

 THE COUNCIL *WEBINAR*

# Partnership for America's Health Care Future



# The Partnership for America's Health Care Future

Fall Update

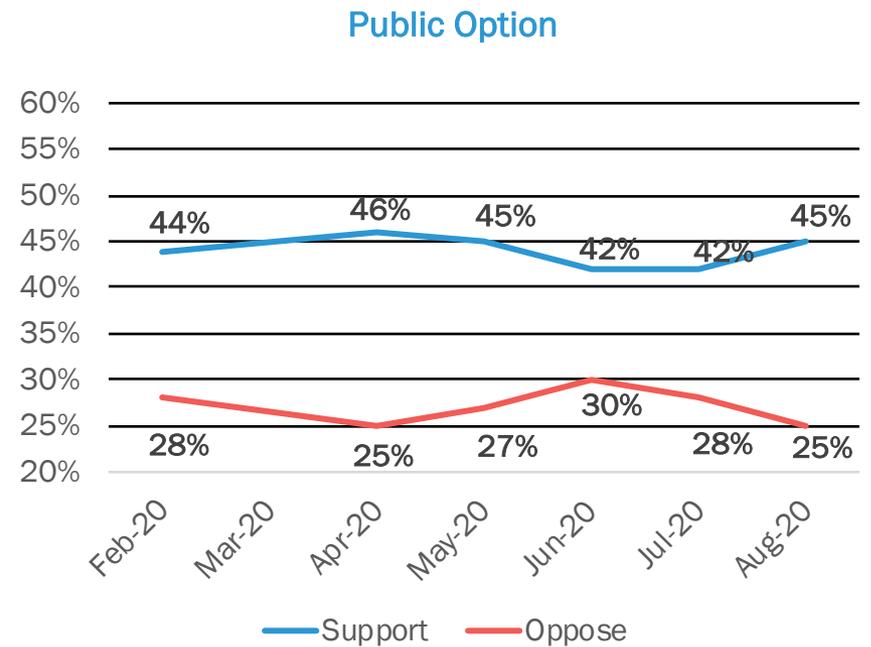
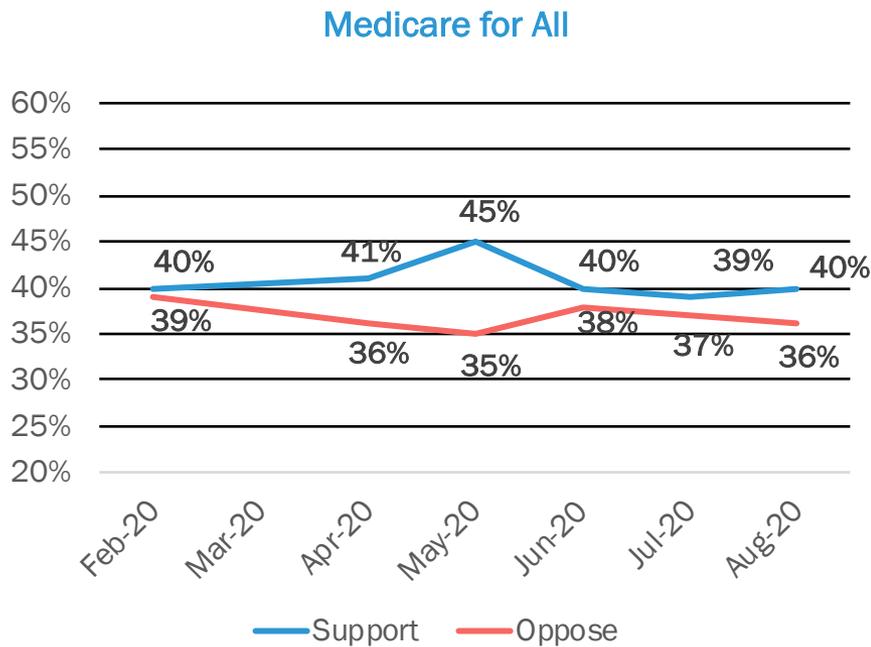


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# Lay Of the Land: What Does Polling Tell Us?



