How Americans Think About Health Care and Insurance *

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[NON FINAL DRAFT: COMMENTS VERY WELCOME!]

Abstract

This paper investigates how Americans perceive and reason about health insurance policies through two large-scale surveys and experiments conducted in 2019 and 2025. We elicit open-ended considerations, measure factual knowledge, and examine policy views on redistribution, fairness, and efficiency. While respondents broadly agree on the benefits of expanded coverage, cost concerns dominate, and partisan divides remain sharp. Our experiments show that abstract efficiency- and equity-based arguments have limited effects on policy preferences. By contrast, concrete information about existing programs, especially Medicaid, significantly increases support for their expansion, suggesting program-specific communication may be a powerful tool for shaping public opinion.

Keywords: Redistribution, Survey, Perceptions, Taxation, Online Experiment, Fairness.
JEL Codes: D72, D91, H21, H23, H24, H41

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1 Introduction

Access to good health care is essential for both people and society, and having health insurance is a critical matter for millions of Americans. In the United States, where health care spending makes up more than 17% of GDP and many people are still uninsured, it is important to understand how people view health insurance to guide better policy decisions. Recently, in the run-up to its passage, the One Big Beautiful Bill renewed the controversy over health insurance, particularly over its sweeping Medicaid provisions, representing the largest Medicaid rollback in the program's history. In this paper, we shed light on two questions: How do U.S. citizens perceive and understand health insurance policies, and can their support for expanded and even universal health insurance be increased?

Economists study both the positive and negative behavioral and efficiency effects of increasing health insurance coverage. Immediate positive effects may include less crowding in the emergency room for non-emergency conditions that are better treated by a primary care provider or specialist, and higher use of the recommended preventive care, e.g., immunizations or screenings at the recommended frequency (Miller, 2012). More generous health insurance could improve health overall, which could in turn have positive effects on the economy (Hackmann et al., 2025). More preventive care may, on balance, reduce overall health costs if medical problems are caught early or if it prevents the spread of infectious diseases (Fragala et al., 2019; Sargin, 2024; Gruber, 2025). Moreover, there are broader implications of health insurance beyond simple health outcomes. First, labor market concerns are intrinsically tied to health insurance, since around 49% of Americans are insured through their employer. The "job-lock" effect from health insurance linked to one's employer, i.e., the difficulty in switching jobs for fear of losing one's health insurance or receiving worse coverage through the new employer, has been shown to exist (Madrian, 1994). Second, if the lack of health insurance causes financial stress in low-income households, there may be broader ramifications due to sub-optimal decisions made to deal with these financial shocks. On the other hand, expanding health insurance coverage may also entail costs. For instance, there could be overuse of medical care in response to more generous health insurance (Einav and Finkelstein, 2018). Expanding government-funded health insurance might also require higher (distortionary) taxation or cuts to other government expenditures. Furthermore, there are many equity- and fairness-related considerations as well. For instance, to what extent should people be held responsible for their health? Is it fair to help lower-income people afford health insurance? This paper aims to measure people's understanding and perceptions of the health insurance system along all these margins.

To do so, we design and implement two large-scale Social Economics surveys and experiments on a representative sample of the U.S. population in 2019 and 2025. The questions in the survey are designed to elicit not only respondents' factual knowledge about the health care system and health insurance policies, but also their understanding of the mechanisms at play and its efficiency and distributional implications. We also extract people's first-order considerations that come to mind when they are prompted to think about health insurance and its goals or shortcomings. To avoid priming respondents about a particular effect or another one, this is done primarily through open-ended questions, which are subsequently evaluated through text analysis methods.

The use of surveys to study policy attitudes has a long history in economics, with seminal contributions

focusing on political economy and public finance. Early work such as Blendon et al. (1997) compared the views of the public and economists on key economic issues, highlighting divergences in priorities and beliefs. Foundational surveys on price setting (Blinder et al., 1998), wage rigidity (Bewley, 1999), and inflation perceptions (Shiller, 1997) illustrate the role of economic surveys in studying expectations. Subsequent empirical contributions demonstrated how fairness considerations, reciprocity, and social identity shape redistribution views (Gilens, 1999; Fong, 2001; Luttmer, 2001). Blinder and Krueger (2004) explored perceptions about the economy and the determinants of policy views.

Building on this, a growing literature has leveraged new survey technologies to administer large-scale studies and generate causal variation, incorporating experimental techniques. This has also been facilitated by the diffusion of best practices and methodological contributions synthesizing how to use survey experiments to identify causal effects (Haaland et al., 2023; Stantcheva, 2023). Related work highlights the value of open-ended elicitation for uncovering mental models and reasoning processes (Ferrario and Stantcheva, 2022; Roth et al., forthcoming). Recent methodological contributions systematize the use of surveys to investigate the formation of expectations (Fuster and Zafar, 2023).

Recent empirical literature applies these methods to a wide range of policy domains. On taxation and redistribution, studies show systematic misperceptions of taxation and demonstrate how information and framing shift support (Kuziemko et al., 2015; Stantcheva, 2021). Related research connects inequality and mobility beliefs to redistribution preferences (Alesina et al., 2018) and documents how attitudes towards tax policy vary with fairness and efficiency considerations (Bartels, 2005; Gideon, 2017). In trade, Stantcheva (2022) uses surveys to study how individuals reason about trade policy, and how treatments shift support for policies. In the context of inflation, Binetti et al. (2024) combine information provision and structured elicitation to document how people understand the causes and consequences of rising prices and how this shapes support for monetary policy. Recent cross-country studies (Dechezleprêtre et al., 2025) show that effectiveness, redistributive effects, and self-interest considerations are the main determinants of support for environmental policies.

Our survey also contains detailed questions on policy views, attempting to capture the nuances involved in the debates about health insurance in the U.S. For instance, people may assess coverage for different types of conditions or care (e.g., maternity-related services versus specialist non-essential care) differently. In particular, coverage for family planning services such as birth control or abortion-related services can be sensitive issues. In addition, there is the question of whether individuals should be required to have health insurance (i.e., whether there should be an individual mandate for health insurance) so as to avoid both individual behavioral failures and negative social spillovers from a lack of insurance. Respondents are also asked whether they support a "Medicare-for-all"-type universal health insurance, whether low-income households' premiums should be subsidized, whether Medicaid or Medicare should be expanded, and how much coverage they believe should exist for different types of situations and health conditions.

Furthermore, in the 2019 survey, we randomized the formulation of many of the questions in each survey. The same root question was asked in two different ways: generic and impersonal (e.g., "If health insurance were to be made more generous, to what extent would it encourage people to make less use of the emergency room for conditions that do not warrant it?"). The second phrasing is specifically about women ("If health insurance were to be made more generous, to what extent would it encourage women to make less use of the

emergency room for conditions that do not warrant it?"). The goal is to elicit whether respondents think differently about a generic person versus women, but without asking the same person different versions of the same question.[1]

Importantly, to better understand how respondents learn and how we can change views on expanded or even universal health insurance, we show different subsamples of randomly selected respondents instructional videos that explain the workings and consequences of health insurance policy from different perspectives. The randomization allows us to estimate the causal effects of the information provided.

We adopted two different approaches. In the 2019 experiment, we focus on providing pedagogical information about health insurance that is more abstract, i.e., without specifically referencing programs in the U.S. The information comes in three distinct forms. The "Distributional" perspective focuses on the positive distributional consequences of health insurance, while the "Efficiency" perspective zeroes in on the efficiency benefits. The "Economist" perspective combines both of the previous perspectives. In the 2025 experiment, we instead explain to respondents how two specific government policies-Medicare and Medicaid-work and what their benefits are. One treatment branch sees a video on Medicare, the other one on Medicaid.

In both surveys, we decided to focus on the positive aspects of these health insurance policies for substantive and methodological reasons. Substantively, programs such as Medicare, Medicaid, and single-payer systems are typically defended on the grounds that they expand access to medical care, reduce inequality in health outcomes, and provide greater financial protection against medical costs. These features are central to the public and political debate, and highlighting them allows us to capture the policy's most widely recognized and salient implications. Methodologically, presenting the benefits creates a clearer and more consistent treatment across respondents: positive information is less ambiguous and more easily comparable than a mixed set of positive and negative effects, which could vary in salience across individuals and dilute the intervention's impact. Moreover, by focusing on the benefits, we are better able to test whether exogenously providing respondents with information about the potential advantages of more generous health coverage is sufficient to alter their policy preferences.

Our main findings are as follows. First, in the open text part, when respondents are left to freely write about their main considerations on the issue, "costs" are by far the biggest concern across the board. Second, there is widespread agreement about the benefits of more health insurance: respondents generally believe that higher coverage rates would increase preventive care use and reduce job-lock. Although there are clear partisan gaps, on the whole, respondents believed that more health insurance coverage would lead to better overall health, less spread of contagious diseases, and that, to a large extent, health outcomes are outside of one's control. There is also widespread belief in the equity impacts of more generous health insurance, such as that more generous financial insurance reduces financial stress or that it is important to help low-income families to afford health insurance.

Third, policy views, such as support for a single-payer insurance system or expanded coverage, tend to be polarized. Democrats want increased access to healthcare and indicate dissatisfaction with the current health insurance system, believing it to be unfair. Republicans tend to see higher health insurance costs for women as more justified than for men when health is worse or pre-existing conditions are present; Democrats

[1] We also had a third phrasing, which we do not focus on here, namely one focused directly on the respondent themselves ("If health insurance were to be made more generous, to what extent would it encourage you to make less use of the emergency room for conditions that do not warrant it?").

do not differentiate by gender. There is significant disagreement regarding how generously certain services should be covered, with most of these centering around maternity, family planning, and women's health. On these issues, gender is subordinate to political affiliation: Republicans tend to have cohesive views, regardless of their gender; the same goes for Democrats.

Fourth, our experimental evidence highlights the limits of abstract, even though pedagogical information and the power of concrete and specific program-related knowledge in shaping public opinion on health insurance. In the 2019 survey, providing respondents with broad efficiency- or equity-based arguments about health insurance had very limited effects. Efficiency-focused messages modestly increased the belief that generous insurance would reduce inefficient emergency room use and strengthened support for the individual mandate and certain types of coverage. Yet these treatments did not alter views on broader reforms such as a single-payer system or expanded assistance for low-income households. By contrast, the 2025 survey shows that targeted information about existing programs can meaningfully shift attitudes. Explaining the benefits of Medicare and especially Medicaid increased perceptions that the U.S. health care system is fair and boosted support for expanding these programs. Notably, the Medicaid treatment generated spillover effects by also raising support for Medicare expansion, while the Medicare treatment primarily reinforced backing for more generous benefits within Medicare itself. These effects were visible across party lines, including among Republicans who initially held more skeptical views. The contrast between the two survey waves suggests that people respond more strongly to concrete descriptions of how established programs improve access, reduce financial strain, and deliver measurable health gains than to abstract and more general information about efficiency or equity. Perhaps the provision of program-specific information could be a promising pathway for building support for health insurance reforms.

It is worth noting that our two survey waves, conducted in 2019 and 2025, bracketed two major events with potentially far-reaching implications for health policy attitudes: the COVID-19 pandemic and the U.S. Supreme Court's Dobbs v. Jackson Women's Health Organization decision. The pandemic placed unprecedented strain on the health care system and brought issues of coverage, access, and government responsibility to the forefront of public debate, potentially reshaping how individuals evaluate the role of health insurance. The Dobbs decision, by overturning Roe v. Wade, shifted the legal and political landscape surrounding reproductive health care, which may also have broader spillover effects on perceptions of health policy and the scope of government intervention. While our analysis does not focus directly on these events, they form part of the broader context in which our findings should be interpreted and we do highlight the changes we see over time in various views throughout the paper.

Related Literature: Several studies investigate satisfaction with the healthcare system and opinions towards health insurance policies and healthcare reforms (see e.g. Mossialos (1997) for views on health care systems in EU countries). Baker et al. (2014) analyze public preferences regarding the allocation of healthcare resources, highlighting how different groups weigh priorities in health care. Similarly, van Exel et al. (2015) identify diverse moral perspectives on healthcare priority setting in European populations. Other research focuses more directly on public attitudes towards health insurance policies. Yörük (2023) finds that age-based health insurance policies significantly influence perceptions of the necessity of coverage. Ashok et al. (2015) document broader trends in public support for redistributive policies, including health insurance. Khanna et al. (2022) identify key factors influencing public perception of health insurance, such as

awareness, transparency, tax benefits, claim settlement ratios, and accessibility of information in India.

Less research, however, focuses specifically on the public's understanding of how health insurance works or what its effects are, with a few notable exceptions. Loewenstein et al. (2013) find that consumers commonly misunderstand complex insurance features, such as deductibles and copayments, and that such misunderstandings persist even in the presence of simplified plans. Similarly, Barcellos et al. (2014), using a representative survey just before the rollout of the Affordable Care Act (ACA) exchanges, show that large segments of the U.S. population-especially low-income individuals—lacked basic knowledge of insurance mechanisms. Long et al. (2014), drawing on the Health Reform Monitoring Survey (HRMS), likewise document that over 60% of those targeted by ACA exchanges struggled with core insurance concepts. These studies highlight the existence of widespread information gaps that can affect how individuals interpret policies, navigate insurance options, and make informed decisions.

Our paper contributes to this literature by studying how people understand and reason about health insurance, what characteristics shape their policy views, and how their perception of the mechanisms at work drives policy preferences. Many different factors can affect people's attitudes towards health insurance. On the one end of the spectrum, there are efficiency considerations about the costs and gains of health insurance. On the other end of the spectrum, there are fairness considerations, distributional consequences (e.g., unequal health outcomes). Our survey consists of blocks that elicit views and preferences on each of these relevant factors and helps understand how people trade off these factors. This paper contributes to the existing literature by measuring all these different components using data from a new tailored survey, thus allowing the joint evaluation of people's trade-offs. Furthermore, we provide evidence on the strongest predictors of people's views and preferences on health insurance.

The rest of the paper is organized as follows. Section 2 describes the survey, data collection, and sample. Section 3 provides insights on people's first-order considerations and key statistics on respondents' knowledge about health insurance policies. Section 4 analyzes respondents' broader concerns about the efficiency and distributional implications of health insurance, with a special focus on the partisan gap. Section 5 discusses views on final policy outcomes. Section 6 examines the experimental effects of the video treatment information. Section 7 concludes.

2 Survey and Sample

This section describes the survey's structure, the data collection process, and the sample. Appendix A-4 provides the full questionnaire and additional information on important aspects of the survey.

2.1 Data Collection and Final Sample

We conducted our first large-scale survey between June and July 2019, collecting responses from approximately 1,800 U.S. residents aged 18 to 70. In July 2025, we carried out a follow-up study, sampling around 1,000 individuals. Both surveys were implemented using the online platform *Qualtrics*. The 2019 survey link was distributed by the commercial survey company *Bilendi* (`https://www.bilendi.co.uk`) and its U.S.-based partners, while the 2025 follow-up study was distributed via the platform *Prolific* (`https:`

//www.prolific.com).

Throughout the paper, we either focus on results from the most recent 2025 survey when there is no interesting change over time or, when relevant, we compare findings from both the 2019 and 2025 surveys to highlight how beliefs have evolved over time. Additional, more detailed results from the 2019 survey are provided in Appendix A-2.

How were participants enrolled? The commercial survey company *Bilendi*, with whom we partnered, maintains panels of respondents (i.e., email lists) to which they distribute survey links via email. By contrast, on *Prolific*, respondents can browse and directly select studies to participate in. In both cases, respondents were only informed about the length of the survey, but not its topic or the identity of the sender. After clicking on the survey link, respondents were first directed to a consent page (see Appendix A-3.15), which explained that the survey was part of an academic research project conducted solely for research purposes by non-partisan researchers. The consent page emphasized that responses should be as accurate as possible, and that participation was entirely voluntary. Following consent, respondents were presented with screening questions to ensure that the final sample was nationally representative with respect to gender, age, and income. This procedure also allowed us to retain demographic and background information from individuals who chose to drop out after learning the survey topic, thereby enabling us to test for differential attrition across observable characteristics. Participants in the first wave received approximately $3 for completing the survey, while those in the second wave were compensated $3.50. The median time for completion was 37 minutes for the first survey and 25 for the second one. Payment was contingent on completing the survey—that is, reaching the end of it—but respondents were not required to answer every question.

While it is not possible to fully rule out selection on unobservables such as respondents' opportunity cost of time, we can check for differential attrition, based on the topic of the survey. To do so, we regress an indicator equal to one if the participant completed the survey on an array of individual characteristics and treatment. We repeat this analysis using as the dependent variable an indicator equal to one if the respondent belongs to the bottom 5th percentile of completion times (i.e., speeders). Table A-1 reports the results. Across specifications, no observable characteristic meaningfully predicts the likelihood of completing the survey or, conditional on completion, the likelihood of spending very little time on it.

Final Sample. The final sample is broadly representative of the U.S. population. Table 1 compares the characteristics of our respondents with population benchmarks drawn from the U.S. Census Bureau (see table notes for details). By construction, the sample is nearly perfectly aligned with the population in terms of age, gender, and income. Beyond these targeted dimensions, the sample is also generally representative along other characteristics, such as marital status and employment.

Respondents' exposure to health insurance. Figure 4 presents the share of respondents with health insurance coverage (top panel) and those enrolled in Medicare or Medicaid (bottom panel), segmented by age and income. In the Appendix, Figure A-2 provides a more detailed breakdown of participants' health insurance exposure using data collected in 2019. In 2025, an average of 90% of respondents report having health insurance coverage—unchanged from 2019. However, the share of individuals insured through Medicare or Medicaid has increased from 35% in 2019 to 40% in 2025.

Health insurance coverage is positively correlated with income. While only 77% of respondents in the lowest income bracket are insured, nearly all respondents (98%) in the highest income bracket report having health insurance. In contrast, coverage through Medicare or Medicaid follows the opposite pattern: 80% of respondents in the lowest income group are enrolled in one of these programs, compared to just 25% in the highest income group. As expected, a larger share of older respondents are enrolled in Medicare or Medicaid—56% among the elderly versus 40% among those aged 18 to 29. Overall health insurance coverage shows little variation by age, with 88% of the youngest group and 96% of the elderly having some form of insurance.

Measuring political leaning

Examining differences in beliefs across political parties is a natural dimension of interest. In our study, partisanship is measured in two complementary ways. First, in both survey waves, respondents were asked to self-identify their partisan affiliation, choosing among Republican, Democrat, Independent, Non-affiliated, or Other. Second, we elicited retrospective vote choice by asking participants who reported voting which candidate they supported in the most recent presidential election, or, in the case that they did not vote, who they would have expressed their preference for. Accordingly, in the 2019 survey respondents were asked whether they voted for Hillary Clinton, Donald Trump, Jill Stein, or Gary Johnson, while in the 2025 survey they were asked whether they voted for Kamala Harris, Donald Trump, Jill Stein, or Robert Kennedy.

Since we will often show results by political leaning, it is helpful to know the extent to which demographic characteristics are correlated with party affiliation. To explore this, we regress an indicator variable for identifying as Republican on our standard set of demographic controls, including gender, age, income, and education. Tables A-2 and A-3 report the results from the 2025 and 2019 surveys, respectively. In 2019, age emerges as a positive predictor of Republican affiliation, whereas this relationship disappears in 2025. Income shows a more stable pattern: compared to the low-income reference group, high-income is a positive predictor of Republican affiliation in both survey waves, while middle-income status is negatively associated with Republican affiliation in 2025. Lastly, gender does not appear to be associated with Republican affiliation in either survey.

2.2 Surveys' Structure

Figures 3 and A-1 illustrate the structure of the 2025 and 2019 surveys, respectively. To ensure comparability between the two studies, the two surveys follow the same structure and ask mostly the same questions. Below, we outline the main components of the surveys and highlight the sections where the two versions differ. The full questionnaires can be found in Sections A-3 and A-4.

The first block collects background information on respondents' gender, age, income, highest level of education achieved, sector of occupation, employment status, marital status, number of children, place of residence, and political views. We choose to place the demographic questions at the beginning of the survey to address the issue of differential attrition— i.e., the possibility that some respondents may drop out once they learn the topic of the survey. By asking for demographics up front, we can examine whether dropout rates are systematically related to certain characteristics (e.g., age, gender, political affiliation). This information is valuable for understanding potential biases in the data. Of course, there is always a trade-off: placing demographics early helps us capture characteristics before dropout, but it also introduces the risk of order

effects—where the positioning of questions influences responses later in the survey. In this case, however, we believe that asking demographics first is unlikely to create meaningful bias, while the benefit of having this information before attrition occurs is substantial.

The second block consists of open-ended questions meant to elicit first-order considerations that people have before being prompted to think about specific aspects of health insurance with more directed close-ended questions (Ferrario and Stantcheva, 2022). In the third block, we explore respondents' personal exposure to health insurance. For instance, we ask participants if they have health insurance. In the fourth block, we explore people's factual knowledge about the U.S. healthcare system.

The fifth block features the experimental part in both surveys, covered in more detail in Section 6. In brief, we randomly assign the sample to different groups, each of which watches a different information video or no video at all (the control group). In the first survey, the informational videos are designed to emphasize a different aspect of the health insurance system. In the second survey, the goal of the videos is to explain what Medicare and Medicaid are and to highlight their key benefits. In the sixth block, we explore how people reason about health insurance and what they think the mechanisms at play are. Finally, we ask people questions about their policy preferences.

In the final two blocks of the 2019 wave only, the same underlying question is posed using three distinct and randomized formulations. The first is generic and impersonal (e.g., "If health insurance were to be made more generous, to what extent would it encourage people towards the following behaviors?"). The second version is personalized, directly addressing the respondent ("If your health insurance were to be made more generous, to what extent would it encourage you towards the following behaviors?"). The third formulation focuses specifically on women ("If health insurance were to be made more generous, to what extent would it encourage women towards the following behaviors?"). Whenever relevant, we highlight notable findings from the *"Women"* formulation and refer the reader to the corresponding tables in the Appendix. The penultimate section explores respondents' views and preferences regarding health care policies. The final section addresses their general opinions about the government. The survey concludes with an open-ended request for feedback.

