit to small businesses, and tax the wealthy to pay for it—though even among this group there is significant uncertainty and anxiety about how it would affect them.*

“They are going to tax the wealthy, over \$200,000 will pay the cost factor.” [Senior man, Philadelphia]

“What is going to happen is preventive care like mammograms and things like that, there is not going to be a co-pay.” [Senior Woman, Charlotte]

“There could be just a little fix for these things and that could be the end of it. We don't have to have a complete healthcare reform. Just fix this. It's simple; keep it simple.” [Senior woman, Charlotte]

- **Seniors are concerned about rising costs—to individuals, businesses, and to the government, increased taxes, the loss of Medicare Advantage benefits, or that companies may end health care benefits for their retirees. It is critical to reassure seniors that Medicare will not be cut.**

“The cost. . . It all comes down to increased taxes for seniors.” [Senior man, Philadelphia]

“Healthcare is too expensive. You have physicians and insurance too high, that's one of the contributing factors. You have ambulance chasers, of course, which go hand in hand. Pre-existing conditions have to be taken care of. If my company goes out of business and I lose my healthcare and I have a pre-existing condition, which has been taken care of all along and now all of a sudden I have to get new insurance.” [Senior man, Philadelphia]

“My premium went up; my prescription co-pay went up; my doctor's co-pay went up.” [Senior woman, Charlotte]

“They are going to take away Medicare Advantage programs, I think.” [Senior woman, Charlotte]

“It is out of control and I don't think that we necessarily know right now how reform is going to do it, but it is totally out of control. We are spiraling downward. More and more people are aging and coming into Medicare, something has to be done.” [Senior woman, Charlotte]

“Higher deductible, higher premiums.” [Senior man, Philadelphia]

“My company normally paid for drugs and they keep raising the co-pay.” [Senior man, Philadelphia]

- **Like other groups, seniors refuse to accept that quality can improve and access expanded, while costs go down.**

“It sounds too good to be true because it says it is going to give you higher care and lower prices, and I don't believe that. It is going to provide for better more affordable health and gives you more choices that you can make yourself. I just don't believe it.” [Senior woman, Charlotte]

“It makes common sense if you are adding more people, it is going to cost more. The money has got to come from me, us.” [Senior man, Philadelphia]

“I think it is going to cost more and we'll get less.” [Senior woman, Charlotte]

- **They have Medicare and supplemental insurance plans and generally like what they have and are fearful of losing it.**

“[Medicare] works wonderful.” [Senior man, Philadelphia]

“No question it is going to change. He hints at it all the time. Hey, we're going to control cost. It is not going to get bigger. Everybody realizes there is a huge bill waiting ahead and they say hey, we know how to control it. The obvious answer is that they are going to limit the amount of care people get.” [Senior man, Philadelphia]

“Obviously, if we are all on Medicare and doctors aren't going to accept Medicare, this is something to think about” [Senior man, Philadelphia]

“I have Medicare and my doctors accept [both] and it doesn't cost me anything else.” [Senior man, Philadelphia]

“My fear is that they are going to give it to all the illegal immigrants; take away from other programs to give to them. That is some of the stuff you hear.” [Senior Woman, Charlotte]

- **There is concern that the health care law helps the uninsured at the expense of those with insurance or of those with Medicare.**

“I don't want to be paying more for Medicare and paying for the uninsured.” [Senior man, Philadelphia]

“Covering people with pre-existing conditions costs more for people who are paying the bill. The shortfall is going to be made up in taxes of some kind whether they tax gasoline, whether they tax value added, whatever. The money has to come from somewhere.” [Senior man, Philadelphia]

“The Medicare bill and Social Security, they are going to be taking money out of that, I guess, to pay for it.” [Senior man, Philadelphia]

“It says it will do all of [these positives], but it doesn't tell you that [the money is] coming from Medicare and other programs to fund this. Also, it says you can keep your doctor. Rumor has it that many doctors will not see Medicare patients when all this cuts in.” [Senior woman, Charlotte]

- **They value a more limited role for government, and worry that under the new law government is too involved in making health care decisions. One thing that concerned both groups of seniors is government interference in treatment decisions.**

“The other thing that they are doing, which concerns me and it is kind of mentioned it is a nonprofit research team that is going to go in and look at the treatments that people get for different things. They are going to determine if that is the best. Well, this is where the government needs to keep their fingers out of things.” [Senior woman, Charlotte]

“The bottom line is it is a government take over of healthcare, giving government bureaucrats the power to make medical decisions.” [Senior Woman, Charlotte]

“Something that screwed me up about it, evidenced-based medicine. The first time I heard it I said hey, that's wonderful. Everybody should do it. As I talk to some of my doctors it translates into lowering experiments, for example, less use of innovation...The evidence isn't there.” [Senior man, Philadelphia]

- **At the same time however, they have concerns about the status quo prior to reform, especially concerning high premiums that were rising rapidly, and that people were routinely denied coverage if they had pre-existing conditions.**

“Stop denying for pre-existing conditions. My daughter-in-law has MS and she said she is having a hard time getting insurance. She has to hold onto what she has now.” [Senior man, Philadelphia]

“I think a lot of the times it is not that they can't get insurance, but they have to pay so extremely -- the premiums are out of sight.” [Senior Woman, Charlotte]

“I went without diagnosis for 3 years because I was afraid if they knew I had emphysema, I couldn't get insurance. I wouldn't let the doctor even talk about it. I went that way because I was paying \$500 a month for individual insurance wasn't working.” [Senior woman, Charlotte]

- **They do not place the blame for high prices principally at the feet of insurance companies, but see it as a combination of factors which driving health care costs higher—higher pay for doctors, higher hospital services costs, people asking for prescription drugs they see advertised on television, general inflation, medical malpractice insurance premiums—and *then* also insurance company profits.**

“Some of it is because of the medical care, the research they do and we all expect to have our knees replaced and our hips replaced just bam. Let's get this fixed. I see a lot of the drug advertising so we go in and say doc, I think I need this one. I go are you sure I need that?” [Senior woman, Charlotte]

“They [Insurance companies] are not interested in us any more; they are interested in bottom line.” [Senior woman, Charlotte]

- **They had reservations about even popular institutions like the AARP and ACS—seeing them as a “lobbying organization,” while the American Cancer Society has somewhat more credibility—though limited to cancer issues—not necessarily all of health care.**

“I think they've become a big business like any other business, whether they're an insurance company or an investment company -- they have the same interest as a business.” [Senior man, Philadelphia]

“I was for AARP at the beginning but then sometimes they get involved with too many things. I don't think as strongly of them as I used to.” [Senior man, Philadelphia]

“AARP is a lobbyist group..” [Senior woman, Charlotte]

“They [ACS] know cancer; they don't know economics.” [Senior man, Philadelphia]

- **The personal story about Max was heart wrenching for many of the seniors—especially the senior women in the Charlotte group, and a modified senior-oriented story like this could be part of messaging to seniors.**

“I like a plan if it helps a man like that.” [Senior man, Philadelphia]

“This [story] is why I believe in giving reform a try.” [Senior woman, Charlotte]

“Sad and unfair.” [Senior woman, Charlotte]

- *The seniors also appreciate “transition” language that concedes the law isn’t perfect.*

- **Neither group of senior voters responded well to either seniors-oriented messages tested. They provided low ratings to both the more offense-oriented “They want to hurt seniors”³ message as well as the “Good for seniors”⁴ version.**

- The “They want to hurt seniors” narrative was seen as using scare tactics backed up by validators whose credibility they questioned.