# Support for Medicare for All Is Steady From Pre-COVID Levels, As Public Option Has Risen



Source: Internal polling, Partnership for America's Health Care Future



# Messaging and Creative Imperatives

## Top Messages: Pay More for Worse Care

	U.S.
<u>Costs.</u> Americans would need to pay higher taxes to fund it and private health insurance premiums would increase.	41%
<u>Quality.</u> There would be lower quality of care for patients.	31%
<u>Access.</u> There would be longer wait times and fewer doctors and hospitals.	27%
<u>Bureaucracy.</u> It would increase bureaucracy and regulation in health care.	27%
<u>Government spending.</u> It would increase our national debt and deficit further.	21%
<u>One-size-fits-all.</u> The free market and public programs would no longer be able to work together to provide affordable, high-quality coverage and care options for Americans.	19%
<u>Instability.</u> It would create instability as Americans are relying on a strong, stable health care system now more than ever.	17%
<u>Jobs.</u> It would result in the loss of hundreds of thousands of health care jobs.	16%

## Creative Testing Key Findings

1. Advertising should **NOT** reference COVID-19 but should speak to the economic environment.
2. Our tone must be **BALANCED** – not too negative.
3. Attack the **OPTION** of the public option.
4. Our top proof point: **\$2,300/year payroll tax increase on the average worker even if they like their coverage.**
5. A supporting explainer video is needed to explain **HOW** we arrive at the negative consequences of the public option.
6. Our alternate vision must be more specific and draw a contrast: ***“Build on what’s working where private coverage, Medicare, and Medicaid work together – not start over.”***

Source: Internal polling testing, Partnership for America’s Health Care Future



# Federal Plan: 2020



# Strategic Objectives and Program

## OBJECTIVES

1. Execute a strategy that creates a “**blue wall**” in the **Senate** of advocates who challenge Medicare for All, Medicare Buy-In, and the Public Option.
2. **Defeat proposed state public option legislation** in five states.
3. Shift **public opinion support by 5-15 percentage points** on Medicare for All, Buy-In, and the Public Option proposals across key markets and audiences.
4. **Define and link Medicare for All, Medicare Buy-In, and the Public Option as the same thing** in the media, with influencers, and lawmakers, and in tracking polls.

## PROGRAM

- Launched targeted public persuasion programs, modelled off of tested messaging and previous work.
- Engage and win in state legislative debates through coordinated advocacy, grasstops engagement, and paid and earned media.
- Drive a national media narrative around key inflection points.
- Deploying and activating grassroots digital activists.
- Executing a robust research agenda.



# Continuous, New Research Driving Headlines

## NEW RESEARCH: The Public Option in the 2020 Economic Environment *August 13, 2020*

- The public option “would only exacerbate stresses on the health system. Instead of improving access to care and supporting health system capacity, the public option could instead leave many Americans worse off.”
- Hospitals are already strained and projecting losses in revenue nationwide due to coverage changes, a public option could increase this loss by 60% to \$79.2 billion, reducing access to quality care for tens of millions of Americans.
- Hospitals serving rural and vulnerable patients could see their revenue loss increase by more than 40% from \$14 billion today to \$20 billion under a government-controlled health insurance system.

## UPCOMING FEDERAL RESEARCH

- A comparison on how select ACA improvements could achieve coverage gains and affordability improvements similar or greater to public option proposals.
- An assessment of the economic cost of government options measured through a combination of direct tax burdens and indirect losses to earnings.
- An update on the fiscal impact of a public option (originally released in January 2020) that looks at the impact of reduced reimbursement rates on therapy innovation

## UPCOMING STATE RESEARCH

- Connecticut: Analysis of the fiscal and economic consequences of a public option
- Connecticut: Analysis of state spending, budgets and state effects of a public option
- New Mexico: Coverage challenges to a public option



# Looking Ahead: 2021



# A Tiered Approach to States