3 First-order concerns and Knowledge

This section presents the main findings on people's first-order concerns about health insurance and their knowledge about the healthcare system.

3.1 First-order concerns

Open-ended questions are important to elicit first-order, intrinsic concerns that people have before they are prompted to think of a particular aspect with the more directed survey questions (Ferrario and Stantcheva, 2022; Roth et al., forthcoming). Thus, these questions minimize influence over respondents by particular effects or particular issues that economists are used to thinking about and free respondents to focus on the effects of the policy that they find most important. With this in mind, we included several open-ended questions in our surveys. These questions were intentionally broad in scope, covering topics such as the over-

arching goals of a well-functioning insurance system, the biggest problems facing the U.S. health insurance landscape today, key considerations surrounding universal health coverage, and the population groups most likely to benefit from the introduction of a single-payer health insurance system. Here, we present results of a subset of the questions asked with additional results in Appendix A-2.

Open-ended questions can be analyzed using various techniques (see Roth et al. (forthcoming) for a comprehensive literature review). The simplest way of analyzing a body of text consists of plotting "word clouds", where the font size and transparency are proportional to the frequency of each group of words relative to the total. The word clouds in Figure 5 show the main words that appear in the answers. The main considerations about universal health insurance (Panel A) are relatively dispersed, but lack of affordability and the long time it takes to get care seem predominant (represented by "wait time", "long wait", "can't afford", and "high tax"). Regarding the goal of a good health insurance system (Panel B), respondents mostly mention universal coverage: "everyone access" and "cover everyone", as well as affordability of coverage ("everyone afford", and "regardless income"). Finally, the shortcomings of the current U.S. health insurance system are very clearly the high costs (represented by "high cost" and "can't afford"). Additional word clouds based on data from the 2019 survey are provided in Appendix A-2 and are quite similar.

Another way to analyze a body of text leverages large language models (LLMs), which are increasingly used for tasks such as text classification and narrative extraction. Initially described as "useful" but requiring appropriate oversight (Korinek, 2023), LLMs have since been recognized as "highly useful" tools in research workflows, reflecting rapid advances in their capabilities and reliability (Korinek, 2024). Empirical studies show that LLMs often outperform traditional classification methods (Cunha et al., 2025), align well with human annotators (Ziems et al., 2023), and are capable of extracting structured narratives from unstructured sources like social media and large textual corpora (Gueta et al., 2025; Schmidt et al., 2025). Prompting techniques—such as chain-of-thought prompting—can further enhance model performance by guiding reasoning in sequential steps (Wei et al., 2022), and broader evaluations highlight LLMs' growing impact in economic text analysis across domains (Shahriar et al., 2024; Ash et al., 2024).

To analyze responses to the open-ended questions, we employ a two-step procedure, based on GPT-4o-mini: first, we prompt the LLM to extract up to ten most common and distinct narratives or "topics" (excluding sentiment) from respondents' answers. In the following step, the LLM assigns, in an unsupervised classification process, independently each response to at most one of the identified narratives. Figure 6 presents the results of this topic analysis. For each narrative, the figure shows the proportion of responses that contain it, split according to the vote in the 2024 presidential election. For each of these two voter groups, the ten narratives collectively account for 100 percent of classified responses. Consistent with the word clouds above, the narratives identified largely revolve around themes of affordability, accessibility, cost, funding, and quality—each of which reveals clear partisan divides. See Appendix A-6 for examples of answers to each of the questions included in both surveys, divided by topic identified.

Panel (A) summarizes the main considerations that come to respondents' minds when asked whether the United States should adopt universal health insurance. The dominant narrative across both groups is that such a system would ensure access to care for all, cited by 52% of Harris voters and 40% of Trump voters.

The most salient point of opposition, by contrast, is concern about higher taxes: 24% of Trump voters raise this issue compared to 12% of Harris voters. Harris voters are somewhat more likely to highlight that universal insurance would guarantee coverage regardless of income (13% vs. 9%), whereas Trump voters are slightly more likely to worry about longer wait times for services (9% vs. 5%). Harris voters also emphasize that universal insurance could reduce overall healthcare costs (8% vs. 4%), while both groups, in roughly equal measure, point to potential public health benefits (4% each). Concerns about government efficiency are voiced primarily by Trump voters (5% vs. 1%), whereas both groups cite simplification of healthcare access at similar levels (2% of Harris voters and 3% of Trump voters). Finally, a small share mentions that universal insurance might help reduce medical bankruptcies (3% Harris, 0% Trump) or could lead to reduced choice of providers (2% Trump, 0% Harris). Overall, these results underscore a shared emphasis on universal access but also reveal clear partisan differences in how respondents weigh potential trade-offs, with Harris voters stressing equity and cost reduction while Trump voters focus more heavily on taxes, efficiency, choice, and wait times.

Building on these initial considerations, Panel (B) shifts the focus from broad motivations to respondents' views on what would constitute a good health insurance system. Here, the most common theme across both groups is that a system should be affordable and accessible to all, cited by 43% of Harris voters and 69% of Trump voters. 38% of Harris voters also stress that health insurance is necessary to ensure medical services for all, compared to only 15% of Trump voters. Preventing financial hardship from medical costs is mentioned by 5% of Harris voters and 7% of Trump voters, while including preventive care is emphasized by 5% of Harris voters and 2% of Trump voters. Smaller but still notable shares highlight quality care regardless of income (2% of Harris vs. 3% of Trump voters), ensuring coverage is not tied to employment status (3% vs. 1%), and the importance of transparency for patient trust (2% vs. 2%). These results indicate that while affordability and access dominate respondents' definitions of a good system, Harris voters are more likely to frame these goals in terms of ensuring that everyone receives medical services. Trump voters, while being supportive of universal access, focus more on affordability and individuals' ability to pay.

Panel (C) then turns to perceptions of the biggest problems with the current U.S. health insurance system. Across the political spectrum, high costs emerge as the dominant concern: 35% of Harris voters and 47% of Trump voters identify cost as the single biggest issue. Beyond affordability, Harris voters are far more likely to emphasize that insurance companies prioritize profit over patient care (29% vs. 11%), whereas both groups mention that the system creates financial barriers to necessary care at comparable rates (9% of Harris voters and 11% of Trump voters). Other issues raised include inadequacy or denial of coverage, and the confusing nature of insurance, which is mentioned by 4% and 7%, respectively. Concerns about the affordability of medical care more generally are voiced equally by 5% of Harris and 5% of Trump voters. Around 4–5% of respondents also highlight income-based inequality in coverage or the fact that access remains tied to employment. Finally, 2% of Harris voters and 3% of Trump voters argue that adequate care is not guaranteed even for those who are insured, and just 1–2% draw attention to the excessive presence of middlemen in the system. Taken together, these results show that while both groups converge on the view that high costs are the primary problem, Harris voters are much more likely to frame additional concerns in terms of profit motives and equity. Additional figures presenting the corresponding results from the 2019 survey are reported in Appendix A-2.1. Figure A-4 shows the classification for all six open-ended questions

included in the 2019 survey, splitting respondents between Clinton and Trump voters, consistent with the last presidential election at the time. For questions included in both surveys, i.e., Panels (A) to (C) of Figures A-4 and 6, both the topics identified and the relative prevalence of them in the corpus of answers exhibit remarkable similarity. For Panel (A), the need to ensure everyone has access to health care remains the most prevalent topic. Notably, the political divide has shrunk markedly, driven by a large increase in Trump voters who see this as the main consideration. Funding and the potential increase in taxes remain a concern, with the political gap roughly constant at 10 percentage points. Similarly, wait times have remained among the most prominent concerns. In 2019, 6% of Trump voters expressed their opposition to the extension of health care to illegal immigrants, a topic that did not emerge in 2025. As for Panel (B), the main feature of a good system remained the same between the two waves, namely affordability for everyone. However, in 2019 the percentage of respondents who mentioned other goals was larger vis-à-vis 2025, suggesting a convergence of the attention towards cost and accessibility issues. Lastly, Panel (C) once again exhibited consistency in the main concerns of respondents, with lack of affordability and mistrust towards insurance companies, accused of prioritizing profits over care, remaining the two most common topics. In 2019, the percentage of respondents pointing out the difficulty in navigating the health insurance system was lower than in 2025. Lastly, pharmaceutical prices, which did not emerge in 2025, were more of a concern in 2019, while the issue of insurance being tied to employment was not.

3.2 Knowledge about U.S. health insurance

Figure 7 analyzes respondents' overall knowledge of U.S. health care. Panel A compares individuals' perceptions of how Americans are insured with the actual distribution of coverage in 2019 and 2025. In both years, respondents substantially underestimated the share of people covered through employer-sponsored insurance, perceiving it to be around 30% rather than the true figure of roughly 50%. At the same time, they tended to overestimate the prevalence of public insurance programs such as Medicaid and Medicare, as well as the share of the uninsured. For example, in 2025 respondents believed that more than 20% of Americans rely on Medicare, whereas the actual share is closer to 14–15%. Similarly, they consistently overstated the proportion of uninsured individuals.

Panels (B) and (C) illustrate how respondents in 2019 and 2025 perceive the income eligibility threshold for Medicaid, compared to the actual thresholds in their state. The distributions reveal a systematic misperception: the average perception is around 80% of the threshold, regardless of the actual threshold in the state. As a result, in states where the threshold is higher (above 100%), respondents tend to underestimate the income cutoff, believing that Medicaid eligibility applies to a smaller share of the federal poverty level than is actually the case. Examples of such states include California, New York, Pennsylvania, and Arizona. On the contrary, in states with a lower threshold, they tend to overestimate eligibility. This is the case for instance for Texas, Florida, Alabama, and Wyoming. On average this misperception amounts to 31 percentage points in 2019, but declines to 8 percentage points in 2025. Hence, while the gap between perceived and actual thresholds narrows substantially over time, respondents in 2025 still underestimate the true eligibility criteria.

Figure 8 shows results regarding knowledge more specific to health insurance policies. Panel A focuses on the share of respondents who can correctly answer questions about Medicare and Medicaid. In 2019, around two thirds of respondents could correctly describe what Medicare and Medicaid are, while the proportion is over ten percentage points higher for both questions in 2025. In 2025, half of respondents correctly identified

whether the Affordable Care Act (ACA) changed Medicaid eligibility in their state, with the correct answer naturally varying by state. This represents a 10-percentage-point increase from 2019, when only 40% of respondents answered this question correctly. These three were the only knowledge questions repeated in 2025. In Panel B, we can see that the overwhelming majority of respondents are aware that there was an individual mandate in 2018 and that a penalty had to be paid by those without insurance. However, while 57% seem to be aware that there was some change to the individual mandate in 2019, only 22% know that the change made was the reduction of the penalty for being uninsured to zero. Finally, around half of respondents understand that there is an employer mandate but that small employers are exempt. Panel C summarizes answers to the question of whether insurance premia are allowed to depend on various factors. Most people are aware that premia are allowed to depend on age and tobacco use. However, fewer are aware that premia are allowed to depend on location (62%), but not on gender (54%). Perhaps because of the potentially confusing current policy debate about pre-existing conditions, 32% of respondents only correctly say that premia are not allowed to depend on pre-existing conditions.

4 Perceived efficiency and equity of US health care

This section presents the reasoning of respondents on the efficiency effects and distributional effects of health insurance, as well as their social preferences related to health policies. Instead of just asking people about their overall policy views, we want to understand how they think and reason about health care policy in-depth. We separate these issues into those most closely related to "efficiency" such as the economic effects of health insurance, and those most related to "equity," i.e., the distributive impacts of health insurance.

A large body of research finds strong and consistent effects of health insurance coverage on health care utilization and financial security. The Oregon Health Insurance Experiment, for example, shows that coverage increases health care use, reduces unpaid medical bills and collections, and improves self-reported health, though physical health effects attenuate after the first year (Finkelstein et al., 2012). Other studies document improvements in broader well-being and long-run outcomes: Medicaid expansions raised life satisfaction (Flavin, 2018) and generated lasting gains for children in education, earnings, and longevity (Brown et al., 2019); among older adults, Medicare expansions improved access and reduced mortality in emergencies (Card et al., 2008, 2009). The efficiency of preventive care, however, is less settled: while some interventions deliver good value, others are costly relative to benefits, with returns depending on the target population (Cohen et al., 2008; Iizuka et al., 2017). More generally, a recent review highlights that insurance tends to support economic performance, especially in developed countries and through public programs (Fan et al., 2024). Taken together, the literature suggests broad consensus that insurance enhances access, utilization, and financial protection, with more mixed evidence on cost savings and the size of health improvements.

A note on how we will present results is helpful here. First, we present tables reporting the results from the 2025 wave, with supplementary tables for the 2019 wave available in Appendix A-2.2. Where relevant, we compare findings across the two waves to illustrate how beliefs and reasoning have evolved over time. The structure of the tables presented throughout the paper is consistent and follows a standardized format. All regressions include controls for gender, age, race, income class, parental status, education, whether the respondent majored in an economics-related field, employment status, self-reported policy knowledge,

political affiliation, and indicator variables for all treatments (i.e., question formulations and video courses). Detailed definitions of all variables are provided in Appendix A-5. Due to space constraints, we report only a subset of coefficients in each panel. Panel A displays the coefficients for demographic and personal characteristics (e.g., gender, age, income class, political affiliation). The omitted categories are age 18–29, low income, and Democrat. Panel B ("Video Treatment Effect") presents the effects of the video interventions relative to the omitted category (no video), which will be discussed in Section 5. In addition to the main treatment effects, we also examine heterogeneity by political affiliation by interacting the treatment indicators with an indicator for being Republican. The omitted categories in this case are Democrat and no video. The final panel reports the mean of the dependent variable for respondents assigned to the generic question formulation and no video treatment ("Control mean"), as well as subgroup means for male respondents ("Male control mean") and Democrats ("Democrat control mean"). Second, we also present figures that visualize key statistics—also reported in the tables—disaggregated by group (e.g., political affiliation and gender) and over time (2019 and 2025). These graphics are intended to offer a more intuitive understanding of the patterns observed in the formal results.

In Appendix A-2.2, we report tables from the 2019 wave. As explained in Section 2, the 2019 study includes an additional layer of randomization involving the formulation of the survey questions. Specifically, some questions were presented using the "Women" framing. Accordingly, in these tables, we also report the coefficient on the "Women" indicator variable, both on its own and interacted with the Republican indicator, following the same structure described earlier. This allows us to explore potential heterogeneity in how Democrats and Republicans respond to questions framed around women.

4.1 Efficiency considerations

Table 2 considers the perceived behavioral responses and other efficiency mechanisms to increased health insurance coverage using data from the 2025 wave. The corresponding table with data from the 2019 wave can be found in the Appendix A-2.2. In the first three columns of Table 2, the dependent variables are the shares of respondents who think that, in response to more generous health insurance, people would be encouraged to adopt the behaviors listed in each column from "a moderate amount" to a "great deal." The fourth column shows the share of respondents who believe that employer-provided insurance discourages people from *"quitting a bad job or switching jobs from fear of losing their health insurance."* These statistics are also shown in the first rows of Figure 9. The figure shows the share of Republican versus Democrat respondents in 2019 and 2025 agreeing with the statements listed on each row.

Overall, respondents are highly convinced that there is a job-lock effect (90% on average) and that more generous health insurance encourages higher use of preventive care. Around 40% of respondents believe that more generous insurance will lead to lower (inefficient) emergency room use and only around a third believe it will encourage higher use of medical services overall. Compared to 2019, individuals today express stronger belief in the existence of the job-lock effect, but weaker belief in the notion that expanded coverage would lead to lower use of the emergency room. Overall, negative behavioral responses do not seem to be a prime concern.

Considering again Table 2, Column 5 shows that 89% of respondents agree that less generous health insurance in the U.S. would lead to worse health outcomes overall. 91% of respondents believe that an increase in

insurance coverage for preventive care would reduce overall health care costs (Column 6); 90% believe that it is important to ensure that everyone can afford proper health care to avoid negative spillovers on others and contagion (Column 7). Therefore, on balance, there are mainly positive efficiency effects expected. Although there are sizable partisan gaps in these perceived efficiency and spillover effects, with Democrats much more likely to see the positive impacts of health insurance, the shares remain high among Republicans too. For instance, 95% of Democrats believe that less generous health insurance can reduce positive health outcomes in the U.S., and 82% of Republicans do so. 96% of Democrats and 83% of Republicans believe that more coverage for preventive care can decrease overall health costs, and 96% of Democrats as well as 83% of Republicans think that health care is important to prevent contagious diseases from spreading.

Interestingly, and perhaps because of the COVID pandemic, respondents are significantly more convinced about the positive efficiency and spillover effects of more generous health insurance in 2025 than in 2019. This is also true within political leanings and especially so for Republican voters, which implies that the partisan gap in these perceptions has shrunk from 2019 to 2025.

The last column summarizes all efficiency and behavioral responses in an "Efficiency Index." This index is constructed using all variables listed in columns (1) through (7), which capture perceived efficiency costs and spillover effects. It is calculated by first averaging the standardized values of these variables (i.e., z-scores computed by subtracting the control group mean and dividing by the control group standard deviation), and then standardizing the resulting average once more. Higher values of the index indicate greater endorsement of efficiency-based arguments in favor of health insurance coverage. This index will be used to study treatment effects in Section 6.

4.2 Equity and fairness considerations

Table 3 focuses on respondents' perceptions around equity and fairness (see also Figure 9). 93% of respondents agree that more generous health insurance could reduce financial stress on families (Column 1 of Table 3), and 88% believe it is important to help low-income families afford medical care (Column 2). The share of respondents who believe it is unfair to pay more for health care due to pre-existing conditions is 80% overall; 85% believe it is unfair to pay more because of worse health. 76% think health issues are outside of one's control. There is, thus, widespread agreement on the positive equity effects of improved health insurance, alongside a recognition that current health outcomes are largely inequitable.

There are significant partisan gaps in these beliefs and preferences, with Democrat respondents putting more weight on these equity impacts and being more likely to consider health outcomes to be outside of the realm of individual control and more deserving of "compensation" through public policy. Thus, 91% of Democrats and 78% of Republicans find it unfair that someone must pay more for health insurance due to worse health overall, while 86% and 68% find it unfair to do so because of pre-existing conditions. 79% of Democrats versus 67% of Republicans believe that health issues are mostly outside of one's own control. 95% of Democrats compared to 87% of Republicans believe that more generous health insurance could reduce financial stress on families. There is a slightly larger partisan gap on whether low-income families should be helped when it comes to affording health care, with 96% of Democrats and 82% of Republicans in favor of helping low-income households.

Over the six years since 2019, there is suggestive evidence that concerns related to the equity benefits of the insurance system have become more salient, especially among Republican respondents, who started from a lower baseline level in 2019. Thus, Republican voters have become increasingly likely to say that more

generous health insurance can reduce financial stress and that it is important to help low-income families afford health care. There is also (but to a lesser extent) an increase in the belief that health issues are outside of one's control. Perhaps these changes are due to the experience of the COVID pandemic. However, there is little movement in the beliefs about whether it is fair to pay more for health insurance if one has worse health or pre-existing conditions. Therefore, the partisan gap on these issues has actually narrowed over time-a contrast, perhaps, to many other domains where it has increased.

The last column in Table 3 summarizes all behavioral responses in an "Equity Index" in the same fashion as described above for the efficiency index. Indeed, it is constructed using all variables listed in columns (1) through (5) that reflect equity considerations and fairness-related arguments. Each variable is first standardized (i.e., transformed into z-scores by subtracting the control group mean and dividing by the control group standard deviation). The index is then computed by averaging these standardized values and standardizing the resulting average once more. Higher values of the index correspond to stronger endorsement of equity-based arguments in favor of health insurance coverage. This index will again be used when studying treatment effects.

Gender effects. As described in Section 2, some of the questions in the blocks investigating people's reasoning and policy views were not only asked in the neutral and impersonal formulation, but also in a formulation asking specifically about women (e.g., how women would react if health insurance were made more generous) in the 2019 survey. Key results from this analysis are summarized below, with full tables available in Appendix A-2.2.

In general, there are no large differences in how people answered the question based on the phrasing (generic vs. women-centered). However, more respondents (80%) believe that women's health issues are outside of their control, compared to 66% who agree with this statement for a generic person. Furthermore, there appears to be a significant partisan gap when it comes to judgments about women's health situations (this will also be true for supporting women-specific health services coverage). Panel B in Table A-5 shows that Republicans are much more likely to think it is fair if women with worse health pay more for health care than when confronted with the same question about a generic person (46% versus 31%). On the other hand, Democrats make no distinction between men and women in these answers: 84% of Democrats believe that paying more for worse health is unfair, regardless of whether this refers to men or women.

Women's views: Women are more likely to use equity arguments in favor of health insurance; close to 10% more women than men say that it is unfair to pay more for health insurance because of pre-existing conditions and that it is unfair to pay more for insurance or care overall because of worse health. They also tend to have a higher overall equity index. Hence, on health care issues, women appear more attuned to concerns of fairness and equity.

5 Policy views

In this section, we turn to a descriptive analysis of respondents' policy views related to health care and insurance.

5.1 Support for specific types of coverage

One important policy question is what types of services respondents believe should be covered more or less generously. Figure 10 shows the share of respondents who support full insurance coverage for the types of situations listed, split by political views (Panel A) and gender (Panel B) for both 2019 and 2025.

The highest support is for catastrophic situations, followed by pediatric and maternity care, and preventive care (on average 62%). Coverage for primary care visits and specialist care has much lower support. Between 2019 and 2025, support for more generous coverage has increased, except for specialist non-essential care.

There are consistently partisan gaps, with Republican respondents much less likely to support full coverage. However, several of these gaps seem to have diminished over time, mainly driven by Republican respondents increasing their support over time, even more so than Democrat respondents, most strikingly on maternity-related care and pediatric care. On the contrary, the partisan gap on preventive care has grown wider, with Democrats increasing their support even further post-COVID but Republican respondents not changing their support.