“It’s just trying to put all the blame on one group, and I don’t believe some of these things that they say.” [Senior woman, Charlotte]

- The “Good for seniors” narrative was seen as weak because it didn’t specify the source of the funds to extend these new benefits to all seniors.

- **Once told about the many benefits of reform like ending exclusions for pre-existing conditions, ending lifetime caps, and no-cost**

³ [OFFENSE-THEY WANT TO HURT SENIORS] The Republicans trying to repeal these needed health laws want to replace Medicare with a voucher system, turn Social Security over to Wall Street, take away your protections from insurance company exclusions of sick people, and let Washington lobbyists control your health care. They have the audacity to argue that the new law cuts Medicare when the truth is it will strengthen Medicare—extending the financial solvency of the program for an additional 20 years. The funding comes from reducing insurance company profits with no cuts to benefits. And the new law covers all preventive care with no co-payments. Without reform, seniors would have to pay over \$400 a year more compared to what they will pay under the new law. We can’t let these insurance company lobbyists take this important reform away from seniors. That’s why the AARP and American Cancer Society endorse the reform.

⁴ [GOOD FOR SENIORS] The new health care law will lower Medicare premiums and co-payments. And it will cover all preventive care with no co-payments. Over the coming years, it will totally fill the “doughnut hole” gap in prescription drug coverage so that Medicare will cover all prescription drugs, no matter how many you need or how much they cost. The funding comes from reducing insurance company profits with no cuts to benefits. Health insurance reform will also help seniors stay in their homes instead of going into nursing homes by providing more affordable in-home care. That’s why the AARP and American Cancer Society endorse the reform.

preventive care, some wonder why the law couldn't just include those provisions without the more expansive overhaul. However, others start to worry that if reform is repealed, they would also lose the benefits of the law that they value.

- **Seniors thought the \$250 checks to help close the prescription drug donut hole didn't really do enough given the magnitude of the donut hole for those with substantial prescription drug costs.**

“No matter what we are going to lose on prescriptions.” [Senior woman, Charlotte]

- **Seniors are skeptical of the mandate—tending to see it initially as an encroachment on their freedom and another example of government overreach.**

“They are telling me I have to buy something whether I want it or not. It takes away your freedom of choice.” [Senior Man, Philadelphia]

“I can't see -- if they can't afford it now, how are they going to afford it then. Telling them they've got to have it don't make it cost efficient.” [Senior woman, Charlotte]

- *It helps to turn the individual responsibility issue around by suggesting that those without insurance who use the emergency room for routine care are increasing costs for the rest of us who have insurance.*

“If everybody had the coverage, they would get treated earlier and it would probably be cheaper than going the long run without it” [Senior Man, Philadelphia]

- **By the end of the groups, there is greater resistance to repeal among seniors than at the start of the groups and less intensity from those continuing to support repeal—representing an improvement in their attitudes of one of the toughest groups over the course of the group sessions.**

- *The senior men remained the most skeptical of health care reform relative to any other group in our study.*

“I'd feel pretty good [if health care were repealed]” [Senior man, Philadelphia]

“Some things I like in the bill. That last one, requiring insurance, I like that. Many other things should be reworked. There are lots of things that are not good, so I somewhat support [a repeal].” [Senior woman, Philadelphia]

- *Seniors do come to appreciate that while they still need more information, some good things are being done as a result of*

reform, and many conclude it is better to fix the law than to overturn it.

“You've got to make changes instead of repealing it.” [Senior man, Philadelphia]

“In this bill there are some good points in the bill from what I've been hearing. I also believe that this healthcare coverage is needed. It is needed for all Americans, but amendments to it have to be put in.” [Senior man, Philadelphia]

“We need a new direction and [at least we are going to go somewhere.” [Senior woman, Charlotte]

NON-COLLEGE WOMEN

- **Non-college women start out as a fairly tough audience for health care reform, but they may also have among the greatest potential of any group to oppose repeal efforts once they understand some basic benefits of the health care reform law. They particularly worry about rising costs and less time with their doctor reducing their quality of care.**

- *As we have seen in past health care work with American Environics for the Herndon Alliance, health care is a valued and potentially scarce resource for these women. They have made tradeoffs to keep good health care and they worry about losing what they have, even though they disliked many of the current trends in health care and abusive insurance practices.*

- **Non-college women lack information about the legislation, including the fact that it has passed Congress and been signed into law.**

“One thing that I'm hopeful for is my mom who is 60 years old doesn't have health insurance coverage through her employer. That really makes me nervous; she needs it. I'm hopeful that there will be a solution to that soon.” [Non-college woman, Las Vegas]

“I don't know how it is going to affect me and my family because I haven't read the bill, certainly.” [Non-college woman, Las Vegas]

“I thought the healthcare act didn't take effect until 2012.” [Non-college woman, Las Vegas]

“My understanding is that it is passed through the House but Congress hasn't.” [Non-college woman, Philadelphia]

“I thought it was partially and arguing about the rest of it.” [Non-college woman, Philadelphia]

“I don't know what this new healthcare reform that's in front of Congress that has passed halfway through, I don't know the details of it.” [Non-college woman, Philadelphia]

- **They are very concerned about lower quality and unnerved by the fear of a lack of providers. They believe that already scant time with their doctors will be further reduced.**

“No, I’m just thinking if you are having doctors being paid less money because we are lowering cost for it to be a nationwide thing, you are going to have doctors that aren’t going to care as much, that are going to go elsewhere to practice.” [Non-college woman, Philadelphia]

- *Time with their doctor is seen as the key to quality for them.*

- **Before hearing more about it, voters are generally concerned about the perceived costs of covering the uninsured and those with pre-existing conditions.**

- *They are unaware that the laws provisions are fully paid for, and do not understand that the costs of providing coverage to those with pre-existing conditions will be offset by an influx of relatively healthy people into the insurance system. Instead, they believe the new law will increase the federal deficit and result in higher taxes.*

- *While they refuse to believe the law will not increase health care costs, it helps for them to hear that it is being paid for through higher taxes on the rich.*

“I think people who are making that much can afford to pay a little bit more.”
[Non-college woman, Las Vegas]

- **They believe and worry that health care reform will hurt small business.**

“It’s also going to be very expensive for small businesses.” [Non-college woman, Las Vegas]