Table 5 shows that there are no significant gender differences in support for coverage for different types of services. Older respondents are significantly more supportive of preventive care, primary care visits, as well as pediatric care. Higher-income respondents are significantly less supportive of coverage for specialist care and emergency room visits. Overall, however, the largest differences in views are along the partisan dimension.

5.2 Reproductive health services

Figure 11 shows respondents' attitudes towards reproductive health policies, again split by political views (Panel A) and gender (Panel B), in 2019 and 2025.

There are large partisan divides in these views and, although views have shifted within political leaning groups over time, the partisan gaps have remained relatively stable. In 2025, 94% of Democrats and 68% of Republicans agree that employers should be required to provide birth control coverage in their employer-provided health insurance plan, even if they have personal religious objections. 80% of Democrats and just above 40% of Republicans agree that it is unfair that women who use birth control pay for the cost on their own. A support gap of around 40 percentage points between Republicans and Democrats also appears when asked whether health providers should be allowed to opt out of abortion-related treatments and whether insurance providers should have to cover abortion-related medicine or procedures.

An interesting finding is that, in general, there are only small gender gaps in these views (see Panel B). The notable exception concerns attitudes towards birth control: women are significantly more likely than men to state that it is unfair for women to bear the cost of birth control out-of-pocket. Views have not drastically changed over time, except that there seems to have been a sharp increase of 25 percentage points in the proportion of men who believe it is unfair that women using birth control have to pay more out-of-pocket.

5.3 Health Insurance, Medicare-for-All and Mandates

Table 4 highlights other policy support for health insurance. Figure 12 illustrates the partisan gaps specifically. A key finding is the large partisan gaps along most health policy dimensions.

A large majority of respondents (80%) believes that the current health care system is unfair and that access to health care should be improved (87%). There are clear partisan gaps in these dimensions, though: the share of Democrats who think the health care system is currently unfair is 90% and the share of Republicans is 60%. These views have also become more prevalent over time for both groups.

There is also growing support over time for transfers to low-income families so that they can afford health care. The share of Democrats supporting this increased from 76% to 91%, and the share of Republicans from 44% to 61%.

There are large partisan gaps in support for expanding government-provided insurance (these questions specifically were asked only in 2025). There is much higher average support for Medicaid expansion (75%) than for Medicare expansion (63%), but similar average support for making these programs more generous (around 80%). However, this average masks very large partisan gaps in support (of around 30 percentage points). Partisan gaps are smaller with respect to support for Medicare than Medicaid.

In both 2019 and 2025, we also asked about support for a Medicare-for-all system. This particular policy was described as a *"single-payer health insurance program that would be administered by the federal government and financed through taxes."* Support for this policy has increased over time for both Democrats and Republicans. In 2025, 40% of Republicans and 70% of Democrats supported it. In 2019, these shares were 28% and 71%, respectively.

Support for an individual mandate has remained relatively stable, with roughly 30% of respondents supporting it in both years and relatively small partisan gaps. Support for an employer mandate, however, shows a notable increase, rising from 71% in 2019 to 83% in 2025, especially among Republican respondents.

The table also highlights further heterogeneity in support. Older respondents are significantly more opposed to expanding Medicaid or making it more generous, perhaps out of concern that such expansions could reduce Medicare benefits. Higher-income individuals also tend to oppose expansions of both Medicare and Medicaid, perhaps because they anticipate that these would be financed through higher taxation.

5.4 A Decomposition of Health Policy Views

Section 4 outlined the main factors expected to shape attitudes towards health insurance. Broadly speaking, these factors fall into two categories: arguments centered on equity and fairness, and arguments emphasizing efficiency concerns. As described when discussing Tables 2 and 3, we construct two indices that capture these dimensions. Each index is based on all survey questions pertaining to the corresponding mechanism (efficiency and equity). Specifically, we calculate the index by averaging the standardized values of the relevant variables (z-scores computed by subtracting the control group mean and dividing by the control group standard deviation), and then standardizing this average once more. Higher values of the efficiency index, for instance, reflect stronger endorsement of efficiency-based arguments in favor of health insurance coverage.

A third consideration is the perceived effectiveness and capacity of government in providing health services. To capture this dimension, the survey included a final block of questions asking respondents about the role of government in addressing health insurance, their trust in government, and their assessments of its competence. Based on these responses, we construct, in a similar fashion, a government trust index that increases

with greater confidence in the trustworthiness and scope of government. Appendix A-5 reports the full set of survey items used to construct each index.

Together, these indices provide a structured way of capturing the correlation between underlying beliefs and views on health policy. Panel B of Tables 4–5 presents these correlations for the 2025 survey, while Tables A-6 and A-7 report the corresponding estimates for 2019. In all specifications, we regress policy preferences on the three reasoning indices, controlling for standard demographics (coefficients not shown for brevity).

A consistent pattern emerges: equity-oriented beliefs are strongly linked to redistributive and expansionary health policy preferences. Respondents who emphasize fairness are substantially more likely to view the current system as unfair and, in turn, to support transfers to low-income households, an employer mandate, and expansions of both Medicare and Medicaid. They also express greater support for making these programs more generous and, ultimately, for the adoption of a universal Medicare-for-all system.

Beliefs in the efficiency gains from health insurance are also positively correlated with more support for health policy but to a lesser extent than equity-related beliefs. Individuals with stronger efficiency concerns are also more likely to perceive the current system as unfair and tend to favor transfers to low-income households, an employer mandate, and expansions of Medicare. However, these associations do not extend to Medicaid. As might be expected, efficiency considerations are especially predictive of support for full coverage of preventive care, where their effect is nearly twice as large as that of the equity index. For most other medical services, efficiency-related correlations are generally smaller in magnitude than equity-related ones.

A distinct set of patterns emerges with the government trust index. Individuals who view government as more trustworthy are more likely to consider the current system fair, yet they also show broader policy support across the board: expansions of Medicare and Medicaid, the employer mandate, the individual mandate, and Medicare-for-all. In terms of quantitative impact, trust in government produces effects that are often larger than those of equity considerations. However, when focusing specifically on support for full coverage of different medical services, trust plays a more limited role. With the exception of emergency room care, higher government trust does not translate into stronger preferences for comprehensive coverage. By contrast, equity-oriented reasoning continues to predict support for universal coverage across nearly all services.

Overall, the results for the 2019 survey mirror those of 2025 in broad terms. While magnitudes vary somewhat across years, the qualitative patterns—equity-linked support for redistribution and program expansion, efficiency-linked emphasis on preventive coverage, and broad pro-policy effects of government trust, are consistent across both survey waves.

To sum up, these patterns highlight important complementarities and distinctions across the three indices. Equity-oriented reasoning consistently predicts redistributive and expansionary policies as well as universal coverage. Efficiency-oriented reasoning channels support towards measures seen as cost-effective, most notably preventive care. Trust in government broadens support for major policy initiatives and amplifies willingness to endorse systemic reform, though it has less influence on coverage decisions at the service-specific

level.

6 Experimental Results

6.1 Video Treatments

Each survey features an experimental component in the form of a video information provision to better understand how respondents learn and how the presentation of a policy affects perspectives. The randomization allows us to estimate the causal effects of the information provided. An important question is whether beliefs give rise to preferences or, alternatively, adapt in order to rationalize pre-existing preferences. While it is impossible to fully answer this question, the experimental component goes some way because it exogenously manipulates individuals' knowledge and understanding of the policy to see whether this affects their preferences.

It is important to note that, in designing the videos, we deliberately chose to emphasize the positive effects associated with more generous health coverage. In particular, we highlighted the potential benefits of policies such as Medicare, Medicaid, or, more generally, a single-payer system. The goal is to see whether these (positive) arguments, provided by economic theory and empirical evidence, can shift people's views on health insurance.

In the first survey, we show different subsamples of randomly selected respondents instructional videos that explain the workings and consequences of health insurance policy from three different perspectives. The "Distributional" perspective focuses on the distributional consequences of health insurance, while the "Efficiency" perspective zeroes in on the efficiency costs. Finally, the "Economist" perspective presents issues in light of trade-offs, combining both of the previous perspectives.

In all three videos, the first part of the video considers the corresponding arguments (redistributive or efficiency-based) for universal coverage, while the second part considers how such coverage could be provided (private sector versus single-payer). The Redistribution treatment starts by stating that health insurance can greatly improve people's lives and provides several arguments as to why: i) people can afford to be treated, ii) it can improve their health, and iii) it can reduce financial stress and worries about the costs of care. It provides the examples of a bad accident that requires the protagonist to have an expensive surgery, and a protagonist with a serious medical condition. The video then presents two ways of providing health insurance: private insurance or a government-run, single-payer system financed through general taxation. It then details the advantages of the single-payer system, the first of which is that such a system could pool all risk and cover everyone; this is in contrast to the current system, wherein if private companies are left to their own devices, only the sickest people will remain in the scheme and these companies will be forced to raise premia and insurance costs. Other advantages of a single-payer system include helping poor families by reducing their out-of-pocket costs and severing the ties between insurance and employment, which would make switching jobs or looking for a better job easier.

The Efficiency treatment again starts by stating that health insurance can greatly improve people's lives and that they would then have to worry less about being able to afford treatment. It then focuses on how broader coverage can lower total healthcare costs in the U.S.: i) it allows people to get preventive care, which makes it easier to detect problems before they escalate; ii) it leads to less overcrowding of emergency

rooms, as non-emergency conditions would be treated elsewhere; and iii) there would be fewer untreated and contagious diseases, resulting in less transmission and negative spillovers on others. The treatment then focuses again on the two ways of providing insurance (private and single payer) and details the efficiency advantages of the single-payer system: i) there would be less distortion from people being unable to switch jobs due to fears of losing health insurance, which could improve economic activity overall; and ii) there could be lower insurance costs as the government has more bargaining power with pharmaceutical companies and providers to obtain lower prices. The Economist video combines these two videos into one. Screenshots from each of these videos can be found in Figures A-5-A-7, and each video can be seen by following the links below the screenshots.

In the second survey, the videos instead focus on two major health insurance programs currently in effect in the United States: Medicare and Medicaid. The difference from the 2019 experiment, then, is that these videos do not talk about health insurance in general but refer to specific programs. Respondents are randomly assigned to one of three groups: those who watch a video about Medicare, those who watch a video about Medicaid, or those who receive no video at all (control group). Figures 1 and 2 display screenshots from the video treatments and include links to the full videos, which are accompanied by voiceover narration. In particular, the Medicare video outlines the role of Medicare as a major federal health insurance program covering over 66 million Americans, primarily those over 65 and individuals with serious disabilities. It presents research indicating that Medicare increases access to healthcare, improves health outcomes, and reduces mortality, particularly at age 65 when eligibility begins. The video also notes evidence that Medicare helps narrow disparities in healthcare access between income groups and suggests that broader coverage could have positive economic effects. It concludes by raising the question of whether expanding Medicare could extend these benefits to more people. The Medicaid video follows a similar structure, presenting the policy as a public health insurance program that provides coverage to low-income individuals, people with disabilities, and many families with children. It highlights that Medicaid reduces mortality rates, improves access to care and mental well-being, lowers financial stress, and enhances life satisfaction. The video also mentions that long-term benefits include better educational and economic outcomes for children. It concludes by posing the question of whether broader access to Medicaid could extend these effects to more Americans.

6.2 Treatment effects

Pedagogical treatments on health insurance in the 2019 survey. In the 2019 survey, there are barely any effects on either the perceived impacts of health insurance or on policy views. The efficiency-based arguments prove to be a little more persuasive than the equity-focused ones, but neither are very impactful. As shown in Table A-4, the Efficiency treatment increases respondents' perception that more generous health insurance would increase overall medical use by 28% but it also convinces them that people will be less likely to use the emergency room in an inefficient way (40% effect size relative to the control group mean). The Economist treatment is also effective in convincing respondents that people will use the emergency room less in response to more generous health insurance-the effect is 27% of the control group mean. The Efficiency treatment also increases overall support for the individual mandate by 24% relative to the control group mean (Table A-6), and support for full coverage of non-essential specialist care and preventive care (Table A-7).

None of these treatments have any effects on support for broader access to healthcare, a "Medicare-for-all"

single-payer system, or more help for low-income families to be able to afford health insurance. This is possibly due to the strong polarization in views on the role of government as it relates to health insurance and the effects of health insurance overall, documented earlier. One group of respondents-best represented by Democrats-believes that there are large positive spillovers from expanded health insurance as well as strong equity arguments in favor of it. Another group (best represented by Republicans) perceives fewer social benefits from expanding health insurance and is warier of the behavioral effects and equity arguments. The videos are perhaps providing the former group with information with which they already strongly agree, while not being convincing enough for the latter group to change their views. Overall, the partisan gap on health insurance issues seems large and, when it comes to broadening access to healthcare via a single-payer system, the videos are not able to change the negatively inclined views of people on these matters.

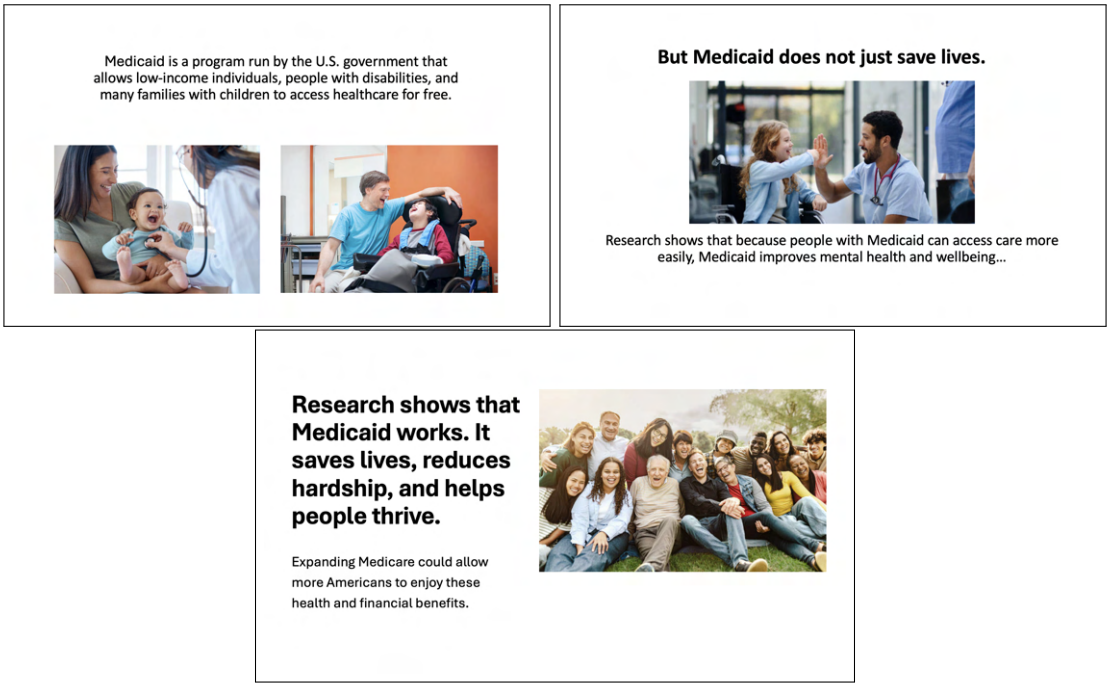
Explaining the benefits of specific programs: Medicaid and Medicare Treatments (2025 survey). In contrast, the two treatments focusing on the benefits of Medicaid and Medicare have significant effects. We benchmark treatment effects magnitudes by dividing them by the control group mean in the outcome between Democrats and Republicans respondents. Both video treatments significantly increase respondents' perceptions that the U.S. health care system is fair, with an average effect of the two treatments of 30% of the control group mean difference between Democrats and Republicans, which suggests that participants may be learning about the extent and benefits of government-provided health care. The effect is not uniform, however, and the relative magnitude of the impacts is revealing. The most notable change is produced by the Medicaid treatment: in addition to substantially boosting support for Medicaid expansion itself, with an effect of around 27% of the difference between Democrat and Republican mean control groups, it generates spillover effects by also raising, with a substantial magnitude of just below 50%, support for expanding Medicare, even though it does not shift views on the more ambitious and polarizing proposal of "Medicare-for-all." The Medicare treatment, by contrast, primarily strengthens support for expanding Medicare coverage (38% magnitude), without producing meaningful gains in support for Medicaid expansion. We interpret these results as suggesting that the Medicaid treatment might highlight to people the overall effects of health insurance, while the Medicare treatment might be more narrowly viewed as only relevant for the older population.

Interestingly, the treatment effects are not confined to one side of the political spectrum: they are visible across ideological lines, even though baseline attitudes diverge considerably, with Republican respondents starting from a much lower level of support for these expansions. Indeed, one of the more surprising findings is that the Medicare treatment increases (and markedly so, with a 57% effect magnitude) Republican respondents' willingness to make Medicare more generous in terms of benefits—although not to expand eligibility—suggesting that even among initially skeptical groups, targeted information can move opinions more effectively.

The findings highlight that providing information on specific existing programs and their demonstrated benefits and real-world outcomes—appears to be particularly effective in fostering support. By contrast, more abstract pedagogical explanations of the benefits of health insurance (whether from an efficiency or equity perspective) do not appear to have much impact. Clear, concrete descriptions of how programs like Medicaid and Medicare tangibly improve access and outcomes can generate broader support, even among

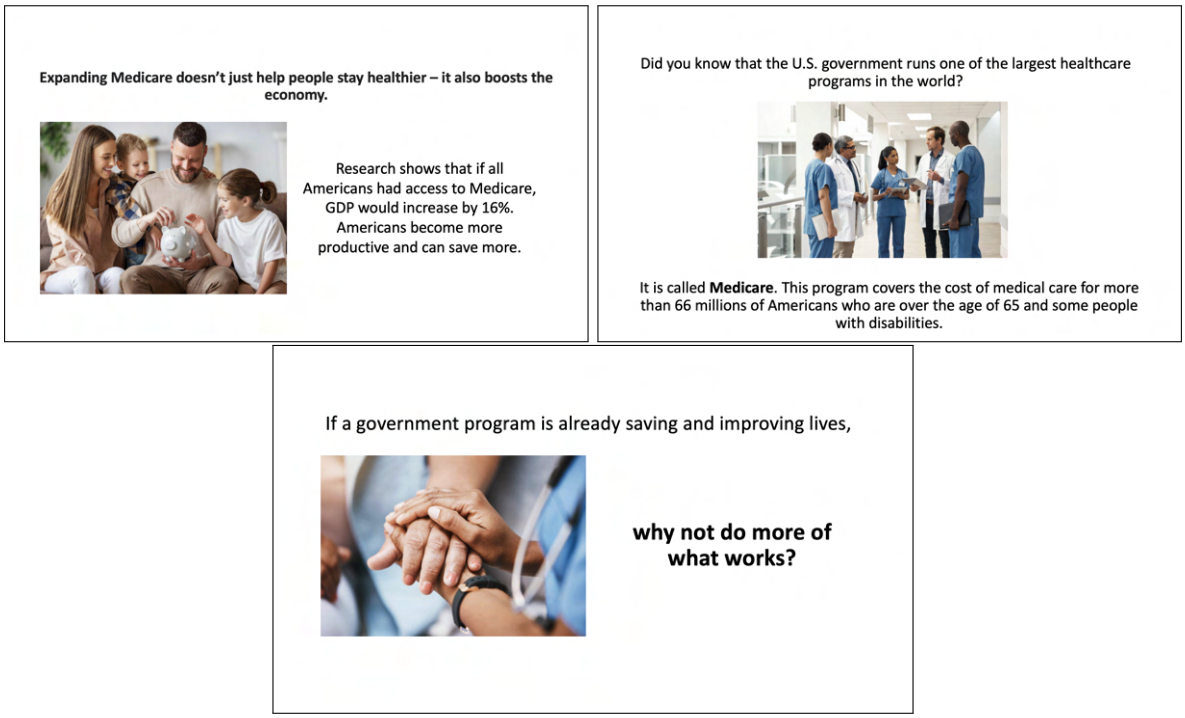
groups typically resistant to government-led expansions of health care.

Figure 1: Medicaid Treatment



Notes: The figure shows screenshots from the information treatment on Medicaid. The link to the video is here.

FIGURE 2: MEDICARE TREATMENT



Notes: The figure shows screenshots from the information treatment on Medicare. The link to the video is here.

7 Conclusion

This paper examined how Americans understand and evaluate health insurance policies using two large-scale, nationally representative surveys and embedded experiments conducted in 2019 and 2025. Across both waves, cost concerns consistently emerged as the most salient issue, though the framing of these concerns varied across partisan lines. Democrats emphasized universal affordability, while Republicans stressed the financial burden of existing plans. Despite these divides, there was broad agreement on the positive effects of expanded insurance coverage, including increased preventive care, reduced reliance on emergency rooms, and relief from job lock. Respondents also recognized that health outcomes are often outside of individual control and agreed that more generous insurance can alleviate household financial stress. Still, partisan differences persisted in evaluations of fairness, support for redistributive measures, and views on controversial services such as family planning and abortion-related care. Together, the results illustrate the complexity of public reasoning about health insurance: Americans share a broad recognition of its social benefits, yet they remain divided over who should bear the costs and what role government should play.

The experiments showed that general pedagogical information about the equity and efficiency effects of health insurance had limited impact on policy preferences, but concrete explanations of specific programs, especially Medicare and Medicaid, significantly increased support for their expansion. These findings highlight that, despite partisan polarization, there is potential for targeted informational interventions to shape opinions when they are grounded in real-world and widely used programs.

Future research should investigate more closely the mechanisms through which information can shift

deeply held policy views. For instance, it would be interesting to test whether differently framed interventions, such as narratives linking personal experiences to health policy or cost-benefit explanations that highlight trade-offs, are more effective at bridging partisan divides. While our survey spanned the pre- and post-pandemic period, it would be interesting to see whether people or areas more affected by it have seen a change in their attitudes towards health care.