“It’s going to push a lot of small businesses out because it is going to make it so that they can’t...” [Non-college woman, Las Vegas]

“I think the government is going to require companies to give their employees some kind of healthcare. For small companies it may put them out of business. I don’t know the details.” [Non-college woman, Philadelphia]

- **President Obama’s efforts to communicate with voters about the benefits of the reform law have not penetrated strongly with this audience.**

“I feel like it was just passed so Obama could say I did this. People were telling him.” [Non-college woman, Philadelphia]

- **These women say the bill was rushed, and that nobody read it. They don't know what's in it, what will happen to them and their health care, or how it works.**

"I'm concerned because the bill is so many different pages and they don't all the little things that are in there in small print." [Non-college woman, Las Vegas]

"Rushed is one thing that came to mind. I think the healthcare reform bill was rushed through and it is complicated and riddled. I haven't read the bill either; it is frustrating and it is kind of a deterrent. When you see it, you are like I'm not reading all of that...It must have been intention that way to get it rushed through." [Non-college woman, Las Vegas]

"I don't know what this new healthcare reform that's in front of Congress that has passed halfway through, I don't know the details of it." [Non-college woman, Philadelphia]

- **They want a simple explanation of what it in the bill, when the key provisions will take effect, and how it will affect them and their families.**

"I feel it is potentially a good program. I hesitate to talk...I think there is a hidden agenda and I think that I would feel better if it was easier to understand and if it was explained to us. It is as if they don't want us to understand." [Non-college woman, Las Vegas]

"And how is it going to affect each demographic? How is it going to affect the low income, the middle income and the high income people?" [Non-college woman, Las Vegas]

"Put it in English, so everybody knows if you are this age, or this income you are going to get this coverage. That is something we don't have." [Non-college woman, Philadelphia]

- **Instead of using the analogy of "online shopping" to describe the exchange—which sounded too much like buying health insurance on eBay, we should say "online side-by-side comparisons of all your health insurance options."**

"eBay for insurance? I would hope not. You can get on eBay and bid for whatever you want to pay for your insurance and see if an insurance will fall into that?" [Suburban woman, St. Louis]

- **They want reassurance that they will be allowed to keep the insurance they have now.**

"I think for those of us who have insurance the rates are going to be very expensive, even more expensive than they are now." [Non-college woman, Las Vegas]

- **Like other groups, non-college women were moved by the personal story, but they also have a particular need for a compelling personal story to be coupled with a simple, concrete description of what will be included in the bill. Women’s stories, women’s voices, and provisions of health care that affect women are especially helpful in winning over these women, though they are very skeptical and resistant to anything they think is over the top or too large a claim.**
- **They respond well to transition language that diffuses their skepticism by acknowledging that the bill isn’t perfect.**

“I guess coming into this I had never really thought what a problem requiring everyone to have the insurance would be. That's ignorance on my part. I think this makes sense that people do wait and don't go to the doctor, and they don't have insurance and it causes bigger problems that they still can't pay for.”
[Non-college woman, Las Vegas]

“That's one of the good things about the bill is that the insurance companies are going to be forced to not look at the bottom line dollar and they are going to be forced to look at this person needs care so we are going to have to give it to them and not oh, not much is this going to cost us. They make billions of dollars profit a year.” [Non-college woman, Las Vegas]

“I agree we need to give it a chance because not everything new is always perfect.” [Non-college woman, Philadelphia]

- **The non-college women in Philadelphia also found the narrative about how under the old system women could be unfairly discriminated against by health insurance companies compelling. However, this message worked better after its hotter rhetoric was toned down and kept more factual.**

“I'm blown away that they could deny coverage to a woman who had domestic violence injuries. I never knew that. That freaks me out. I never knew that was a possibility.” [Non-college woman, Philadelphia]

“... I have a pre-existing condition. I had to fight from the age of 30 until now, I'm 43 to get a mammogram every year. . .” [Non-college woman, Philadelphia]

- **One did not believe, however, that C-sections were not covered.**

“Caesarian section, really? It seems really extreme. . . I have never heard of ever being denied for a caesarian section. I don't know, maybe. Anything is possible.”
[Non-college woman, Las Vegas]

- **They do not trust insurance companies, but strident language against insurance companies strikes them as political and partisan, and therefore biased and untrustworthy.**

“The insurance companies control the politicians.” [Non-college woman, Las Vegas]

“I have more fear of the insurance companies than government. I mean I believe it is the insurance fault that healthcare has gotten so expensive not the government.” [Non-college woman, Las Vegas]

- **Lacking knowledge that reform is even passed, these low information groups start out ready to repeal it. They respond to Consumer Reports, WebMD-type information, friends, and family.**
- **However, once they learn about some of the positive components of the legislation, they are less likely to favor repeal because they then recognize they have something to lose.**

“[I] feel optimistic about the reform. It might actually fix some of the issues with the insurance companies.” [Non-college woman, Las Vegas]

“I like the fact that there is something, and that's good.” [Non-college woman, Las Vegas]

LATINO VOTERS

- **Latino voters are not only unaware of the benefits of the health care reform law, but many are not even aware that it had passed.**
 - *Consistent with findings from the other groups, we found that when Latinos do not realize health care reform has passed or cannot name any beneficial component of it, they have no qualms about repealing it. Conversely, when they know it has passed and can identify some benefit of it, they resist calls for repeal and call for improving it instead. This makes it critically important to convey to Latino voters how the law works and the basic key elements in it that will benefit them.*

“They were trying to pass a bill that will give everybody healthcare, right, if you are uninsured.” [Latina voter, Las Vegas]

“From my understanding, the president is trying to force this issue to pass this healthcare reform.” [Latino voter, Las Vegas]

- **Initially, many had heard about the debate over health care reform, but did not realize it had passed.**
- **As a result of their lack of awareness of the law, they tended to hold very skeptical and critical views of reform and expressed concerns about higher costs, lower quality of care, and longer waiting times to see a doctor. In short, they began the groups very amenable to repealing a law about which they knew very little.**

“I put bad timing because the way the economy is right now, it is a bad time. We could have had this when things were good. That's the time to initiate spending money...They should have implemented this when things were up.” [Latino voter, Las Vegas]

“Is it going to be higher taxes for us?” [Latino voter, Las Vegas]

“Are they going to do away with insurance companies and just have a worldwide insurance?” [Latina voter, Las Vegas]

“Are they going to get rid of all the Nevada insurances? I don't understand.” [Latina voter, Las Vegas]

“I heard it is going to cost 172 billion a year and they are going to raise taxes for 10 years.” [Latino voter, Las Vegas]

“There is going to be long waits for the good doctors because everybody is going to want to go to the good doctors.” [Latina voter, Las Vegas]

“I heard if you can't afford it, then millions of people are going to on Medicaid. Then we have to pay for that too.” [Latino voter, Las Vegas]

“It's going to stay the way it is. Just crap. Those that don't have it that need it, can't get it.” [Latina voter, Las Vegas]