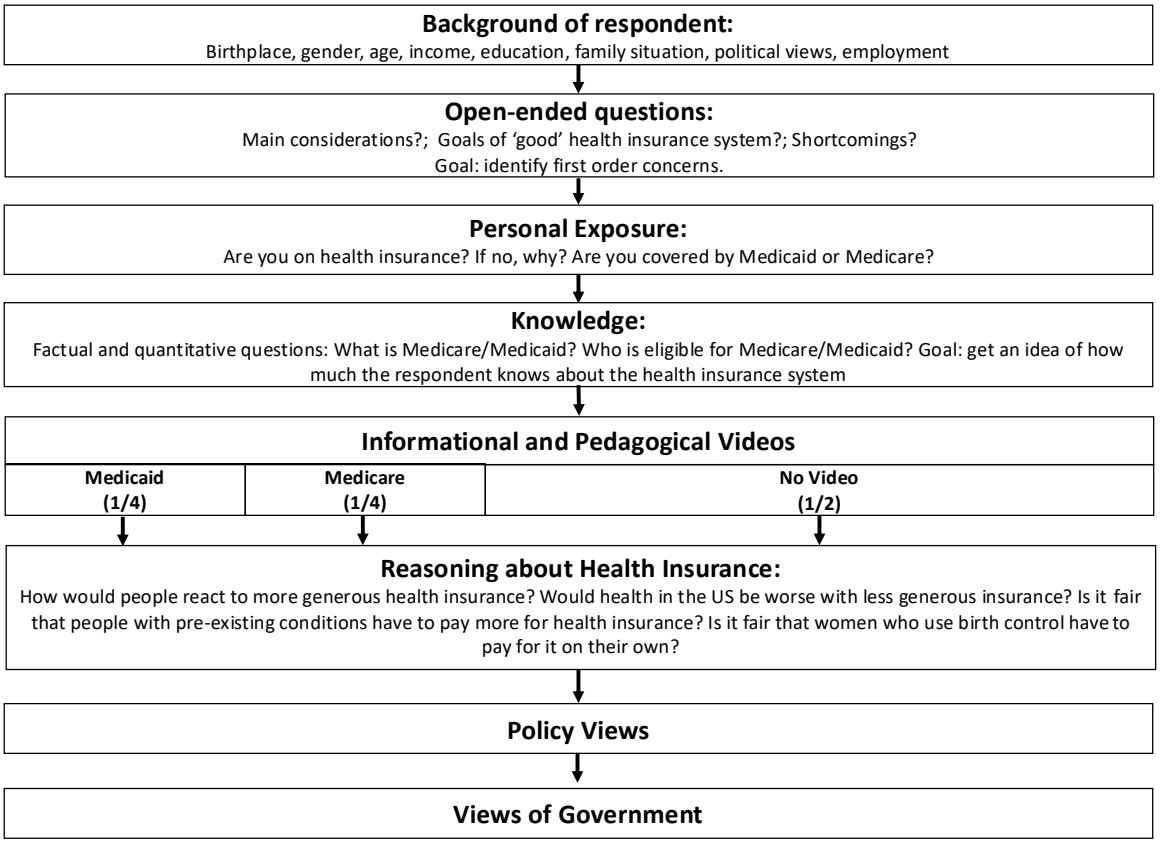
FIGURES AND TABLES

Table 1: Sample and US Population Characteristics

	2019 Survey	2018 US Population	2025 Survey	2024 US Population
Male	45	49	53	50
18-29 years old	18	24	23	23
30-39 years old	21	20	24	21
40-49 years old	20	19	18	19
50-59 years old	23	19	20	18
60-69 years old	19	18	16	18
$0-$19,999	13	12	10	10
$20,000-$39,999	20	16	12	12
$40,000-$69,999	23	21	18	18
$70,000-$109,999	20	20	19	19
$110,000+	24	31	40	42
Four-year college degree or more	47	34	62	36
Less than 4-year college	51	28	34	26
Less than High School	2	38	4	37
Employed	66	70	77	71
Unemployed	5	3	8	3
Student	3	0	4	0
Retiree	15	9	5	9
Married	56	53	49	51
White	80	61	58	58
Black/African-American	5	12	13	13
Hispanic/Latino	5	18	19	19
Asian/Asian-American	5	6	8	7
Democrat	32	30	40	28
Republican	34	26	32	28
Independent	24	42	24	43
Democratic vote at the last Pres. Election	41	48	50	48
Trump vote at the Last Pres. Election	43	46	43	50
Sample size	1826		1055	

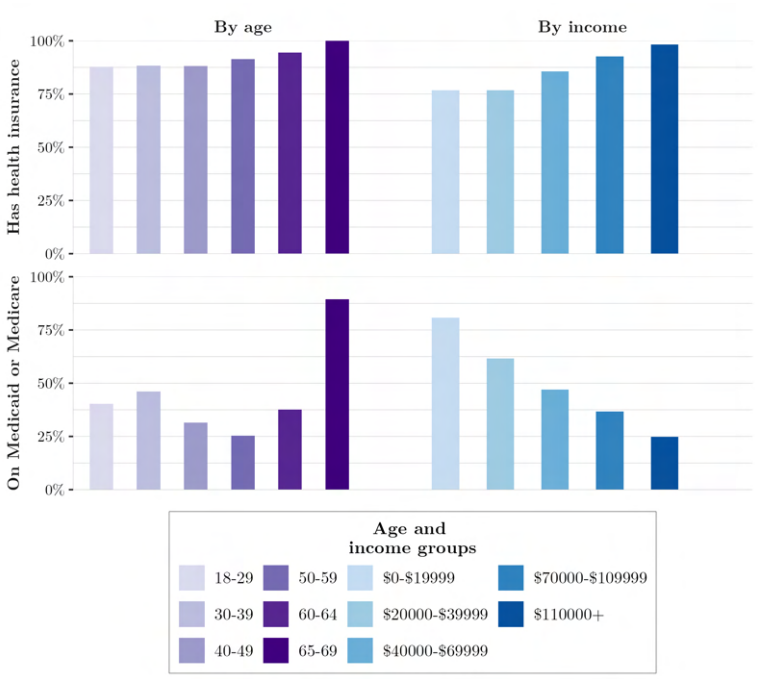
Notes: This table compares the proportion of survey respondents with specific characteristics to the corresponding proportions in the U.S. population. U.S. population statistics are derived from the Current Population Survey, supplemented with 2016 and 2024 election data. Other sources: https://uselectionatlas.org/BOTTOM/store_data.php (Liep) and https://news.gallup.com/poll/655157/gop-holds-edge-party-affiliation-third-straight-year.aspx (Gallup).

FIGURE 3: 2025 QUESTIONNAIRE SURVEY FLOW



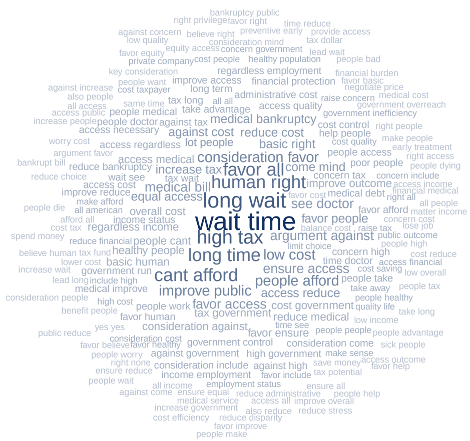
Notes: This figure illustrates the survey flow, which is structured into eight sequential blocks. The first block collects demographic and socioeconomic details, including gender, age, income, education, occupation, employment status, marital status, number of children, place of residence, birthplace, ethnicity/race, political views, and voting status in the most recent presidential and midterm elections. The second block features open-ended questions designed to capture respondents' initial, unprompted thoughts about health insurance before introducing more structured, close-ended questions, following Ferrario and Stantcheva (2022). The third block gathers information on respondents' personal experiences with health insurance and their broader health-related experiences. The fourth block assesses their factual knowledge of Medicaid and Medicare eligibility and the proportion of Americans enrolled in U.S. health care programs. In the fifth block, the experimental component is introduced, where respondents are randomly assigned to one of three groups: 1) an informational video on Medicaid, 2) an informational video on Medicare, 3) No video at all (control group). The fractions in parentheses indicate the proportion of respondents assigned to each treatment, with 25% of respondents assigned to Medicaid, 25% assigned to Medicare, and the other 50% assigned to the control group. The sixth block explores all respondents' reasoning about health insurance, including whether they believe health insurance should be made more generous and the effects of expanding U.S. health insurance programs. The seventh block examines respondents' policy preferences regarding health insurance - whether it is fair, whether they support individual and employer mandates, and their support for expanding U.S. health insurance programs. The final block explores respondents' broader views on what the extent of government involvement should be.

Figure 4: Personal Exposure to Health Insurance

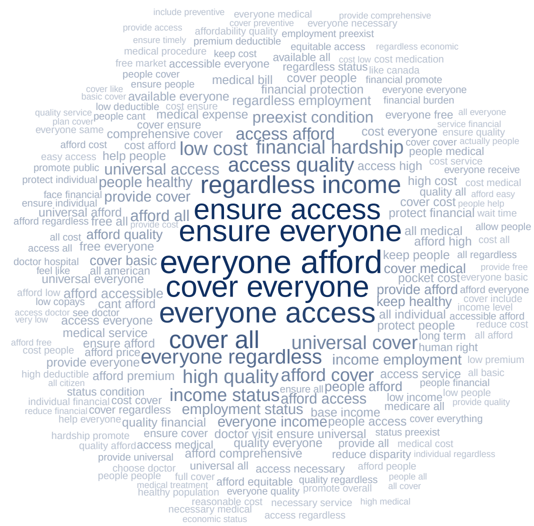


Notes: The bars represent the proportion of respondents in 2025 who had health insurance, broken down by age and income groups.

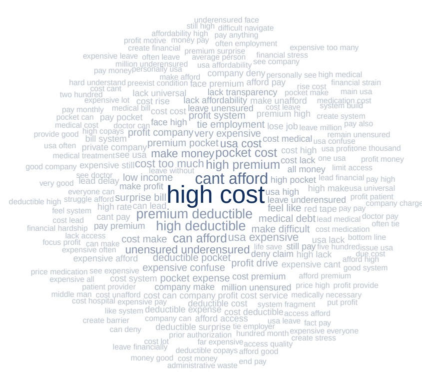
Figure 5: Word clouds for Health Insurance



(a) What are your Main Considerations about Universal Health Insurance and Whether the U.S. should have Universal Health Insurance?



(b) What would be the Goal of a Good Health Insurance System?

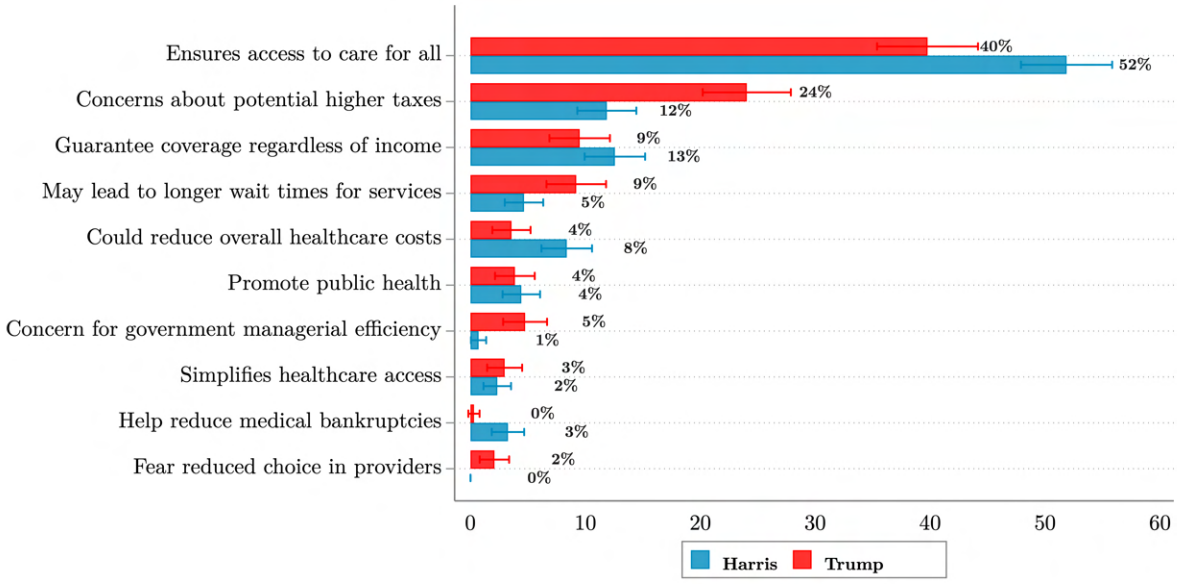


(c) What is the Biggest Problem with Health Insurance in the U.S.?

Notes: The figure shows word clouds based on the text analysis of the open-ended health insurance questions. Each panel refers to the open-ended question indicated in the caption. Raw answers are processed by removing *stop* words, and the words explicitly used in the text of the questions, and all *don't know* answers. The largest label, *everyone afford*, appears in 6.74% of responses. Labels for panel (A) and (B) were increased by 30% to improve legibility. Data from the 2025 survey.

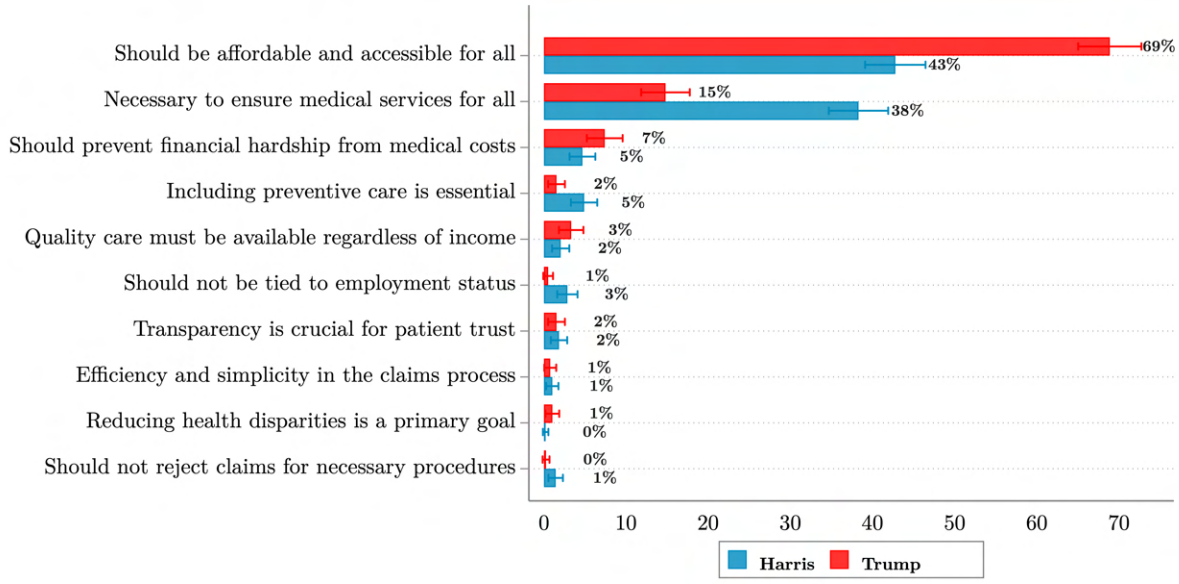
Figure 6: Text Analysis of Open Ended Questions

(a) When you think about health insurance and whether the U.S. should have universal health insurance for all, what are the main considerations — in favor or against it — that come to your mind?



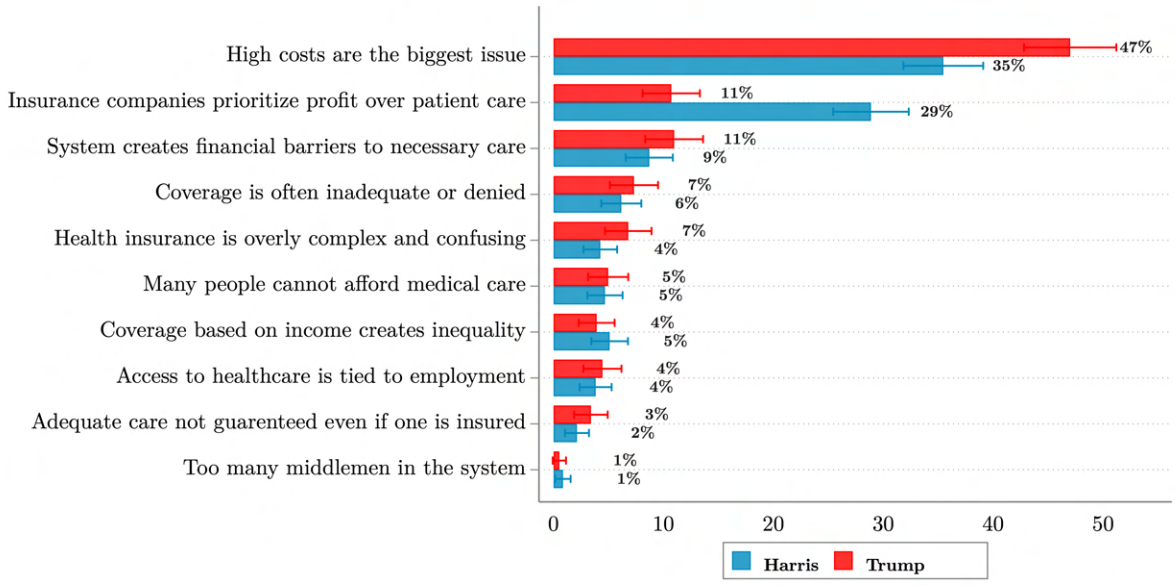
Notes: This chart displays the proportion of answers that match the respective narrative, as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2025 survey.

(b) What would be a good health insurance system in your view? What would be the goal of a good health insurance system?



Notes: This chart displays the proportion of answers that match the respective narrative, as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2025 survey.

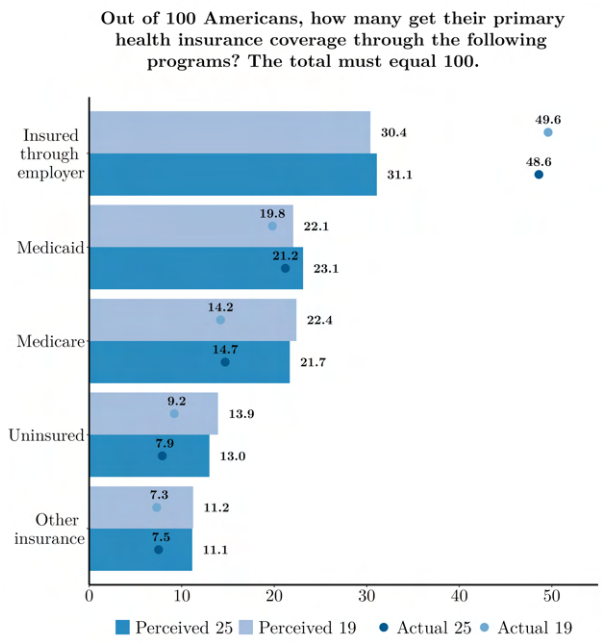
(c) What do you personally see as the biggest problem with health insurance in the United States today?



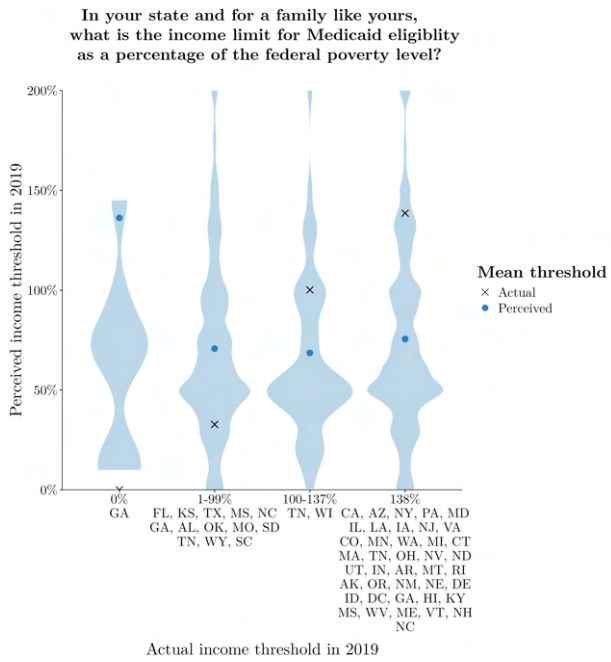
Notes: This chart displays the proportion of answers that match the respective narrative, as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2025 survey.