- **Despite these initial doubts, there is a clear pathway to building greater awareness of the law and resistance to repeal. A compelling personal story coupled with a very basic explanation of how the law works: namely ending insurance company exclusions for pre-existing conditions—especially eliminating exclusions of children with pre-existing conditions, no-cost coverage for preventive services, and tax credits to help small businesses cover their employees all help to build up their resistance to any effort to repeal health care reform. Latinos are particularly responsive to help for children and small businesses.**
- **Additionally, it helps for them to hear that members of Congress also receive the same coverage as everyone else, and that lower income people will be helped to afford their coverage through premiums based on a sliding scale.**
- **Once Latino voters understand that there are certain components about reform that benefit them and their families, they would much rather improve the law than scrap it altogether.**
 - *By the end of the group, around half oppose repealing the health care law, whereas there was essentially no resistance to repeal at the start of the group.*

“[I am] hopeful because this won't happen to people any more, if the bill goes through. Everybody will have a chance to be taken care of. You don't have to go through all of this, which a lot of people do.” [Latina voter, Las Vegas]

“I think this explains it more. Not everyone is going to need the same type of health coverage. They might make it affordable where you can have like a small premium so people can afford, or if you are more sick, you can get better coverage.” [Latino voter, Las Vegas]

“... I would be opposed to it, the repeal. I think it would be a good thing in the long run for people to have health insurance.” [Latina voter, Las Vegas]

“We are a country where the constituents should not have to worry about getting sick. Passing the law we can actually bypass other countries and re-invent ourselves. Better healthcare -- we could have the best healthcare system in the world, if we wanted it.” [Latina voter, Las Vegas]

- **Latino voters are somewhat more willing to listen to the views of politicians as a source of information, but attempt to balance those views against other sources, like the opposing point of view. They would like to hear from a non-profit, such as committee of nurses.**

“[I would trust] a hand picked committee like an RN, a doctor, a school nurse. . .” [Latina voter, Las Vegas]

“Somebody who has not stake in it; they are not going to make money or benefit from” [Latina voter, Las Vegas]

MISSOURI WOMEN AND PROP C

- **In the two Missouri groups, both groups were mixed on repeal or negating health care reform but they felt free to vote for Proposition C because they believe the initiative will be overturned.⁵**

“If they repealed the plan, it would just be status quo.” [Rural woman, St Louis]

- *While around half of the rural women had heard of Prop C (one of them raised it unprompted), none of the suburban women were familiar with the measure as of mid-July.*

“It's going to be so expensive that nobody can afford it and you can't get your prescriptions or anything.” [Suburban woman, Missouri]

“Probably just delaying the inevitable.” [Suburban woman, St. Louis]

- **These voters don't really believe that the Missouri law will be allowed to stand, but they see this vote as a way to send a message that the Federal**

⁵ It should be noted that the language tested in the focus group research was much shorter and clearer than what will appear on the ballot, and confusion about the meaning of a ‘Yes’ or ‘No’ vote may lower support.

government is wrong to force a flawed health care reform law upon everyone.

“I don't know that it will do any good other than just send a message to politicians that we don't want this because now this vote is up to the people and not some politicians sitting in Washington who doesn't have to worry about the changes that will affect them.” [Rural woman, St Louis]

- *It's somewhat analogous to similar votes on anti-gay marriage propositions, where despite voter belief that the courts may negate the results, they see their vote as an opportunity to express their opposition nonetheless.*

- **Regarding the Prop C vote, these women have a libertarian response to a health care reform law which they see as vastly over-reaching. They think health care should be a personal choice and a personal responsibility for themselves and their families.**

“We're losing our freedoms. Government should not be in every piece of our life. I hate that. Lack of freedom. It's just wrong. They were supposed to -- our states are supposed to be more in our lives not the federal.” [Rural woman, St Louis]

“I can't imagine waiting for the government to tell me I could see a doctor. Come on.” [Rural woman, St Louis]

“I think people need to be taken care of, and the government needs to step in and do it if people can't take care of themselves. But I don't think it should be a burden on the other taxpayers. They should take from somewhere else.” [Rural woman, St Louis]

“I don't see any reason why the government needs to be involved in healthcare” [Rural woman, St Louis]

“To me [health care] is a personal, private thing. I don't tell my neighbor what is going on with me health-wise. I don't think that they should be involved in that. I should be able to, if I have the money to go pay cash to see a doctor, I should be able to go pay cash to see a doctor. I don't feel like I should have to have my medical records for everyone to see.” [Rural woman, St Louis]

“I believe everybody should have a choice. If they want their own healthcare and if they want to pay for private healthcare, they should have the choice to do so even if the government passes that everybody gets healthcare.” [Suburban woman, St. Louis]

- *They are particularly opposed to the mandate in health care reform.*

“I think it is just scary that it is mandatory.” [Rural woman, St Louis]

“I don't believe that the government can force anyone to purchase a product or service.” [Suburban woman, St. Louis]

- **They say they want to make their own decisions regarding health care, that not all people have the same life circumstances and needs, and that in America, we should all be able to choose what kind of health care works best for us. Their assumption is that health care reform limits rather than expands choices.**

“If the government is dictating to us what we can and cannot do other than our choice being made of what kind of healthcare coverage we'd like, it limits us. I just think that is terrible. We should have freedom of choice and there is no choice.” [Rural woman, St Louis]

“One thing is we are not cookie cutter people. We all have different issues and different things that we need from healthcare. Why put us all in one group and think that is going to work for everybody? For me I have a large family so my children's needs and immediate issues and things like that are my main concern but not everybody -- there are single ladies here and different types of applications.” [Suburban woman, St. Louis]

- **They also express doubts about the health care legislation itself, concerned about the rush to pass it, what's in it, who influenced it, and all the partisan fighting around it.**

“I would like if they did that [Proposition C] because I feel like they were trying to rush it through too fast. I don't feel like they thought it through well enough.” [Rural woman, St Louis]

“I agree something needs to be done. I just don't know that they spent enough time hammering out all the details.” [Rural woman, St Louis]

“They have it written, from what I understand, it is 1400 pages. I just think our Senators and Congressmen didn't read it.” [Suburban woman, St. Louis]

“Why wasn't it fixed before it was passed? Why did we push something through that we have no clue what it does, and now we need to fix it and it has not even started working yet. That really makes me mad.” [Suburban woman, St. Louis]

- **Given their lack of substantive knowledge about or confidence in health care reform itself, they have little initial resistance to repealing or negating it.**

- *Prop C is structured in such a way as to evoke their values of personal freedom and choice, and sets up health care reform as taking away that choice.*
- *While countering these efforts is not realistic prior to the August vote, it will be important to help voters understand that they not only retain their options under health care reform, but that they will have more choices made available to them, including keeping their current coverage under their employer for the vast majority of people.*