Figure 7: Knowledge about the Health Insurance System

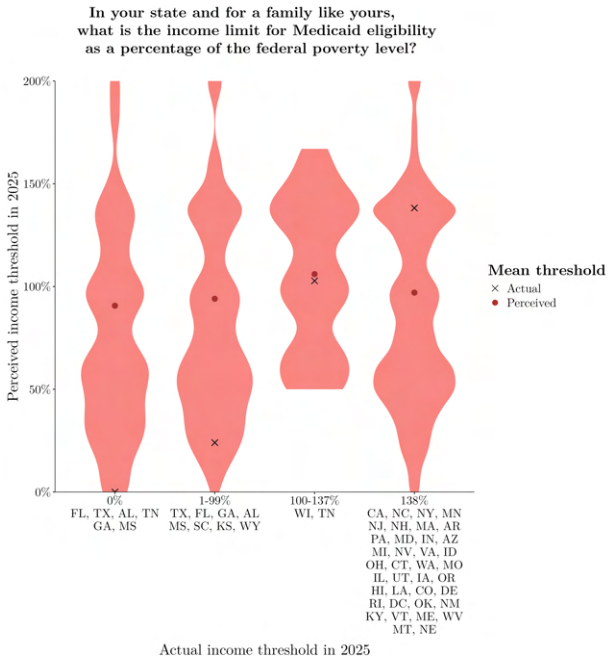
(a) Misperception about Share of People Relying on Different Modes of Insurances



(b) Misperception about Medicaid Income Eligibility, 2019

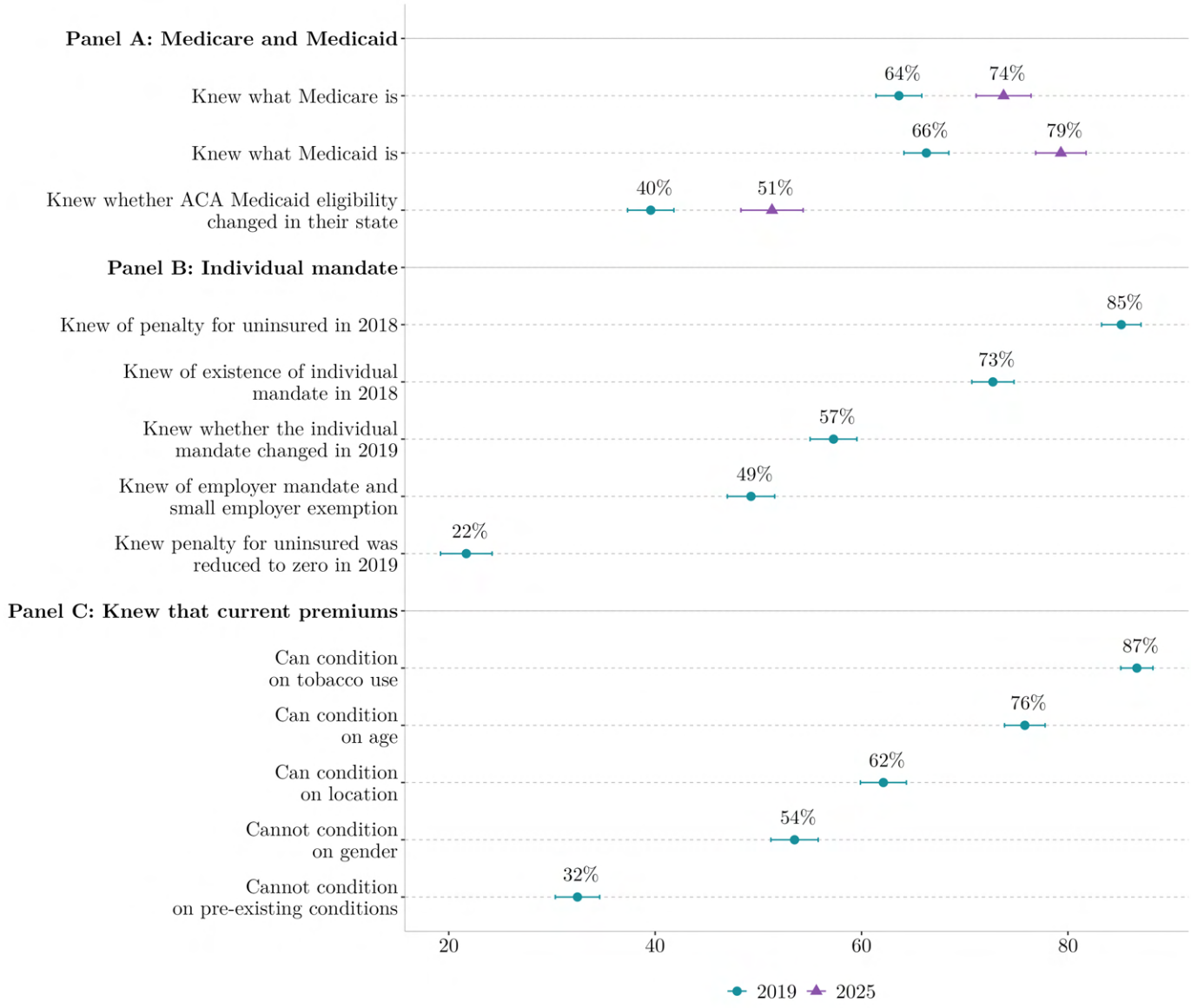


(c) Misperception about Medicaid Income Eligibility, 2025



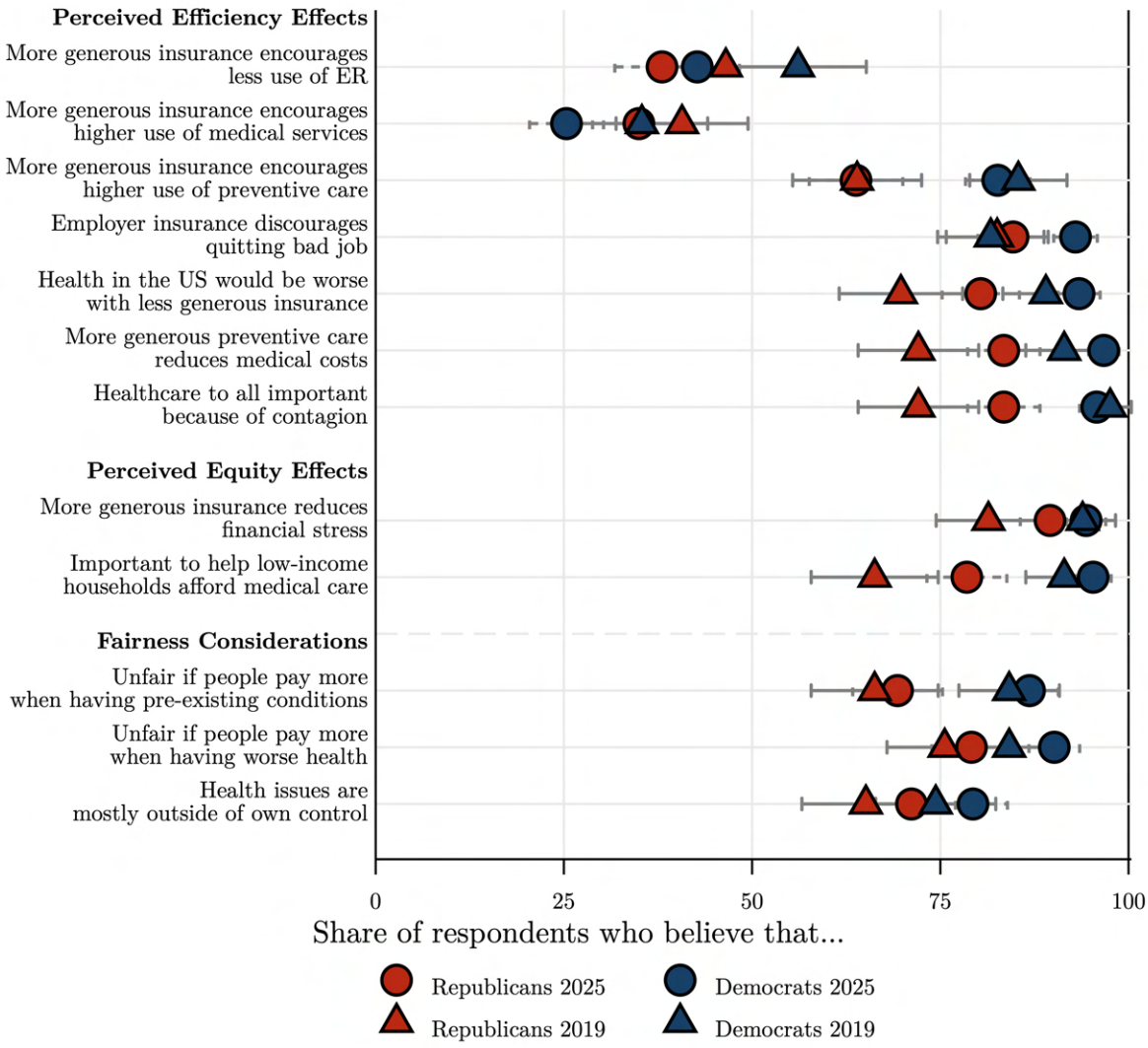
Notes: Panel (A) compares the average perception among respondents of the prevalence of different health insurance programs across the U.S. population to the actual program distribution. Panel (B) shows the perceived Medicaid eligibility as a percentage of the federal poverty level, and as a function of the respondent's true threshold. The true Medicaid eligibility threshold was computed using information on a respondent's state, number of children, and marital status. Violins show distributions of perceived thresholds as a function of binned true thresholds, and dots indicate median responses.

FIGURE 8: KNOWLEDGE ABOUT HEALTH INSURANCE PROGRAMS, MANDATES, AND PREMIUMS



Notes: This chart presents the proportion of respondents who were aware of the respective health insurance mandate and premiums, along with their 90% confidence intervals. Data from the 2019 and 2025 surveys.

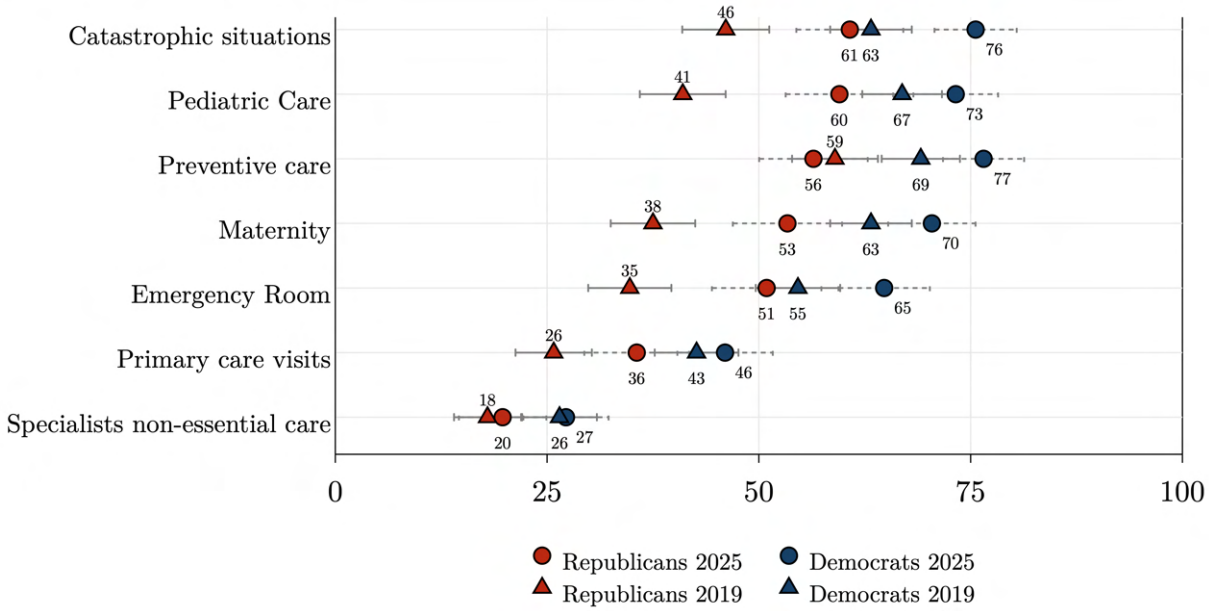
Figure 9: Perceived Mechanisms of Health Insurance



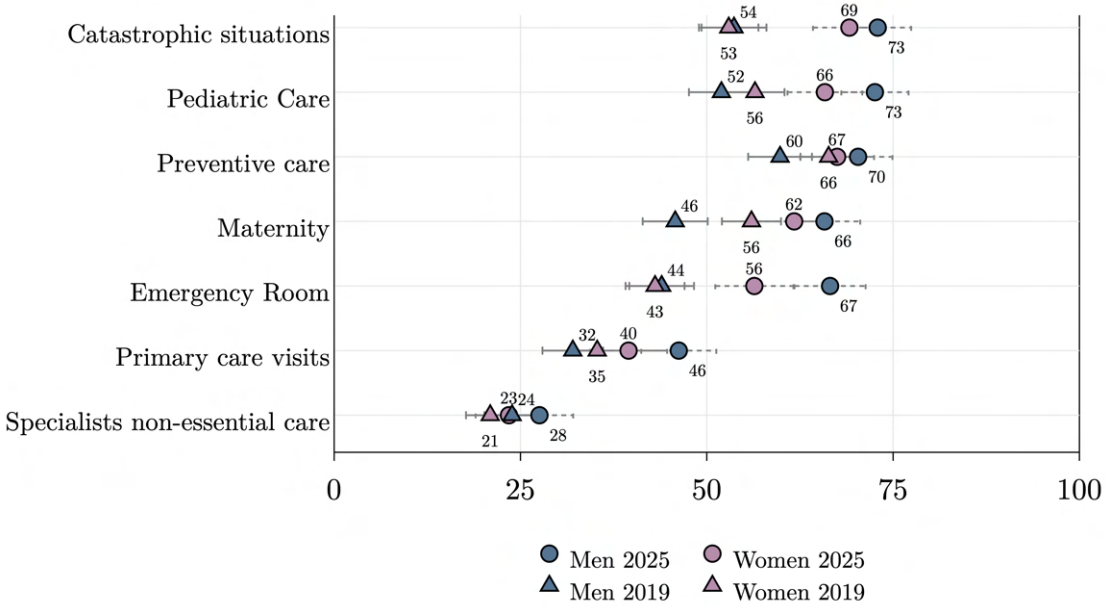
Notes: This chart displays the proportion of respondents who agree with statements about the mechanisms of health insurance, along with their 90% confidence intervals. Data from the 2019 and 2025 surveys.

Figure 10: Support Full Coverage for the Following Services

(a) By Political Affiliation



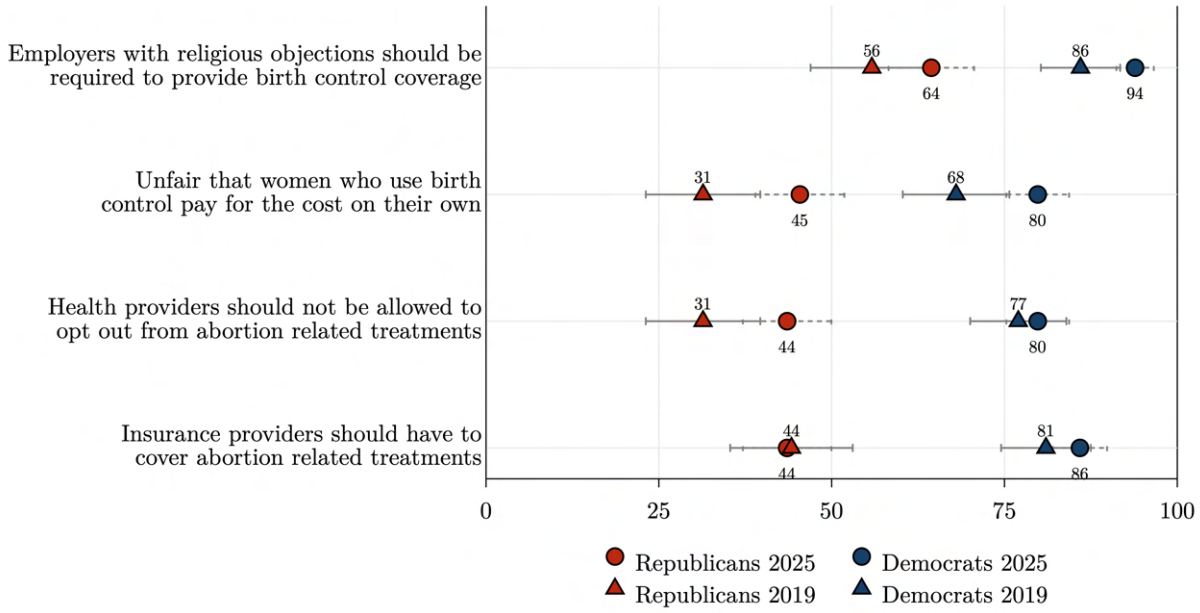
(b) By Gender



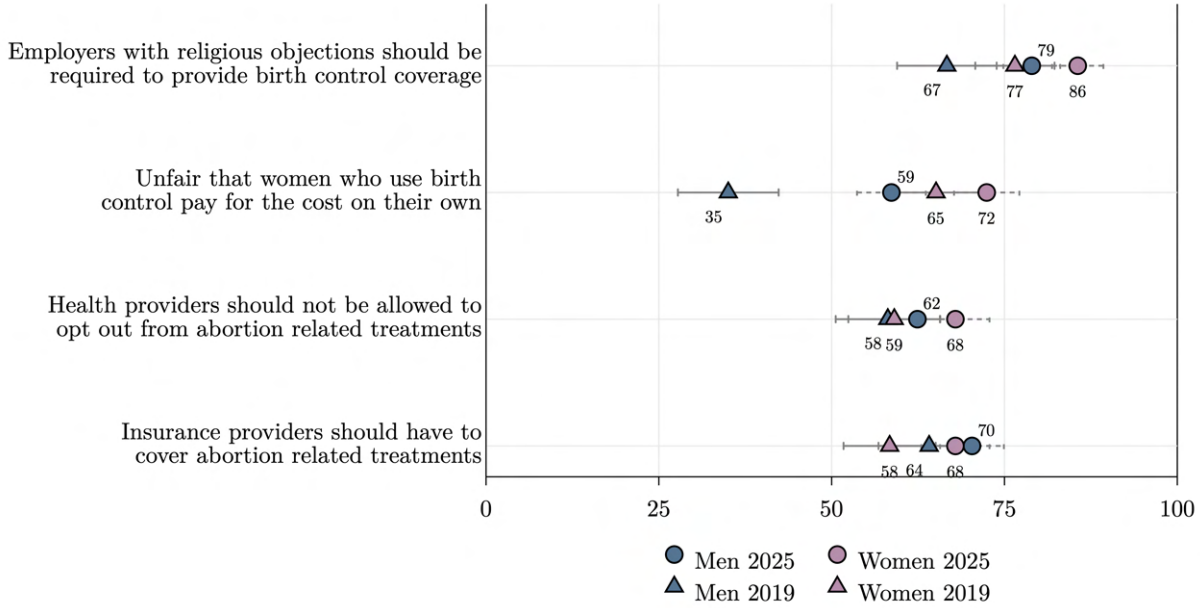
Notes: Panel (A) presents the proportion of respondents who support full coverage for the following categories of medical services, categorized by political affiliation (Republican or Democrat), along with their 90% confidence intervals. Panel (B) displays the results separated by age. Data from the 2019 and 2025 surveys.

Figure 11: Reproductive Health

(a) By Political Affiliation

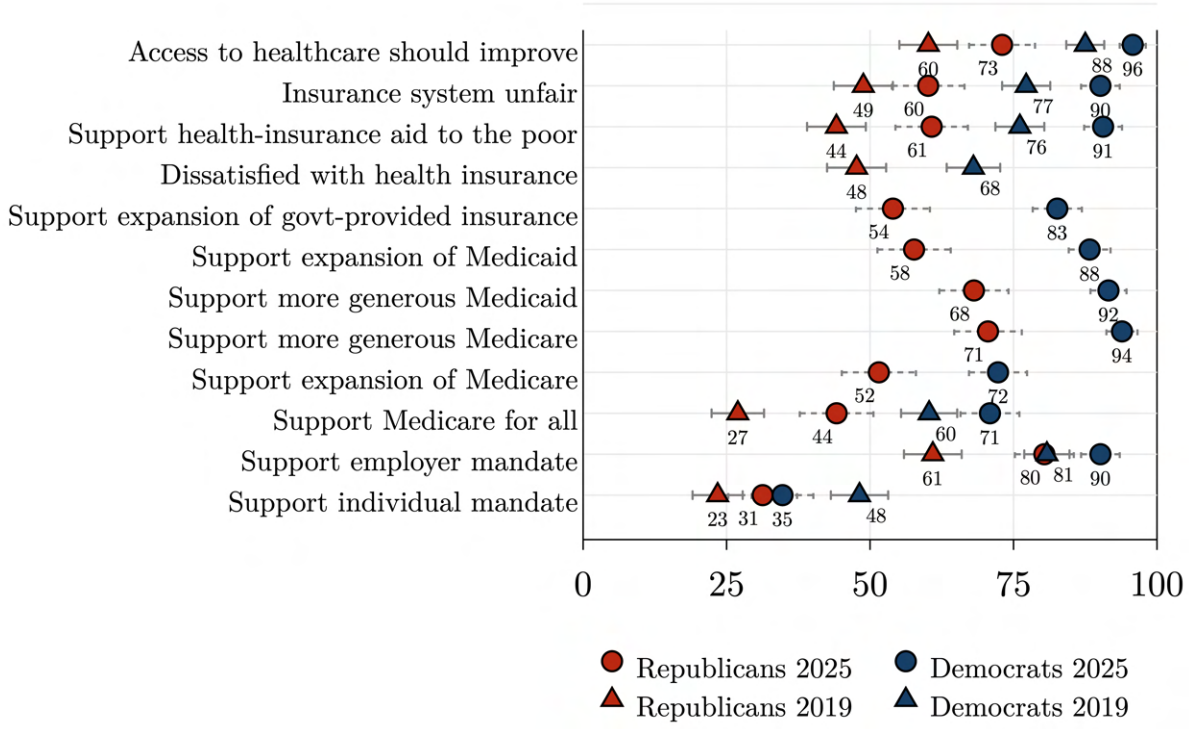


(b) By Gender



Notes: Panel (A) presents the proportion of respondents who agree with statements about reproductive health policies, categorized by political affiliation (Republican or Democrat), along with their 90% confidence intervals. Panel (B) displays the results separated by gender. Data from the 2019 and 2025 surveys.

Figure 12: Policy Preferences for Health Insurance



Notes: This chart shows the proportion of respondents who agree with the following statements about health insurance policy, along with their 90% confidence intervals. Data from the 2019 and 2025 surveys.

Table 2: Efficiency Costs and Spillover Effects of Health Insurance

	More generous insurance would encourage: less use of Emergency rooms (1)	higher use of Medical Services (2)	higher use of preventive care (3)	Employer-insurance discourage quit bad job (4)	Health in US worse if ↓ insurance (5)	↑ preventive healthcare, ↓ costs (6)	Healthcare to all important bc of contagion (7)	Efficiency Index (8)
Panel A: Personal Characteristics								
Female	0.14***	-0.02	0.10***	0.05**	0.06***	0.07***	0.05**	0.20***
	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)
Republican	-0.12***	0.12***	-0.18***	-0.09***	-0.12***	-0.13***	-0.12***	-0.34***
	(0.04)	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.02)	(0.04)
Age 30-49	0.09**	0.02	0.01	0.02	0.04	0.04	-0.04	0.03
	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Age 50-69	0.17***	0.01	0.03	-0.04	0.03	0.03	-0.00	0.04
	(0.05)	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Middle-Income	-0.04	-0.03	0.03	0.02	-0.07**	-0.04	0.02	-0.06
	(0.05)	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
High-Income	-0.06	-0.08**	0.03	0.02	-0.03	-0.04	0.01	-0.08*
	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Panel B: Video treatment effects								
Medicaid T	0.03	0.01	-0.00	-0.06**	0.01	-0.03	0.01	-0.01
	(0.04)	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.02)	(0.04)
Medicare T	0.05	0.02	-0.01	-0.08***	-0.01	-0.01	-0.01	-0.04
	(0.04)	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.02)	(0.04)
Medicaid T	0.12**	-0.02	-0.04	-0.05	0.00	-0.02	-0.00	0.01
	(0.06)	(0.06)	(0.05)	(0.04)	(0.04)	(0.04)	(0.04)	(0.07)
Medicare T	0.15***	0.00	-0.06	-0.12***	0.01	-0.00	-0.01	0.00
	(0.06)	(0.05)	(0.05)	(0.04)	(0.04)	(0.04)	(0.04)	(0.06)
Republican	-0.04	0.11**	-0.18***	-0.10***	-0.12***	-0.13***	-0.11***	-0.29***
	(0.05)	(0.05)	(0.05)	(0.04)	(0.03)	(0.03)	(0.03)	(0.06)
Medicaid T × Republican	-0.11	0.07	0.01	0.01	0.03	-0.01	0.01	-0.04
	(0.09)	(0.08)	(0.08)	(0.06)	(0.06)	(0.06)	(0.06)	(0.10)
Medicare T × Republican	-0.18**	-0.02	0.00	0.01	-0.03	0.00	-0.03	-0.16
	(0.09)	(0.08)	(0.08)	(0.06)	(0.06)	(0.05)	(0.05)	(0.10)
Panel C: Descriptive statistics								
Control mean	0.42	0.28	0.74	0.90	0.89	0.91	0.90	-0.00
Male control mean	0.40	0.27	0.70	0.86	0.87	0.88	0.88	-0.09
Democrat control mean	0.43	0.25	0.83	0.93	0.93	0.97	0.96	0.13
Observations	1055	1055	1055	1055	1055	1055	1055	1055

Notes: The dependent variables in columns 1-3 are indicator variables equal to one if the respondent thinks that the extent to which more generous health insurance would encourage people/themselves/women towards the behaviors listed ranges from *a moderate amount* to *a great deal*. *Employer insurance discourage quit job:* the dependent variable is an indicator variable equal to one if the respondent thinks that health insurance through the employer would discourage people/respondents themselves/women from quitting a bad job or switching jobs out of fear of losing their health insurance. The dependent variables in columns 4-7 are indicator variables equal to one if: *Health in US worse off if ↓ insurance:* the respondent agrees or strongly agrees that with less generous health insurance, health in the U.S./their own health/women's health would be worse since they could not afford appropriate medical care; *↑ preventive healthcare, ↓ costs:* the respondent agrees or strongly agrees that more generous insurance coverage for preventive care can lead to a reduction in total medical costs/to a reduction of their own medical costs/more generous coverage for preventive care *for women* can lead to a reduction in total medical costs; *Healthcare to all important bc of contagion:* the respondent agrees or strongly agrees that it is important that everyone/the respondent themselves/all women can afford proper health care because people who become sick with a contagious disease could have negative effects on others too; *Efficiency index:* index that captures whether the respondent supports efficiency arguments in favor of having health insurance. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2025 survey.

Table 3: Equity Considerations of Health Insurance

	↑ insurance, ↓ financial stress	Important to to help low-incomes	Unfair to pay more if: Pre-existing conditions	Worse health	Health issue out of own control	Equity Index
	(1)	(2)	(3)	(4)	(5)	(6)
Panel A: Personal Characteristics						
Female	0.07***	0.01	0.09***	0.07***	0.05*	0.16***
	(0.02)	(0.02)	(0.03)	(0.02)	(0.03)	(0.04)
Republican	-0.07***	-0.16***	-0.18***	-0.11***	-0.11***	-0.51***
	(0.02)	(0.02)	(0.03)	(0.03)	(0.03)	(0.05)
Age 30-49	0.02	-0.03	0.05	0.05	-0.06*	0.04
	(0.02)	(0.03)	(0.04)	(0.03)	(0.04)	(0.06)
Age 50-69	0.00	-0.04	0.01	0.04	-0.09**	-0.04
	(0.02)	(0.03)	(0.04)	(0.03)	(0.04)	(0.06)
Middle-Income	0.01	0.01	0.02	-0.01	-0.07	-0.06
	(0.03)	(0.03)	(0.04)	(0.04)	(0.04)	(0.07)
High-Income	-0.01	-0.00	0.02	0.00	-0.06	-0.06
	(0.02)	(0.03)	(0.03)	(0.03)	(0.04)	(0.06)
Panel B: Video treatment effects						
Medicaid T	0.01	-0.00	-0.02	-0.02	0.02	-0.08
	(0.02)	(0.02)	(0.03)	(0.03)	(0.03)	(0.05)
Medicare T	0.01	0.03	-0.01	0.01	0.00	-0.00
	(0.02)	(0.02)	(0.03)	(0.03)	(0.03)	(0.05)
Medicaid T	0.01	0.00	-0.01	-0.03	0.11**	-0.02
	(0.03)	(0.04)	(0.05)	(0.05)	(0.05)	(0.08)
Medicare T	0.04	0.01	-0.04	-0.02	0.01	0.01
	(0.03)	(0.04)	(0.05)	(0.04)	(0.05)	(0.08)
Republican	-0.05*	-0.17***	-0.18***	-0.11***	-0.09**	-0.47***
	(0.03)	(0.03)	(0.04)	(0.04)	(0.04)	(0.07)
Medicaid T × Republican	-0.02	0.01	-0.02	-0.02	-0.15*	-0.13
	(0.05)	(0.06)	(0.07)	(0.07)	(0.08)	(0.12)
Medicare T × Republican	-0.07*	0.04	0.00	0.01	0.04	-0.03
	(0.05)	(0.06)	(0.07)	(0.06)	(0.07)	(0.12)
Panel C: Descriptive statistics						
Control mean	0.93	0.88	0.80	0.85	0.76	0.00
Male control mean	0.89	0.89	0.76	0.82	0.74	-0.05
Democrat control mean	0.94	0.95	0.87	0.90	0.79	0.20
Observations	1055	1055	1055	1055	1055	1055

Notes: The dependent variables are indicator variables equal to one if ↑ *insurance,* ↓ *financial stress:* the respondent agrees or strongly agrees that more generous health insurance can help people/the respondent themselves/women deal with unexpected large medical costs, reducing financial stress; *Important to help low-incomes:* the respondent agrees or strongly agrees that it is important to financially help low-income families/families like that of the respondent themselves/low-income women so that they can afford medical care. *Unfair to pay more if pre-existing conditions:* the respondent believes that it is unfair or very unfair that people with pre-existing conditions have to pay more for their health insurance than people without pre-existing conditions/the respondent themselves have to pay more for their own health insurance than people with fewer pre-existing conditions than them/women with pre-existing conditions have to pay more for their health insurance than women without pre-existing conditions; *Unfair to pay more if worse health:* the respondent believes that it is unfair or very unfair that people born with worse health have to pay more for health care or insurance than people born with better health/the respondent themselves had to pay more for their own health insurance than people born with better health than themselves/if women born with worse health have to pay more for health care or insurance than women born with better health; *Health issue out of own control:* the respondent believes that health issues are mostly the result of circumstances outside of one's control/that the respondent's own health issues are mostly the result of circumstances outside of their own control/that women's health issues are mostly the result of circumstances outside of their control; *Equity index:* An index that captures whether the respondent supports equity arguments in favor of having health insurance. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2025 survey.

Table 4: Policy Views on the Health Insurance

	Insurance system unfair (1)	Support transfers to low-inc. (2)	Support Individual mandate (3)	Support Employer mandate (4)	Support Medicare expansion (5)	Support Medicare more gen. (6)	Support Medicaid expansion (7)	Support Medicaid more gen. (8)	Support Govt. prov. expansion (9)	Support Medicare for all (10)	Access to health-care should be improved (11)
Panel A: Personal Characteristics											
Republican	-0.23***	-0.30***	-0.04	-0.10***	-0.17***	-0.18***	-0.28***	-0.25***	-0.29***	-0.30***	-0.20***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)	(0.03)
Female	0.03	-0.00	-0.00	0.01	-0.00	0.04*	0.02	0.02	0.03	-0.02	0.03
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.02)	(0.03)	(0.02)	(0.03)	(0.03)	(0.02)
Age 30-49	0.07*	0.02	-0.05	0.01	0.01	-0.03	-0.07*	-0.03	-0.05	-0.00	0.10***
	(0.04)	(0.03)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)	(0.03)	(0.04)	(0.04)	(0.03)
Age 50-69	0.05	0.02	-0.02	-0.02	-0.01	-0.03	-0.12***	-0.09***	-0.06	-0.07*	0.09***
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.03)	(0.04)	(0.04)	(0.03)
Middle-Income	0.01	-0.06	-0.02	0.05	-0.03	-0.01	-0.05	-0.04	0.01	-0.05	0.02
	(0.04)	(0.04)	(0.04)	(0.04)	(0.05)	(0.03)	(0.04)	(0.04)	(0.04)	(0.05)	(0.03)
High-Income	0.01	-0.07**	0.05	0.06*	-0.11***	-0.02	-0.14***	-0.09***	-0.00	-0.04	0.03
	(0.03)	(0.03)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)	(0.03)	(0.04)	(0.04)	(0.03)
Panel B: Underlying mechanisms											
Republican	-0.15***	-0.14***	-0.02	-0.02	-0.04	-0.06**	-0.15***	-0.12***	-0.15***	-0.16***	-0.11***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Efficiency index	0.08***	0.10***	-0.01	0.07***	0.08***	0.07***	0.02	0.02	0.10***	0.04	0.05**
	(0.03)	(0.02)	(0.03)	(0.02)	(0.03)	(0.02)	(0.02)	(0.02)	(0.03)	(0.03)	(0.02)
Equity Index	0.15***	0.18***	-0.01	0.07***	0.12***	0.13***	0.15***	0.15***	0.11***	0.15***	0.12***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Government trust Index	-0.06***	0.10***	0.11***	0.07***	0.15***	0.10***	0.19***	0.17***	0.17***	0.19***	0.03*
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Panel C: Video treatment effects											
Medicaid T	-0.08***	-0.02	-0.01	0.02	0.10***	0.02	0.08***	0.03	0.03	0.06	-0.07***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)	(0.03)
Medicare T	-0.10***	-0.01	-0.04	-0.01	0.08**	0.01	0.04	0.01	0.04	0.05	-0.01
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)	(0.03)
Medicaid T	-0.09*	-0.03	-0.04	0.04	0.06	-0.00	0.05	0.05	0.04	0.04	-0.06
	(0.05)	(0.05)	(0.05)	(0.05)	(0.06)	(0.04)	(0.05)	(0.05)	(0.05)	(0.06)	(0.04)
Medicare T	-0.14***	0.02	-0.04	-0.02	0.05	-0.05	0.02	0.01	0.06	0.09	-0.03
	(0.05)	(0.05)	(0.05)	(0.04)	(0.05)	(0.04)	(0.05)	(0.04)	(0.05)	(0.05)	(0.04)
Republican	-0.28***	-0.30***	-0.06	-0.10**	-0.20***	-0.22***	-0.30***	-0.23***	-0.29***	-0.30***	-0.22***
	(0.04)	(0.04)	(0.05)	(0.04)	(0.05)	(0.04)	(0.04)	(0.04)	(0.05)	(0.05)	(0.04)
Medicaid T × Republican	0.06	0.01	0.06	-0.03	0.07	0.05	0.02	-0.06	-0.01	0.00	-0.02
	(0.07)	(0.07)	(0.08)	(0.07)	(0.08)	(0.06)	(0.07)	(0.07)	(0.08)	(0.09)	(0.06)
Medicare T × Republican	0.13*	-0.01	0.02	-0.00	0.07	0.13**	0.05	-0.01	0.02	-0.01	0.10
	(0.07)	(0.07)	(0.08)	(0.07)	(0.08)	(0.06)	(0.07)	(0.06)	(0.08)	(0.08)	(0.06)
Panel D: Descriptive statistics											
Control mean	0.81	0.78	0.30	0.83	0.63	0.84	0.75	0.81	0.72	0.58	0.87
Male control mean	0.78	0.80	0.35	0.83	0.65	0.83	0.74	0.81	0.71	0.61	0.85
Democrat control mean	0.90	0.91	0.35	0.90	0.72	0.94	0.88	0.92	0.83	0.71	0.96
Observations	1055	1055	1055	1055	1055	1055	1053	1055	1055	1055	1055

Notes: The dependent variables are indicator variables equal to one if: *Insurance system unfair:* the respondent believes that the U.S. insurance system is somewhat unfair or very unfair; *Support transfers to low-inc.:* the respondent supports or strongly supports providing additional transfers or subsidies to low-income families to help them with the costs of their health care; *Support individual mandate:* the respondent supports or strongly supports having an individual mandate; *Support Employer mandate:* the respondent supports or strongly supports having an employer mandate whereby every large employer is obliged to offer health insurance plans for employees. *Support Medicare expansion:* the respondent supports or strongly supports lowering the age eligibility threshold for Medicare, expanding its coverage; *Support Medicare more gen.:* the respondent supports or strongly supports making Medicare more generous by expanding the services it covers; *Support Medicaid expansion:* the respondent supports or strongly supports expanding Medicaid's eligibility; *Support Medicaid more gen.:* the respondent supports or strongly supports making Medicaid more generous by expanding the services it covers; *Support Govt. prov. expansion:* the respondent supports or strongly supports expanding U.S. government-provided insurance, reducing people's reliance on employer-provided insurance; *Medicare for all: support:* the respondent supports or strongly supports Medicare-for-all. *Medicare for all: don't know enough:* the respondent answers that they do not know enough to say whether they support or oppose Medicare-for-all; Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2025 survey.

Table 5: Support Full Coverage for the Following Services

	Preventive care	Primary care Visits	Maternity	Specialists non-essential care	Catastrophic situations	Emergency room	Pediatric care
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Panel A: Personal Characteristics							
Republican	-0.20***	-0.13***	-0.15***	-0.09***	-0.16***	-0.12***	-0.15***
	(0.03)	(0.04)	(0.04)	(0.03)	(0.03)	(0.04)	(0.04)
Female	0.05*	-0.05	-0.01	-0.04	-0.02	-0.04	0.02
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Age 30-49	0.13***	0.07	0.04	-0.03	-0.03	0.00	0.08*
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)
Age 50-69	0.18***	0.08*	-0.05	-0.05	-0.02	0.00	0.07*
	(0.04)	(0.05)	(0.04)	(0.04)	(0.04)	(0.05)	(0.04)
Middle-Income	0.05	0.05	-0.01	-0.03	0.01	-0.05	-0.03
	(0.04)	(0.05)	(0.05)	(0.04)	(0.04)	(0.05)	(0.05)
High-Income	0.07*	-0.03	-0.03	-0.11***	0.02	-0.08**	-0.04
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)
Panel B: Underlying mechanisms							
Republican	-0.09***	-0.03	-0.05	-0.03	-0.06	-0.01	-0.03
	(0.03)	(0.04)	(0.04)	(0.03)	(0.03)	(0.04)	(0.04)
Efficiency Index	0.20***	0.10***	0.08***	0.04	0.11***	0.03	0.11***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Equity Index	0.09***	0.12***	0.13***	0.10***	0.12***	0.17***	0.15***
	(0.02)	(0.03)	(0.03)	(0.02)	(0.02)	(0.03)	(0.03)
Government trust Index	-0.01	0.00	0.05**	0.02	0.03	0.05**	0.03
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Panel C: Video treatment effects							
Medicaid T	-0.01	0.01	0.03	0.07**	-0.02	0.02	-0.02
	(0.03)	(0.04)	(0.04)	(0.03)	(0.03)	(0.04)	(0.04)
Medicare T	-0.01	0.03	0.05	0.03	-0.02	0.02	-0.02
	(0.03)	(0.04)	(0.04)	(0.03)	(0.03)	(0.04)	(0.03)
Medicaid T	0.03	0.07	0.03	0.15***	0.02	0.06	-0.01
	(0.06)	(0.06)	(0.06)	(0.05)	(0.06)	(0.06)	(0.06)
Medicare T	-0.01	0.02	0.04	0.01	-0.03	0.01	0.03
	(0.05)	(0.06)	(0.05)	(0.05)	(0.05)	(0.06)	(0.05)
Medicaid T × Republican	-0.05	-0.14	0.02	-0.14*	-0.06	0.01	0.05
	(0.08)	(0.09)	(0.09)	(0.08)	(0.08)	(0.09)	(0.08)
Medicare T × Republican	0.02	0.02	0.03	0.01	0.00	0.05	-0.08
	(0.08)	(0.09)	(0.08)	(0.08)	(0.08)	(0.08)	(0.08)
Panel D: Descriptive statistics							
Control mean	0.69	0.43	0.64	0.26	0.71	0.62	0.69
Male control mean	0.70	0.46	0.66	0.28	0.73	0.67	0.73
Democrat control mean	0.77	0.46	0.70	0.27	0.76	0.65	0.73
Observations	1055	1055	1055	1054	1055	1055	1055

Notes: The dependent variables are indicator variables equal to one if the respondent supports full coverage (the patient pays no costs out of pocket) for the medical services listed. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2025 survey.

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APPENDIX

A-1 Survey Information

Table A-1: Attrition

	2019 Survey		2025 Survey	
	Survey completion (1)	Completion time $< 5^{th}$ percentile (2)	Survey completion (3)	Completion time $< 5^{th}$ percentile (4)
Female	-0.03**	-0.01	0.01	-0.01
	(0.02)	(0.01)	(0.02)	(0.02)
Has kids	0.02	0.00	0.01	-0.07***
	(0.02)	(0.02)	(0.02)	(0.02)
Black	-0.06*	0.01	0.00	-0.03
	(0.03)	(0.03)	(0.02)	(0.03)
Hispanic	-0.01	0.01	0.00	-0.02
	(0.03)	(0.03)	(0.02)	(0.02)
Other	-0.04	0.04*	0.03	-0.01
	(0.02)	(0.02)	(0.03)	(0.03)
Age 30-49	-0.01	-0.02	0.03*	0.03
	(0.02)	(0.02)	(0.02)	(0.02)
Age 50-69	-0.05**	-0.04*	0.05**	0.01
	(0.02)	(0.02)	(0.02)	(0.03)
Middle-Income	0.01	0.02	0.03	-0.02
	(0.02)	(0.02)	(0.02)	(0.03)
High-Income	0.04*	-0.03	-0.00	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
College Degree	0.02	0.01	0.04**	0.01
	(0.02)	(0.02)	(0.02)	(0.02)
Economics related major	-0.01	0.00	0.02	0.02
	(0.03)	(0.03)	(0.03)	(0.03)
Not working	-0.01	0.01	0.01	-0.01
	(0.02)	(0.02)	(0.02)	(0.03)
Retiree	-0.01	0.02	0.01	-0.04
	(0.02)	(0.02)	(0.04)	(0.04)
Policy knowledge	0.07***	-0.03*	0.01	-0.05**
	(0.02)	(0.02)	(0.02)	(0.02)
Constant	0.84***	0.15***	0.84***	0.16***
	(0.03)	(0.02)	(0.03)	(0.03)
Observations	2134	2134	1136	1136

Notes: The dependent variable in columns (1) and (3) is an indicator variable equal to one if the respondent completed the survey; respondents who did not complete the survey were excluded from the analysis. The dependent variable in columns (2) and (4) is an indicator variable equal to one if the respondent's completion time was below the 5^{th} percentile, resulting in the exclusion of the observation from the analysis. The independent variable *Policy knowledge* is an indicator variable equal to one if the respondent self-reports being "highly knowledgeable" or "somewhat knowledgeable" on economic policy matters. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

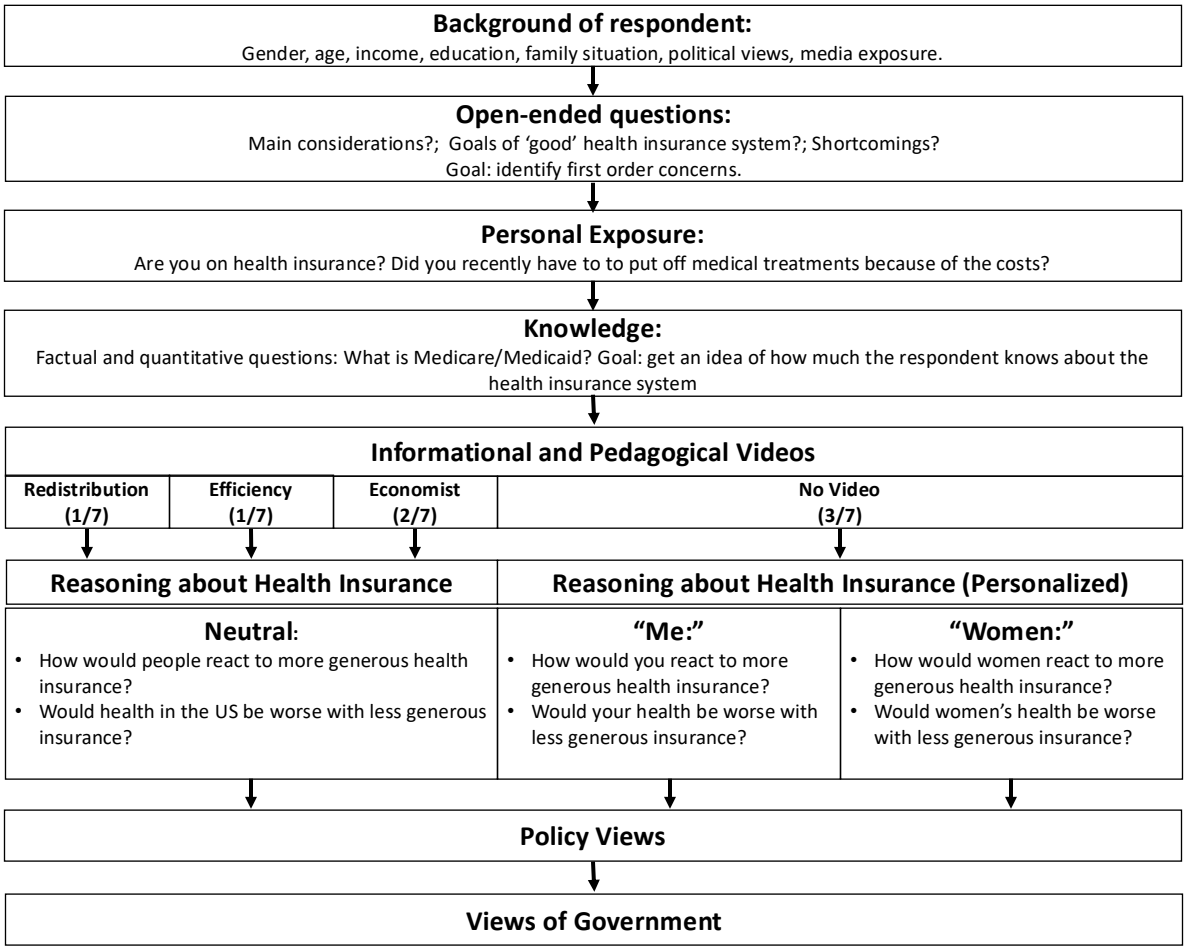
Table A-2: Political affiliation

	Republican
	(1)
Female	-0.02
	(0.03)
Age 30-49	-0.00
	(0.04)
Age 50-69	-0.00
	(0.04)
Middle-Income	-0.09**
	(0.05)
High-Income	0.09**
	(0.04)
Less than 4-year college	0.09
	(0.08)
4-year college/Master's	0.13*
	(0.08)
Professional degree	0.16
	(0.10)
Descriptive statistics	
Sample mean	0.32
Young mean	0.32
Low-income mean	0.26
Low-education mean	0.17
Observations	1055

Notes: The dependent variable is an indicator variable equal to one if the respondent reported "Republican" as political affiliation. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2025 survey.