- **It will be crucial to give voters a sense that they have something to lose in repealing or otherwise negating health care, including new protections like ending pre-existing condition exclusions, ending rescissions when people get sick, as well as new advantages like tax credits to small businesses to help them provide coverage to their employees, and no-cost coverage for preventive care.**

“I’m not real clear about the other stuff, but every child in America should be seeing a doctor when they need to and not have to pay for it.” [Rural woman, St Louis]

“They have been trying to put healthcare program for people since Harry Truman. Every president has tried to get it in and even Nixon did. He was a Republican but they voted his down too. I’m just glad they voted something in and I hope -- I know there are problems with it, but I do believe as a people we can work it out and fix things.” [Suburban woman, St. Louis]

- **A personal story coupled with a clear, basic description of a few of the law’s key provisions helps to foster resistance to repeal.**
- **If Prop C passes, it will be important to control the interpretation of the vote—that it is not a vote for repeal of health care reform because people do not think Prop C will survive a court challenge and even supporters of health care reform support the values of freedom and choice tapped into by Prop C’s deceptive language.**

YOUNGER VOTERS

- **Similar to other groups, young voters are initially concerned about the costs of health care reform, and that they as insured individuals will be asked to pay to cover the uninsured or illegal immigrants.**

“Everybody else's healthcare, you guys seem like nice people but I don't want to pay for your healthcare. I shouldn't have to pay all of this.” [Younger male, Charlotte]

“If an illegal -- anybody who goes into the emergency room, you go in there and you'll get service. They will take care of you; you don't have to pay.” [Younger male, Charlotte]

- Young voters also blame costs on a host of issues, including not being able to shop for insurance across state lines. Young voters were remarkably upset with insurance company practices of reducing coverage and benefits.

“Insurance companies. We can't shop them. We can't cross state lines; we can't shop them. They are allowed to come together and set prices.” [Younger male, Charlotte]

“Why healthcare costs are going up, plain and simple -- because they can raise them and we can't do anything about it” [Younger male, Charlotte]

“It seems like the insurance companies only want the healthiest person who is never going to have to use their services.” [Younger male, Charlotte]

“I do agree that the insurance companies control the whole healthcare system.” [Younger male, Charlotte]

- **However, these young voters also appreciate core provisions of reform, like ending the exclusion for pre-existing conditions.**

“Yes, they can't deny for pre-existing conditions, so that was very helpful. I was like God, that's fantastic.” [Younger male, Charlotte]

“I said good and bad. I think it is good that they are noticed that it needed to be changed. It is bad in some aspects.” [Younger male, Charlotte]

- **They recognize that the health care system was broken, but have mixed feelings about the health care reform law as an attempt to remedy the problems. They lack confidence in government's ability to execute.**

“The thing that scares me about it is you look back on history -- big major programs that government has tried to run: Social Security, welfare, Medicare. What kind of condition are all of them in?” [Younger female, Charlotte]

- **Some think the mandate doesn't make sense for low-income people.**

“How are you going to pay a \$700 fee, if you can't afford it? If you had \$700, you would have insurance.” [Younger male, Charlotte]

- **Like other groups, some young voters are concerned that the law is 2,000 pages long and too complicated for them to understand.**

“Yes, it's massive. It is what is in there that I don't know about that scares me.” [Younger male, Charlotte]

“I'm just worried about it because I don't know what it says. I don't have enough time on my hands to sit down and read 2,000 pages nor do I really want to, to be honest with you.” [Younger male, Charlotte]

“It has to be written in plain English.” [Younger male, Charlotte]

“I was reading parts of it the other day and you cannot decipher it. It is not plain English.” [Younger female, Charlotte]

- **The personal story about Lindsay was a transformative moment for some participants.**

“If I saw Lindsay here actually telling the story, like wow, we did the right thing.” [Younger male, Charlotte]

“The healthcare law might actually change [this] situation.” [Younger Male, Charlotte]

- **Younger voters liked that the Bridge/Repair It message was measured in its tone and didn't make grand promises about health care reform.**

“This is soft spoken. It doesn't make any loud claims and it doesn't have what I have killed the other ones for.” [Younger male, Charlotte]

“You've got to give it time. You don't scrap. Being a football coach, we don't scrap what we're doing all together. We make subtle little changes and make it work with what we've got. I think that was a big thing.” [Younger male, Charlotte]

- *However, including a basic description of how it works would have made the message even stronger.*

“The same thing, though, didn't give it a 3 [highest rating] because it was just a soft spoken statement; it made good sense but it didn't give me what changes you were going to make.” [Younger male, Charlotte]

- **While at the end of the group, some younger voters still wanted to repeal health care reform—largely over concerns that it was rushed—some decided that it would be better to work with the law and improve it instead.**

“My big thing is I hate hearing over and over again this is just throw it out and start over. I feel at some point somebody has to say okay, let's work with what we've got here. Take the good pieces and turn it into something else.” [Younger female, Charlotte]

“I would say give it a chance to fail; give it a chance to succeed and then have hardcore facts to back it up. Just to remain a little optimistic. Let it run its course. If it doesn't work out, then we have more than just opinions to say that it wouldn't work.” [Younger male, Charlotte]

“Yes, I feel we have a foundation to work from. You can't just scrap it. We've got to give it a shot and then we are going to amend it, just like we're doing with Social Security.” [Younger male, Charlotte]

MESSAGE RATINGS (0-3 scale of how convincing) [Messages in <i>italics</i> designed specifically to address the health insurance mandate issue]									
<u>Messages</u>	White Voters, Senior Women-Charlotte	White Voters, Under 40 Charlotte	White Voters, Non-college Women Las Vegas	Hispanic Voters: Mixed Gender Las Vegas	White Voters, Senior Men Philadelphia	White Voters, Non-college Women Philadelphia	Swing Voters: White Rural Women Des Peres	Swing Voters: White Suburban Women Des Peres	<u>Average</u>
OPPOSITION NARRATIVE¹	1.3	1.5	2.4	1.6	2.3	2.3	2.0	2.4	2.0
PREVENTION-SAVES LIVES²				2.6				2.3	2.5
VALIDATORS/HOW IT WORKS³							2.2	2.5	2.4
FACE OUR PROBLEMS⁴				2.4					2.4
WOMEN'S ISSUE/DISCRIMINATION⁵			1.9			2.6			2.3
BRIDGE/HOW IT WORKS⁶							2.3	2.3	2.3
(PERSONAL STORY) MAX⁷								2.3	2.3
BRIDGE/TRANSITION⁸		2.0				2.4			2.2
BRIDGE/REPAIR IT⁹			2.6	1.8					2.2
STABILITY¹⁰			2.2			2.2			2.2
(OFFENSE) SCARE TACTICS¹¹			2.2						2.2
<i>AFFORDABLE</i>¹²				2.2					2.2
ECONOMIC ISSUE¹³					2.1				2.1