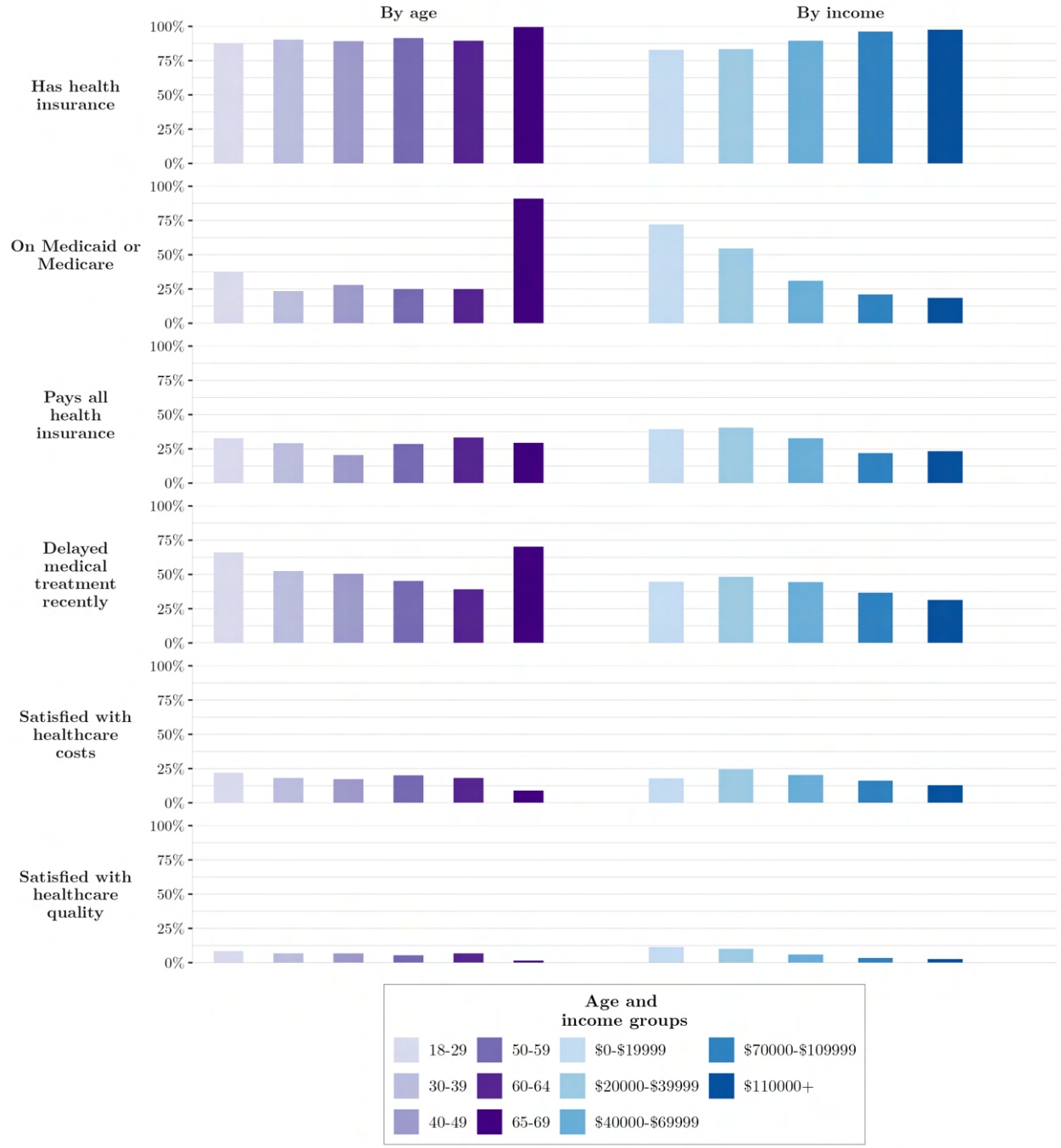
A-2 2019 Results

FIGURE A-1: 2019 SURVEY FLOW



Notes: This figure illustrates the survey flow, which is structured into seven sequential blocks. The first block collects demographic and socioeconomic details, including gender, age, income, education, occupation, employment status, marital status, number of children, place of residence, and political views. The second block features open-ended questions designed to capture respondents' initial, unprompted thoughts about health insurance before introducing more structured, close-ended questions, following Ferrario and Stantcheva (2022). The third block gathers information on respondents' personal experiences with health insurance and their broader health-related experiences. The fourth block assesses their factual knowledge of the U.S. healthcare system. In the fifth block, the experimental component is introduced, where respondents are randomly assigned to one of four groups, each shown a different informational video or no video at all (control group), with each video emphasizing a distinct aspect of the health insurance system. The fractions in parentheses indicate the proportion of respondents assigned to each treatment. The sixth block explores respondents' reasoning about health insurance, with those who watched a video receiving neutrally phrased questions, while those in the control group are assigned one of two formats: first-person phrasing ("Me" branch) or framing questions around women ("Women" branch). The final block examines respondents' policy preferences regarding health insurance and their broader views on the role of government.

Figure A-2: Personal Exposure to Health Insurance



Notes: The bars represent the proportion of respondents in 2019 who had health insurance, as well as with their satisfaction levels regarding the cost and quality of healthcare in the U.S, broken down by age and income groups.

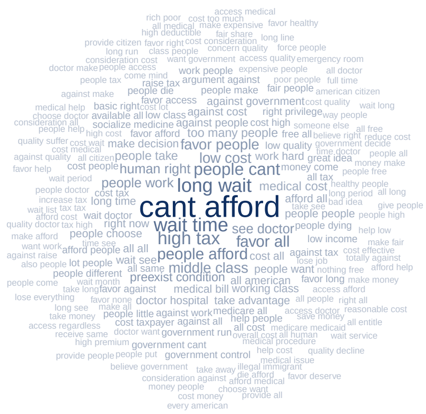
Table A-3: Political affiliation

	Republican
	(1)
Female	0.00
	(0.02)
Age 30-49	0.16***
	(0.03)
Age 50-69	0.17***
	(0.03)
Middle-Income	0.06*
	(0.03)
High-Income	0.09***
	(0.03)
Less than 4-year college	-0.01
	(0.08)
4-year college/Master's	-0.06
	(0.08)
Professional degree	-0.11
	(0.10)
Descriptive statistics	
Sample mean	0.32
Young mean	0.18
Low-income mean	0.27
Low-education mean	0.29
Observations	1826

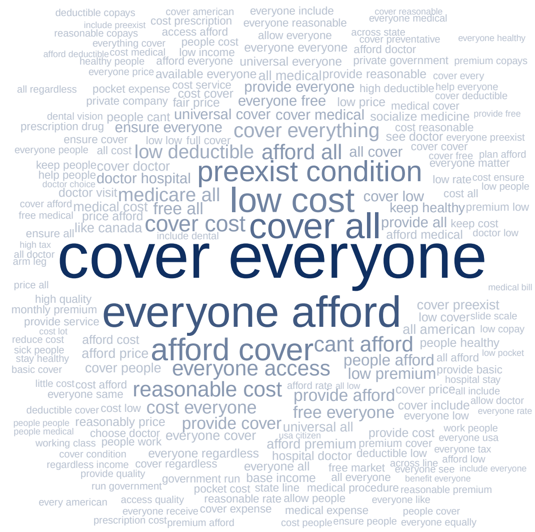
Notes: The dependent variable is an indicator variable equal to one if the respondent reported "Republican" as political affiliation. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2019 survey.

Figure A-3: Word clouds for Health Insurance

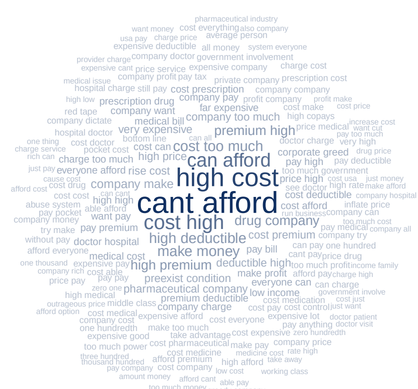
(a) What are your Main Considerations about Universal Health Insurance and Whether the U.S. should have Universal Health Insurance?



(b) What would be the Goal of a Good Health Insurance System?



(c) What is the Biggest Problem with Health Insurance in the U.S.?

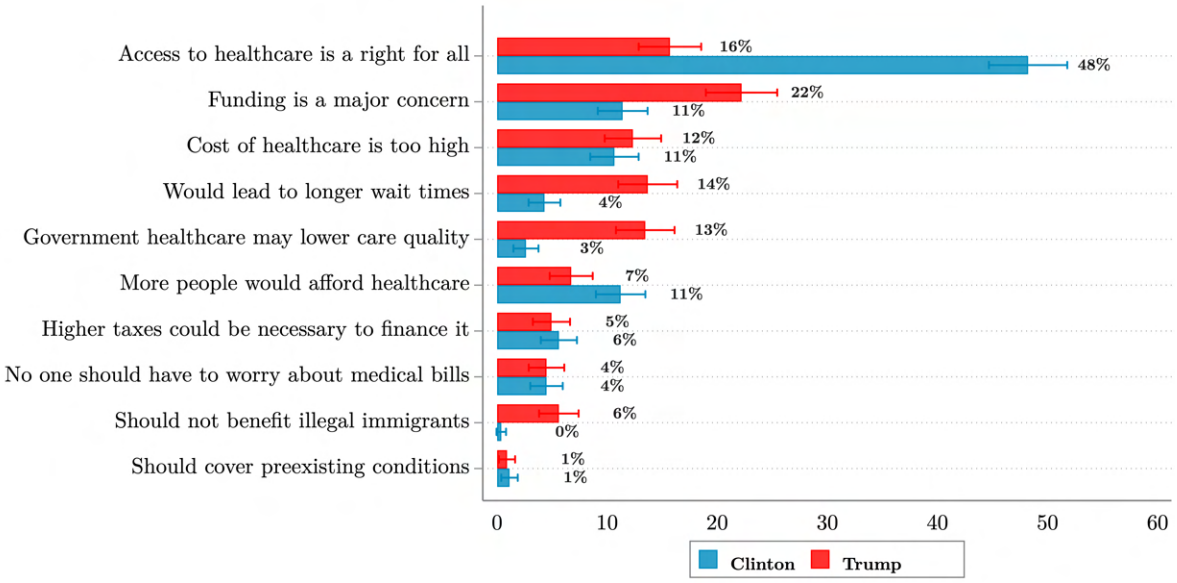


Notes: The figure shows word clouds based on the text analysis of the open-ended health insurance questions. Each panel refers to the open-ended question indicated in the caption. Raw answers are processed by removing *stop* words and the words explicitly used in the text of the questions and all *don't know* answers. The largest label, *cover everyone*, appears in 7.6% of responses. Labels for panel (A) and (B) labels were increased by 10% to improve legibility. Data from the 2019 survey.

A-2.1 Text Analysis

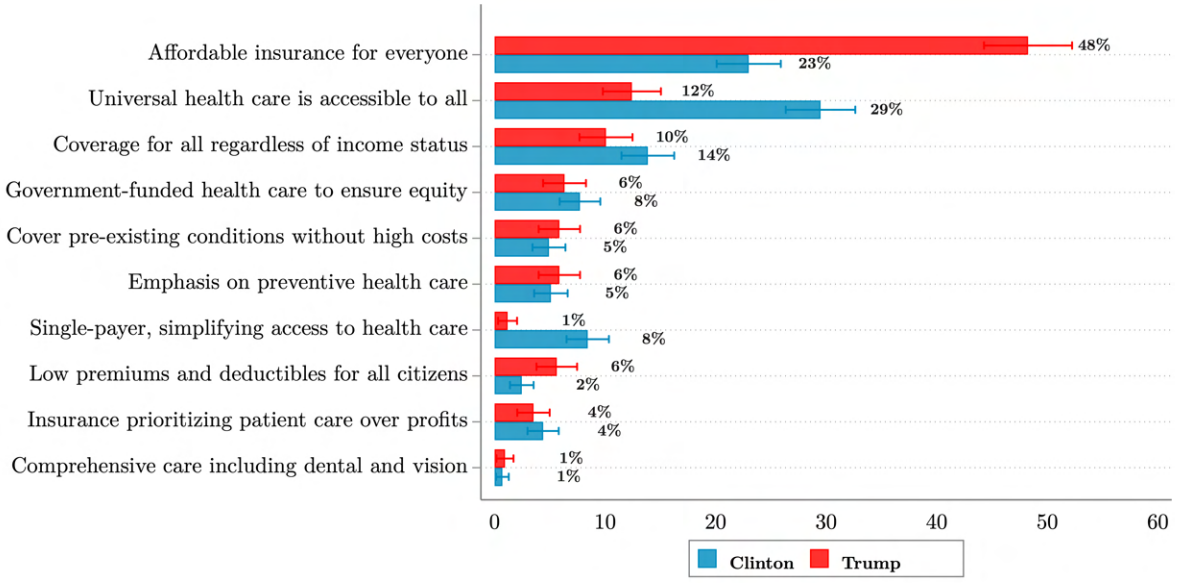
Figure A-4: Textual Analysis of Open Ended Questions

(a) When you think about health insurance and whether the U.S. should have universal health insurance for all, what are the main considerations — in favor or against it — that come to your mind?



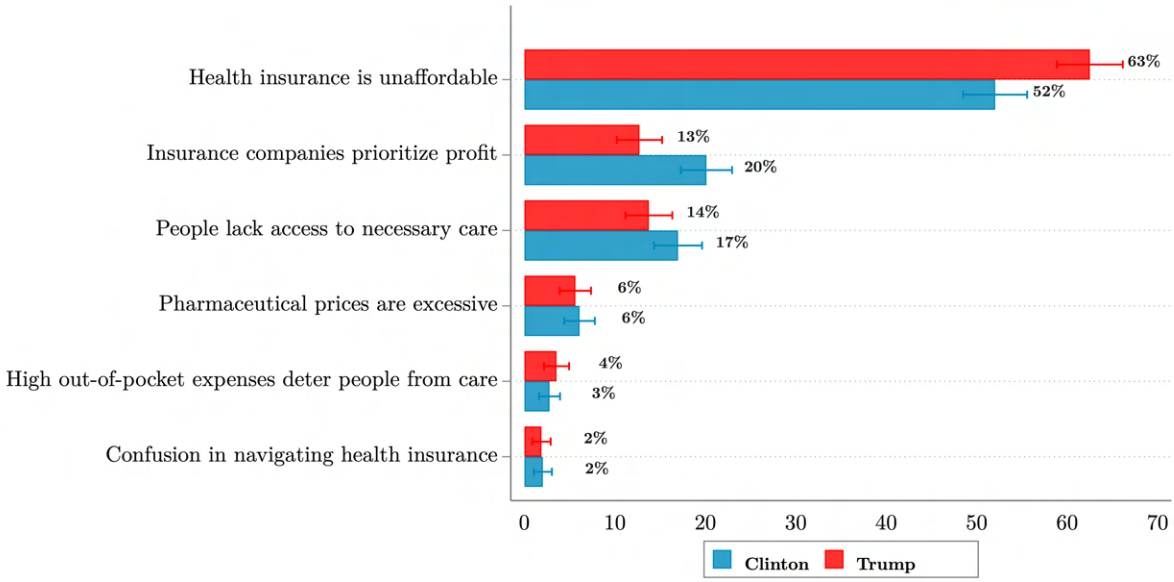
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(b) What would be a good health insurance system in your view? What would be the goal of a good health insurance system?



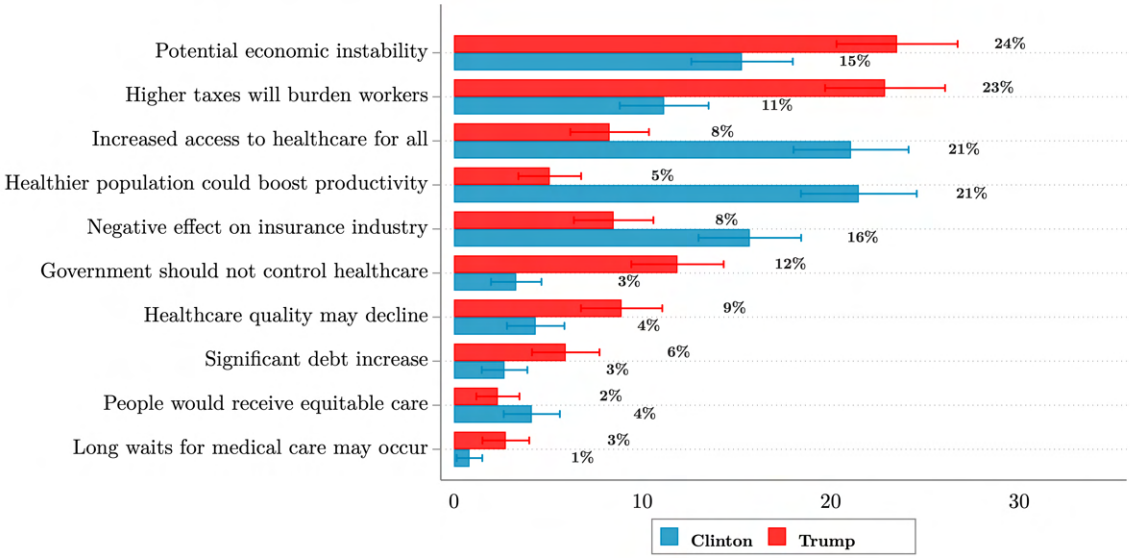
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(c) What do you personally see as the biggest problem with health insurance in the United States today?



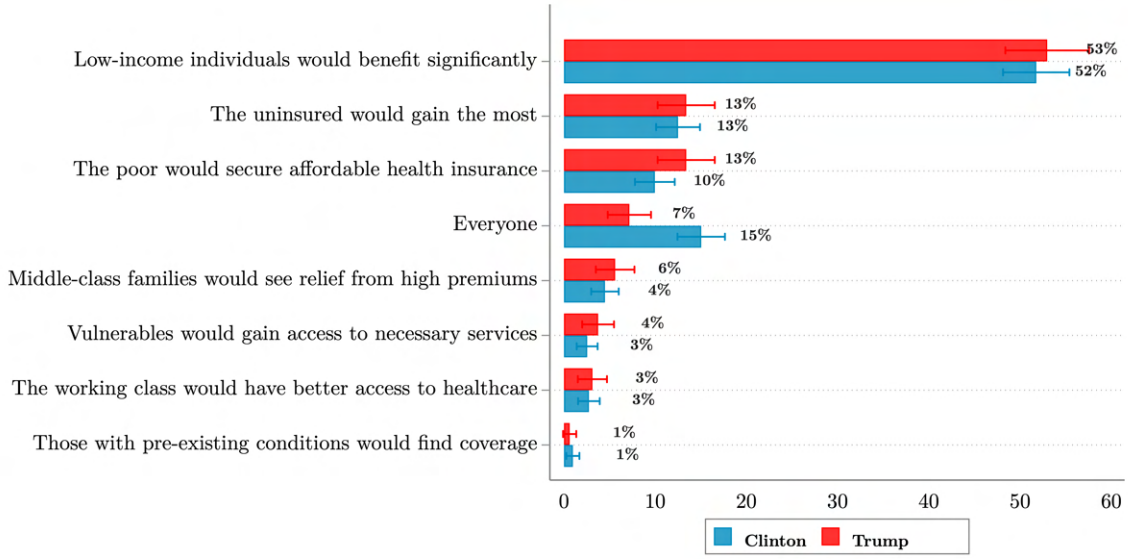
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(d) What do you think would be the effects on the U.S. economy if a single-payer health insurance system were introduced?