<u>Messages</u>	White Voters, Senior Women-Charlotte	White Voters, Under 40 Charlotte	White Voters, Non-college Women Las Vegas	Hispanic Voters: Mixed Gender Las Vegas	White Voters, Senior Men Philadelphia	White Voters, Non-college Women Philadelphia	Swing Voters: White Rural Women St. Louis	Swing Voters: White Suburban Women St. Louis	Average
(PERSONAL STORY) LINDSAY¹⁴							1.9		1.9
CHILDREN/HEALTHY GENERATION¹⁵							1.9		1.9
SECURITY-BENEFITS¹⁶		1.9							1.9
HOW IT WORKS¹⁷		1.8			2.1	1.7			1.9
ON OUR SIDE¹⁸				1.8		1.7			1.8
FREE RIDER¹⁹						2.0	1.9	1.3	1.7
WAIT TOO LONG²⁰	1.3		1.5		2.2				1.7
DEATH SPIRAL²¹		1.6							1.6
(OFFENSE) OPPONENTS NOT ON YOUR SIDE/BAILOUT²²								1.5	1.5
WOMEN'S ISSUE/COST²³	2.0						0.8		1.4
(ADMINISTRATION) CONTINUITY/IMPROVEMENTS²⁴	1.4								1.4
CONTROL AND CHOICE²⁵		1.4							1.4
ROLE OF GOVERNMENT²⁶	1.3								1.3
(OFFENSE) THEY WANT TO HURT SENIORS²⁷	1.0				1.0				1.0
GOOD FOR SENIORS²⁸					1.0				1.0

Final Vote on Repeal of Health Care Reform Law									
	White Voters, Senior Women- Charlotte	White Voters, Under 40 Charlotte	White Voters, Non-college Women Las Vegas	Hispanic Voters: Mixed Gender Las Vegas	White Voters, Senior Men Philadelphia	White Voters, Non-college Women Philadelphia	Swing Voters: White Rural Women St. Louis	Swing Voters: White Suburban Women St. Louis	Total
Strongly support	1	1	0	0	0	1	2	0	5
Somewhat support	3	3	1	2	6	1	2	5	23
Undecided	2	3	1	5	2	3	1	2	19
Somewhat oppose	3	3	5	1	1	4	4	1	22
Strongly oppose	1	0	2	3	1	0	0	2	9
TOTAL SUPPORT REPEAL	4	4	1	2	6	2	4	5	28
TOTAL OPPOSE REPEAL	4	3	7	4	2	4	4	3	31

¹ [OPPOSITION NARRATIVE] At a cost of over one trillion dollars, the new health care law will increase the cost of health care for middle class families, lower the quality of care we receive, increase our taxes, increase the national deficit, and break state budgets. The bottom line is it's a government takeover of health care, giving government bureaucrats the power to make medical decisions. And that's if you can even get in to see a doctor given the millions of additional people who will flood the system. The government mandate requiring everyone to buy health insurance is un-American, and the employer mandate will kill jobs and hurt small businesses. The law also cuts Medicare by nearly half a trillion dollars, hurting our seniors. We need to repeal the new law, and replace it with real reform that will decrease rather than increase health care costs while preserving personal freedom and our private medical system which offers the best quality in the world.

² [PREVENTION-SAVES LIVES] Starting this year, all new insurance plans must cover key preventive services, like breast and colon cancer screenings, which many Americans have put off because of the costs involved. This will save thousands of lives every year, and bring down costs because it is far more cost-effective to treat cancer when detected early. That's why the American Cancer Society supports the new health reform law, and says repeal would lead to thousands of cancers going undiagnosed and many needless deaths. Repeal of health care reform would put us back into a system that actually discourages people from getting preventive care.

³ [VALIDATORS-HOW IT WORKS] The new health care law is not perfect, but Consumer Reports says it's a good deal for consumers, and members of Congress will now be required to get their health coverage through the same system as the rest of us. There's a lot of political rhetoric about the new law, but for most people the changes will be easy. Most of us who have private employer health coverage will keep that coverage, with new protections to stop the insurance companies from price gouging, denying care for pre-existing conditions, or cutting off coverage when you get sick. If you lose your job or change jobs, it will be easier to keep your coverage or find affordable coverage using an exchange, which is like an online shopping site that makes it easy to compare plans. Young adults, small businesses and older workers who can't get coverage now will have affordable options. Employers and working people will pay for health insurance like they do now, but with the peace of mind that comes from knowing that you will have the health care you paid for when you need it.

⁴ [FACE OUR PROBLEMS] For a long time we have shut our eyes to unregulated greed—what was in the best interest of a few at great expense to many. We ignored Wall Street making its own rules and home loans to whomever it pleased. We turned our backs to oil companies drilling offshore without strong oversight and regulations. And we allowed health insurance companies to dominate the health care system while our costs spiraled out of control and tens of millions of people went without coverage or were denied coverage when they needed it most. Doing nothing while these problems fester is not a responsible approach, and throwing up our hands in frustration doesn't solve anything. Our health law may not be perfect, but it squarely confronts the reality of our problem and the greed of the insurance industry, and makes some common sense changes to tackle the challenges. Now we have a chance to improve it.

⁵ [WOMEN'S ISSUE/DISCRIMINATION] Before health care reform, insurance companies could discriminate against women. They could deny coverage to women if they had previously given birth by a Cesarean section or if they hadn't been sterilized. And they could deny coverage to women who had survived domestic violence on the grounds that these were "pre-existing conditions." Health care reform will make both of these practices illegal. It also will make it illegal to deny coverage to children due to pre-existing conditions, and it will require coverage of preventive care like mammograms and cervical cancer screenings and allow us to put our older children up to age 26—who are often back home in this economy—under our health plans. Let's not let a bunch of lobbyists and politicians allow insurance companies to treat women like a pre-existing condition anymore.

⁶ [BRIDGE/HOW IT WORKS] The health care reform law is not the ideal law, and maybe not the law that you and I would have written, but it does a lot of good things. It's actually amazing that Congress managed to pass it. There's a lot of political rhetoric about the new law, but for most people the changes will be easy. Most of us who have private employer health coverage will keep that coverage, with new protections to stop the insurance companies from price gouging, denying care for pre-existing conditions, or cutting off coverage when you get sick. If you lose your job or change jobs, it will be easier to keep your coverage or find affordable coverage using an exchange, which is like an online shopping site that makes it easy to compare plans. Young adults, small businesses and older workers who can't get

coverage now will have affordable options. Employers and working people will pay for health insurance like they do now, but with the peace of mind that comes from knowing that you will have the health care you paid for when you need it. But a law this big takes time to put into practice. Instead of scrapping it, we should fix what's wrong, improve the things that could be better, and give it a chance to work.

⁷ [PERSONAL STORY-MAX] Max is a 58-year custom tool fabricator at a small machine shop who paid his insurance premiums like clockwork for 20 years. Earlier this year his doctor told him he has cancer and now he's suffering major complications and has needed multiple surgeries, chemotherapy and radiation treatments. Unfortunately, his insurer just told him that due to months of expensive cancer treatments, he hit the annual limit on his policy and over \$350,000 worth of hospital bills this year won't be covered. His was forced to retire early due to poor health, but was too young to qualify for Medicare. Now he is forced to declare bankruptcy and may lose his home. Under the new health care law, insurance companies will no longer be allowed to impose lifetime or annual caps on coverage, so Max's cancer treatment will be covered. Instead of paying premiums for years and then being cut off when we get seriously ill, we will have the peace of mind of knowing that we will have the health care we paid for when we need it. And the law creates a reinsurance program for those 55-64 years of age that helps employers continue to provide coverage for employees who retire early.

⁸ [BRIDGE/TRANSITION] The health care reform law is not the ideal law, and maybe not the law that you and I would have written, but it does a lot of good things. It's actually amazing that Congress managed to pass it. And it's about time they actually did something rather than just arguing about it forever. The law prevents insurance companies from denying coverage for pre-existing conditions, prevents hidden coverage ceilings or loss of coverage when you get sick which could force you into bankruptcy, and helps small businesses to provide coverage to their employees through tax credits. But a law this big takes time to put into practice. Instead of scrapping it, we should fix what's wrong, improve the things that could be better, and give it a chance to work.

⁹ [BRIDGE/REPAIR IT] Times are tough in the country right now. Businesses are struggling, families are hurting. We've lost more than 7 million jobs since the recession began. We've got to get our economy moving again. But we can't have a strong economy if we don't help businesses provide quality health care choices for their workers, help small businesses pay for their employees, and help families get and keep affordable health insurance coverage. The health care reform law protects families by preventing insurance companies from denying coverage for pre-existing conditions, prevents hidden coverage ceilings or loss of coverage when you get sick which could force you into bankruptcy, and helps small businesses to provide coverage to their employees through tax credits. Nobody thinks the new law is perfect, parts of it need to be made better. But it puts the chaos behind us so we can begin working to create jobs and a stronger economy in the country.

¹⁰ [STABILITY] Life today is more insecure and less stable than ever before. Our lives are changing—we leave or lose a job, start a business, lose a spouse, and we shouldn't have to worry about losing our doctor. We're in tough economic times now—we face a multi-year recession, job loss, businesses closing, and a reduction in benefits and savings. People who lose their jobs or their business shouldn't have to worry about losing their doctor and health coverage. Health insurance reform helps provide access to affordable plans—requiring businesses who can afford it to provide coverage, and helping small businesses afford it through tax credits. That will give us all greater stability as we can relocate and change jobs, or think about starting a new business, or hire more workers without having to worry about health care costs driving us into bankruptcy.

¹¹ [OFFENSE-SCARE TACTICS] Don't be fooled by insurance companies and the politicians who serve them. They are trying to scare you with false threats of health care cost increases because they don't want to provide you with these new benefits and protections that cut into their profits and CEO salaries and bonuses. By repealing the new health care law, they want to throw out the baby with the bathwater because doing so is good for them, not for you. Don't believe their repeal hype, they only reason they are playing this game is because they are hoping to gain back billions in profits by denying your coverage when you need it most. It's no surprise that the health insurance industry was one of the only industries to reap record profits during these troubled economic times.

¹² [AFFORDABLE] The requirement to have coverage does not require everyone to purchase the same type of health coverage. Most people will remain covered through their employers, while others receive Medicare. The law will help low income people to afford coverage if affordable coverage is not available through their

employer, and will help states to provide coverage to more of their lower-income residents. It also creates health insurance exchanges that will spur competition between plans and hold prices down. So everyone will have options they can afford, and can take responsibility for themselves instead of burdening the rest of us.

¹³ [ECONOMIC ISSUE] Small business owners and employees are among the worst hit by rising health care costs as health care costs for small business have nearly tripled over the past 10 years. Through tax credits for providing access to affordable health coverage to their employees, health insurance reform helps these owners and employees purchase affordable health care coverage, which is why thousands of small business owners support the new law. It will also allow small businesses to pool together so they pay lower rates and have access to better choices. In these tough times, the new law will ensure every family will be able to have a family doctor and affordable coverage when they need it, helping take some of the financial pressure off of millions of hard-hit middle class families.

¹⁴ [PERSONAL STORY/LINDSAY] Lindsay is a 23 year old waitress who is 6 months pregnant with her second child. She used to get her health care coverage through her husband John, but he was recently laid off and just found a new job, and his new insurance has denied her coverage because they consider her pregnancy a “pre-existing condition.” To make matters worse, their 6-year old son Jacob suffers from asthma and so he was also denied health care coverage due to a pre-existing condition. Their health care bills are already high and now they have pre-natal expenses to consider as well, but John is the only family member with coverage—which he will have to drop soon because his new employer requires him to pay for 50% of the premiums. She’ll have to leave work to have the baby, and they just don’t know what they are going to do. Under the new health care law, children can no longer be denied coverage due to pre-existing conditions, and what happened to Jacob will be illegal in September of this year. When the law is completely implemented, insurance companies will not be allowed to deny adults with pre-existing conditions either, and small businesses will get tax credits to help them provide affordable coverage to their employees, so no other family will have to go through this again.

¹⁵ [CHILDREN/HEALTHY GENERATION] We need a national commitment to creating the healthiest and strongest generation of American children we have ever had – the Healthy Generation. The new health care law will make sure every child gets the basic health care and preventive care they need to stay healthy and detect health problems early, and children who currently lack health coverage can sign up right now for affordable, quality coverage through Medicaid and other programs. Starting this September, children can never again be denied insurance because of a pre-existing condition like asthma, and older children up to age 26 will be able to stay on their parents’ health plans. Repealing health care reform would be a huge step backwards for our kids.

¹⁶ [SECURITY-BENEFITS] People who work for a living ought to be able to take their kids to a doctor and people who are retired, ill, or temporarily out of work shouldn’t lose their life savings because of one illness. Health care reform requires insurance companies to put more money into patient care and less effort into denying it. It prevents insurance companies from denying coverage for pre-existing conditions, prevents hidden coverage caps or loss of coverage when you get sick which could force you into bankruptcy. We fought hard for these gains in security, let’s not let them be taken away now.

¹⁷ [HOW IT WORKS] There’s a lot of political rhetoric about the new health care law, but for most people the changes will be easy. Most of us who have private employer health coverage will keep that coverage, with new protections to stop the insurance companies from price gouging, denying care for pre-existing conditions, or cutting off coverage when you get sick. If you lose your job or change jobs, it will be easier to keep your coverage or find affordable coverage using an exchange, which is like an online shopping site that makes it easy to compare plans. Young adults, small businesses and older workers who can’t get coverage now will have affordable options. Employers and working people will pay for health insurance like they do now, but with the peace of mind that comes from knowing that you will have the health care you paid for when you need it.

¹⁸ [ON OUR SIDE] The Democrats brought us Social Security, the minimum wage—which they later raised, and the 40-hour work week. They passed tough new rules to rein in Wall Street. And with health care reform, they took on the big insurance companies. To influence members of Congress, the insurance companies hired 2,049 lobbyists to try and get their way. And \$86 million was spent on misleading ads to try to kill reform. All because they want to keep jacking up premiums and denying us coverage. But the insurance companies didn’t win because Democratic members of Congress said NO to big insurance and YES to standing up for us. Now the insurance companies and Republicans are fighting to take reform away from us, but the Democrats won’t let that happen because they are on our side.

¹⁹ [FREERIDER] We all pay for those who are uninsured when they need care, and it's not fair to the rest of us that some people get a free ride when the rest of us have to pay. Nobody should be able to skip out on their responsibility to get coverage, then get sick or have an accident and then have all of us pick up the tab when they can't afford to pay their own medical bills out of pocket. When people don't buy insurance, they use expensive emergency room care even for routine care and that costs 3 to 4 times as much as a regular doctor's visit. Often taxpayers pick up the tab. That repeatedly happened under the old system which didn't require everyone to have insurance, and it's part of the reason health insurance is so expensive today.

²⁰ [WAIT TOO LONG] Unless we require everyone to get coverage, those without coverage won't get preventive care and will wait too long to seek care. They get sicker and go to the emergency room and get much more expensive and more extensive treatment than if they had coverage. You can say it's their own fault for not having insurance, but it's those with coverage who have been paying higher premiums to cover the care for the uninsured. It's much cheaper for those of us with insurance if everyone is covered, which is why the requirement makes so much sense.

²¹ [DEATH SPIRAL] Some people argue that we could get rid of the requirement that everyone have health insurance, but still require insurance companies to cover pre-existing conditions, get rid of lifetime caps on coverage, and stop rescinding coverage when people get sick. That may sound good, but in states that have tried it, premiums went up dramatically and people had a lack of choice among insurance carriers. Insurance companies will be forced to cover a large new pool of sick people without a new pool of healthy people to help balance out the costs of covering sicker individuals. When that happens, insurance companies raise their rates dramatically, which leads to more healthy people dropping coverage, until they eventually have only the sickest, most expensive people left. Having everyone in the system is the only way this works.

²² [OFFENSE-OPPONENTS NOT ON YOUR SIDE/BAILOUT] Opponents call it "repeal and replace" but what they are really talking about is an insurance company bailout. The battle over health care reform was ugly because lobbyists and special interests have a powerful grip on Washington. They spent over \$86 million to fight against reform—and lost. Now they are already coming back through every means possible, including spending millions on lobbying efforts and campaign contributions. We can't let them reinstitute pre-existing condition exclusions, allow insurance companies to drop sick people, increase health costs for seniors, make it harder for people get a personal physician, and deny coverage to children. Opponents have had years to take action, but instead they did nothing. Now the insurance company lobbyists want Congress to bail out the insurance companies at our expense. We need to fix reform and improve it so it works, but we shouldn't let the special interests win by doing away with it.

²³ [WOMEN'S ISSUE-COSTS] Health care is a women's issue. We are the ones who take care of our families when they are sick, make sure they go to the doctor, and watch out for our kids and our parents as they get older. We do more—and we pay more. Under the old system, it was perfectly legal to charge women more than men—in some cases over 50 percent more. Many plans charged a 40-year-old woman who *didn't* smoke more than a 40-year-old man who did. Yet despite paying more, many women who became pregnant discovered that their plans didn't cover maternity care at all, and in 13 states it was legal to deny coverage for pregnancy as a pre-existing condition. Health care reform means women will be covered for maternity care, no denials for pre-existing conditions, and that many women will no longer pay more than men. Why should we go back to the days when women were forced to pay more?

²⁴ [ADMINISTRATION-CONTINUITY-IMPROVEMENTS] The health care reform law builds on the health care system we have, keeping the parts that work and gradually fixing the parts that don't. It is a uniquely American solution that builds on the current health care system. It lets Americans keep their health insurance if they like it while adding important consumer benefits to give businesses, families and individuals higher quality care at lower prices and more control over their own care. The law will expand new consumer protections to all Americans with health insurance, moving us toward the competitive, patient-centered market of the future. If you like your doctor and plan, you can keep them. But if you aren't satisfied with your insurance options today, the law provides for better, more affordable health care choices through new consumer protections. And beginning in 2014, it creates health insurance exchanges that will offer individuals and small businesses better, more affordable choices.

²⁵ [CONTROL AND CHOICE] The economy is still struggling, millions have lost their jobs and remain unemployed, Wall Street continues its greedy ways, the housing market has melted down, and now BP is causing untold damage in the Gulf of Mexico with no end in sight. But even in the hardest of times, we tackle our problems and there is at least one way we have started to take back control. Before health care reform, insurance companies raised our premiums, denied coverage for pre-existing conditions, and dumped us the minute we got sick and actually needed health care. The health care reform law takes the power and control away from the insurance companies and gives it back to doctors and patients where it belongs. We can't let the insurance industry regain control over our health care system, which is exactly what would happen if we repealed the new law.

²⁶ [ROLE OF GOVERNMENT] Government shouldn't run our health care, and with the new health care reform law it doesn't. Government doesn't provide the health care coverage or tell doctors what to do, it just sets some common sense rules to protect consumers from the worst abuses of the insurance companies who have had control over the system. The insurers' greedy ways lead to practices like denying you coverage for pre-existing conditions, dropping your coverage if you got sick, imposing hidden annual or lifetime caps on your coverage, and even charging you higher premiums just for being female. Now that patients have finally won these protections, why would we ever allow industry lobbyists to convince Congress to go back?

²⁷ [OFFENSE-THEY WANT TO HURT SENIORS] The Republicans trying to repeal these needed health laws want to replace Medicare with a voucher system, turn Social Security over to Wall Street, take away your protections from insurance company exclusions of sick people, and let Washington lobbyists control your health care. They have the audacity to argue that the new law cuts Medicare when the truth is it will strengthen Medicare—extending the financial solvency of the program for an additional 20 years. The funding comes from reducing insurance company profits with no cuts to benefits. And the new law covers all preventive care with no co-payments. Without reform, seniors would have to pay over \$400 a year more compared to what they will pay under the new law. We can't let these insurance company lobbyists take this important reform away from seniors. That's why the AARP and American Cancer Society endorse the reform.

²⁸ [GOOD FOR SENIORS] The new health care law will lower Medicare premiums and co-payments. And it will cover all preventive care with no co-payments. Over the coming years, it will totally fill the "doughnut hole" gap in prescription drug coverage so that Medicare will cover all prescription drugs, no matter how many you need or how much they cost. The funding comes from reducing insurance company profits with no cuts to benefits. Health insurance reform will also help seniors stay in their homes instead of going into nursing homes by providing more affordable in-home care. That's why the AARP and American Cancer Society endorse the reform.