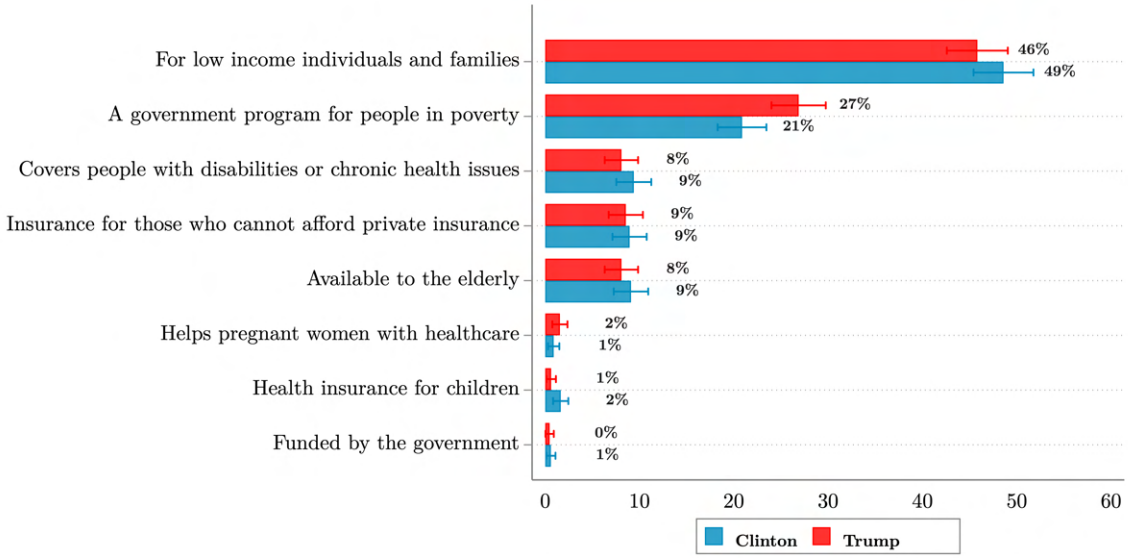
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(e) Which groups of people — if any — would gain if a single-payer health insurance system were introduced in the U.S.?



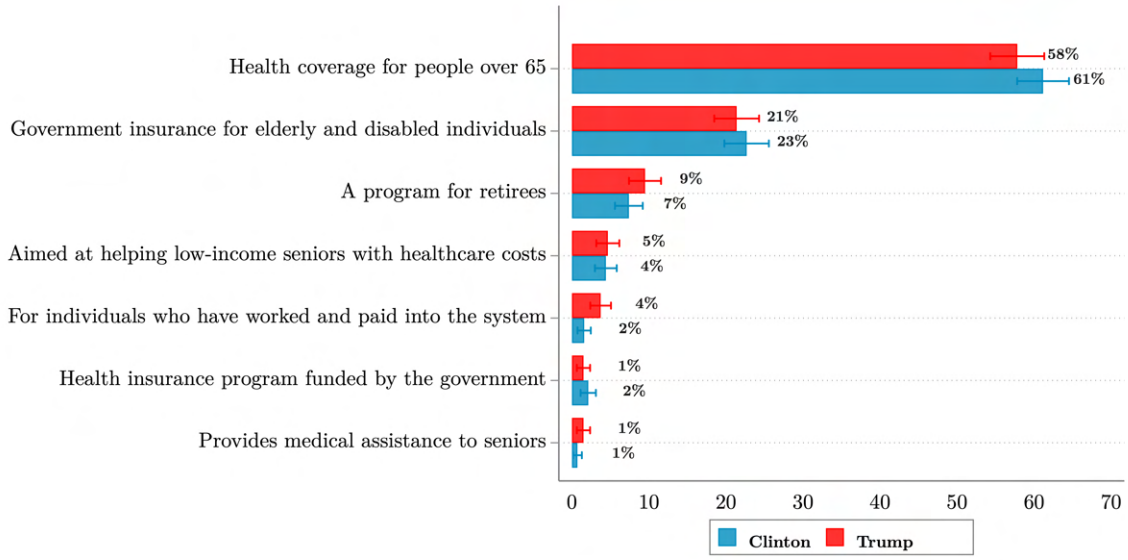
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(f) What is Medicaid? Who is eligible for Medicaid?



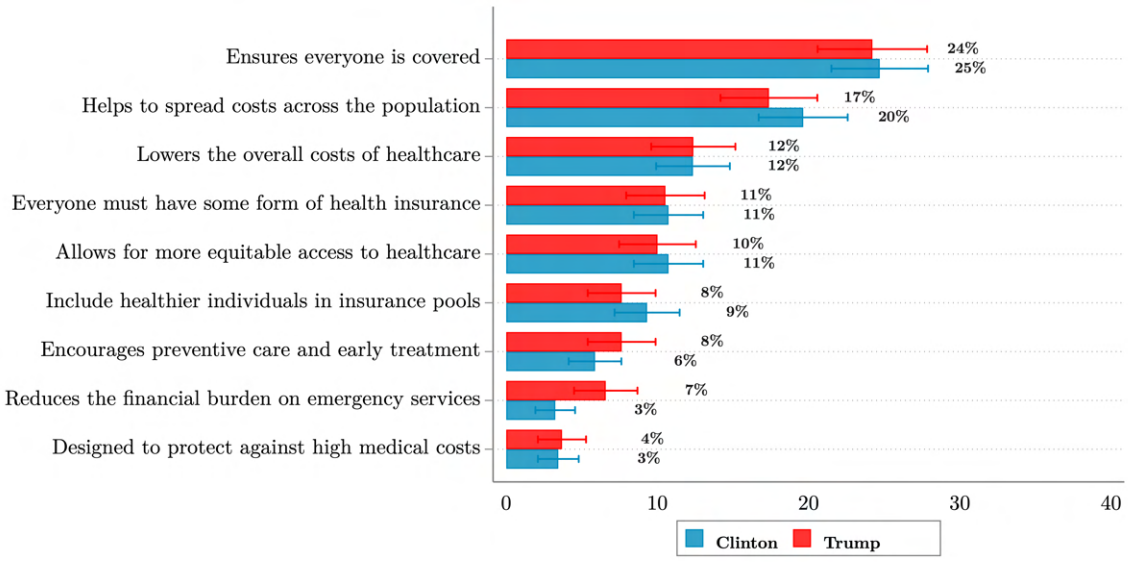
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(g) What is Medicare? Who is eligible for Medicare?



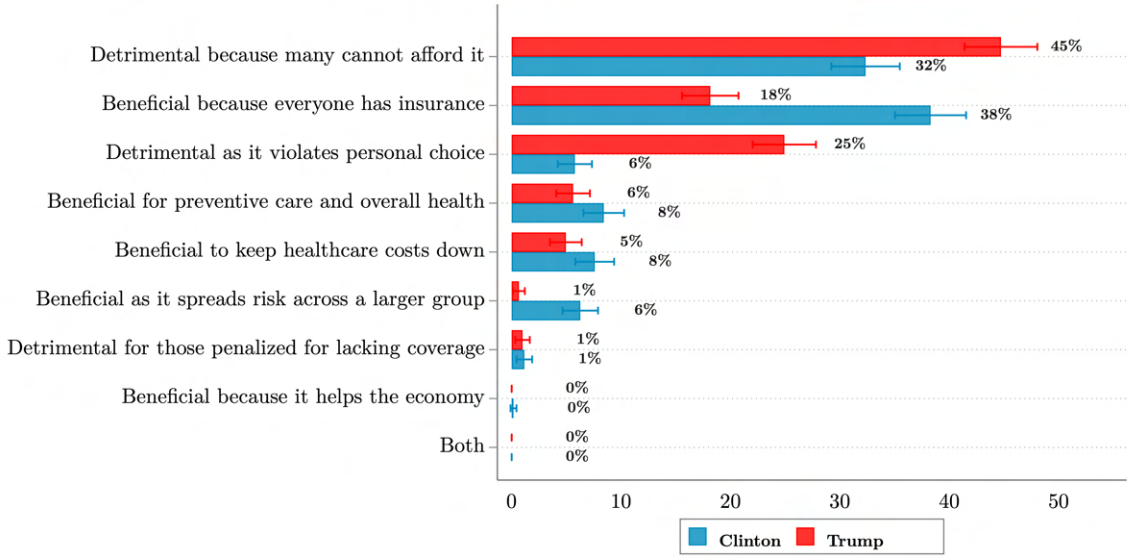
Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

(h) In your view, what is the main reason for having an individual mandate?



Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

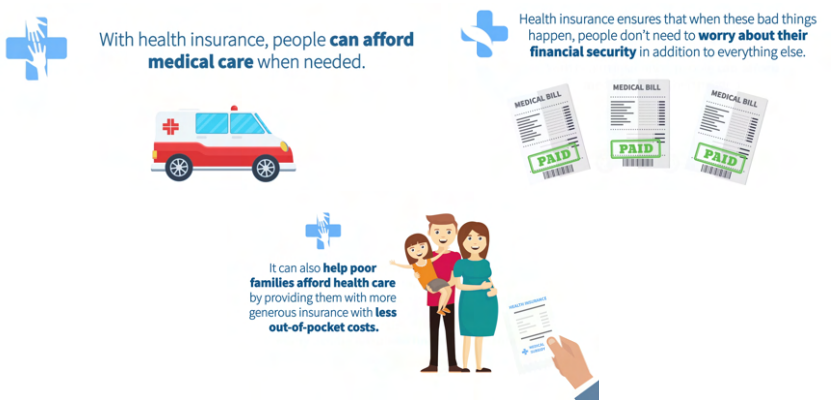
(i) Would you say that an individual mandate is beneficial or detrimental? Please explain your reasoning.



Notes: This chart displays the proportion of answers that match the respective narrative as identified by the LLM, along with their 90% confidence intervals. Percentages sum to 100% for each political affiliation. Data from the 2019 survey.

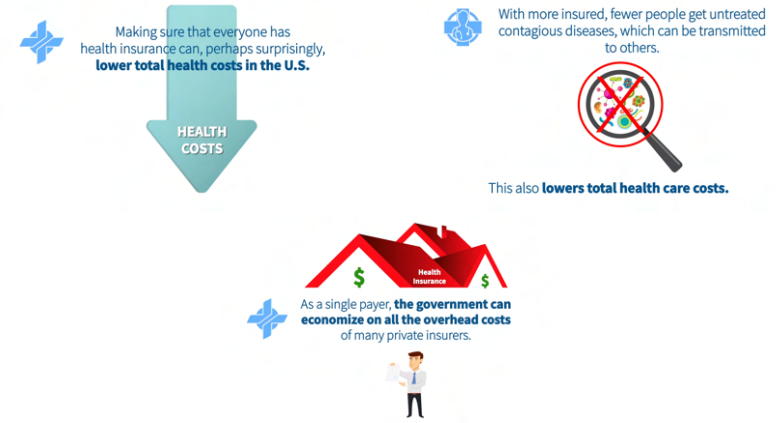
A-2.2 2019 Treatment

FIGURE A-5: REDISTRIBUTION TREATMENT



Notes: The figure shows screenshots from the information treatment on the distributive effects of health. Here is the link to the video here.

FIGURE A-6: EFFICIENCY TREATMENT



Notes: The figure shows screenshots from the information treatment on the efficiency effects of health. Here is link to the video here.

FIGURE A-7: ECONOMIST TREATMENT

Notes: The figure shows screenshots from the information treatment on the economic effects of health. Here is link to the video here.

Table A-4: Efficiency Costs and Spillover Effects of Health Insurance

	More generous insurance would encourage: less use of Emergency rooms	higher use of Medical Services	higher use of preventive care	Employer-insurance discourage quit bad job	Health in US worse if ↓ insurance	↑ preventive healthcare, ↓ costs	Healthcare to all important bc of contagion	Efficiency Index
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel A: Personal Characteristics								
Female	0.02	-0.05**	0.09***	0.06***	0.04*	0.04**	0.04**	0.07**
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)
Republican	-0.15***	0.06**	-0.19***	-0.12***	-0.25***	-0.17***	-0.18***	-0.40***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.04)
Age 30-49	-0.02	-0.04	-0.05	-0.07**	-0.07**	0.03	-0.01	-0.06
	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Age 50-69	-0.01	-0.08**	-0.02	-0.07**	-0.07**	0.05	0.01	-0.09**
	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Middle-Income	-0.00	-0.06**	0.02	0.01	-0.00	0.02	0.03	-0.01
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.02)	(0.04)
High-Income	-0.05	-0.07**	-0.02	0.03	-0.04	0.02	0.04*	-0.06
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.04)
Panel B: Question formulation								
Women	0.07	0.00	-0.04	-0.07	-0.05	-0.01	-0.02	0.00
	(0.06)	(0.06)	(0.05)	(0.05)	(0.05)	(0.05)	(0.04)	(0.07)
Female	0.02	-0.06**	0.06**	0.03	0.02	0.04*	0.04**	0.05
	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.02)	(0.02)	(0.04)
Women × Female	-0.09	-0.02	0.08	0.11**	0.09	0.05	0.02	-0.00
	(0.07)	(0.06)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Women	0.02	-0.01	-0.02	-0.06	-0.02	-0.02	-0.05	-0.03
	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.05)	(0.04)	(0.08)
Republican	-0.14***	0.10***	-0.20***	-0.13***	-0.24***	-0.20***	-0.19***	-0.40***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.02)	(0.04)
Women × Republican	0.00	-0.00	0.04	0.10	0.03	0.10	0.07	0.10
	(0.08)	(0.08)	(0.07)	(0.07)	(0.07)	(0.06)	(0.06)	(0.10)
Panel C: Video treatment effects								
Female	0.02	-0.05**	0.09***	0.06***	0.04*	0.04**	0.04**	0.07**
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)
Redistribution T	0.01	0.01	-0.07	-0.00	-0.02	-0.02	0.00	-0.04
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.05)
Efficiency T	0.19***	0.10**	-0.01	-0.07*	-0.03	-0.04	0.02	0.05
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.05)
Economist T	0.13***	0.03	-0.03	-0.03	-0.01	-0.03	-0.00	0.03
	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Redistribution T	0.00	-0.05	-0.02	0.04	0.04	-0.06	-0.00	-0.01
	(0.07)	(0.06)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Efficiency T	0.21***	0.01	-0.01	-0.04	-0.09	0.01	-0.01	-0.03
	(0.07)	(0.06)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Economist T	0.15***	0.03	-0.03	-0.02	-0.00	-0.01	0.00	0.05
	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)	(0.04)	(0.04)	(0.07)
Republican	-0.13***	0.01	-0.18***	-0.08**	-0.24***	-0.13***	-0.20***	-0.38***
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.06)
Redistribution T × Republican	-0.04	0.14	-0.13	-0.12	-0.12	0.00	-0.01	-0.14
	(0.09)	(0.09)	(0.08)	(0.08)	(0.08)	(0.07)	(0.06)	(0.11)
Efficiency T × Republican	-0.02	0.12	0.02	-0.06	0.08	-0.07	0.09	0.13
	(0.09)	(0.08)	(0.08)	(0.08)	(0.08)	(0.07)	(0.06)	(0.11)
Economist T × Republican	-0.02	0.04	-0.01	-0.08	-0.01	-0.08	0.01	-0.06
	(0.07)	(0.07)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.09)
Panel D: Descriptive statistics								
Control mean	0.48	0.36	0.72	0.79	0.75	0.81	0.84	0.00
Male control mean	0.45	0.46	0.72	0.75	0.72	0.78	0.80	-0.05
Democrat control mean	0.56	0.35	0.85	0.82	0.89	0.91	0.98	0.23
Observations	1824	1822	1822	1825	1824	1825	1824	1825

Notes: The dependent variables in columns 1-3 are indicator variables equal to one if the respondent thinks that the extent to which more generous health insurance would encourage people/themselves/women towards the behaviors listed ranges from *a moderate amount* to *a great deal*. *Employer insurance discourage quit job:* the dependent variable is an indicator variable equal to one if the respondent thinks that health insurance through the employer would discourage people/respondents themselves/women from quitting a bad job or switching job out of fear of losing their health insurance. The dependent variables in columns 4-7 are indicator variables equal to one if: *Health in US worse off if ↓ insurance:* the respondent agrees or strongly agrees that with less generous health insurance, health in the U.S./their own health/women's health would be worse since they could not afford appropriate medical care; *↑ preventive healthcare, ↓ costs:* the respondent agrees or strongly agrees that more generous insurance coverage for preventive care can lead to a reduction in total medical costs/to a reduction of their own medical costs/more generous coverage for preventive care *for women* can lead to a reduction in total medical costs; *Healthcare to all important bc of contagion:* the respondent agrees or strongly agrees that it is important that everyone/the respondent themselves/all women can afford proper health care because people who become sick with a contagious disease could have negative effects on others too; *Efficiency index:* index that captures whether the respondent supports efficiency arguments in favor of having health insurance. The questions in columns 1 to (7) are asked with the three different formulations: "Me," "women," and the generic formulation. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2019 survey.

Table A-5: Equity Considerations of Health Insurance

	↑ insurance, ↓ financial stress	Important to to help low-incomes	Unfair to pay more if: Pre-existing conditions	Worse health	Health issue out of own control	Equity Index
	(1)	(2)	(3)	(4)	(5)	(6)
Panel A: Personal Characteristics						
Female	0.04**	-0.02	0.19***	0.16***	0.03	0.22***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)
Republican	-0.16***	-0.30***	-0.18***	-0.15***	-0.18***	-0.57***
	(0.02)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)
Age 30-49	0.02	-0.04	0.11***	0.07**	-0.02	0.07
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Age 50-69	0.02	-0.04	0.15***	0.10***	-0.07**	0.07
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Middle-Income	0.01	-0.04	0.07**	0.05*	-0.03	-0.01
	(0.02)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)
High-Income	0.01	-0.11***	0.01	0.02	-0.06**	-0.11***
	(0.02)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)
Panel B: Question formulation						
Women	-0.02	-0.05	-0.07*	-0.08**	0.14***	-0.04
	(0.03)	(0.04)	(0.04)	(0.03)	(0.04)	(0.06)
Women	-0.01	-0.03	0.00	-0.01	0.14**	0.11
	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)	(0.08)
Republican	-0.16***	-0.27***	-0.15***	-0.13***	-0.18***	-0.54***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Women × Republican	-0.03	-0.04	-0.13*	-0.14**	-0.00	-0.23**
	(0.06)	(0.07)	(0.07)	(0.06)	(0.07)	(0.11)
Panel C: Video treatment effects						
Redistribution T	-0.04	-0.08	-0.05	-0.00	0.08	-0.02
	(0.05)	(0.06)	(0.06)	(0.06)	(0.06)	(0.09)
Efficiency T	-0.03	-0.09	-0.09	-0.04	0.05	-0.09
	(0.05)	(0.06)	(0.06)	(0.05)	(0.06)	(0.09)
Economist T	-0.07*	-0.08*	-0.09*	-0.10**	0.09*	-0.07
	(0.04)	(0.05)	(0.05)	(0.04)	(0.05)	(0.07)
Republican	-0.16***	-0.33***	-0.23***	-0.19***	-0.15***	-0.58***
	(0.03)	(0.04)	(0.04)	(0.04)	(0.04)	(0.06)
Redistribution T × Republican	-0.03	0.04	0.02	-0.01	-0.10	-0.13
	(0.07)	(0.08)	(0.08)	(0.07)	(0.08)	(0.12)
Efficiency T × Republican	-0.02	0.10	0.13	0.03	-0.05	0.09
	(0.07)	(0.07)	(0.08)	(0.07)	(0.08)	(0.12)
Economist T × Republican	0.02	0.03	0.11*	0.10*	-0.04	0.06
	(0.05)	(0.06)	(0.06)	(0.06)	(0.06)	(0.09)
Redistribution T	-0.03	-0.07*	-0.04	-0.03	0.02	-0.04
	(0.03)	(0.04)	(0.04)	(0.04)	(0.04)	(0.06)
Efficiency T	-0.06*	-0.06	-0.03	-0.04	0.05	-0.04
	(0.03)	(0.04)	(0.04)	(0.04)	(0.04)	(0.06)
Economist T	-0.06**	-0.05	-0.05	-0.04	0.08**	-0.02
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Panel C: Descriptive statistics						
Control mean	0.86	0.78	0.75	0.82	0.66	-0.00
Male control mean	0.84	0.78	0.66	0.71	0.68	-0.12
Democrat control mean	0.94	0.91	0.84	0.84	0.74	0.25
Observations	1825	1823	1672	1671	1824	1825

Notes: The dependent variables are indicator variables equal to one if ↑ *insurance,* ↓ *financial stress:* the respondent agrees or strongly agrees that more generous health insurance can help people/the respondent themselves/women deal with unexpected large medical costs, reducing financial stress; *Important to to help low-incomes:* the respondent agrees or strongly agrees that it is important to financially help low-income families/families like that of the respondent themselves/low-income women so that they can afford medical care. *Unfair to pay more if pre-existing conditions:* the respondent believes that it is unfair or very unfair that that people with pre-existing conditions have to pay more for their health insurance than people without pre-existing conditions/the respondent themselves had to pay more for his own health insurance than people with fewer pre-existing conditions than them/women with pre-existing conditions have to pay more for their health insurance than women without pre-existing conditions; *Unfair to pay more if worse health:* the respondent believes that it is unfair or very unfair that that people born with worse health have to pay more for health care or insurance than people born with better health/the respondent themselves had to pay more for their own health insurance than people born with better health than themselves/if women born with worse health have to pay more for health care or insurance than women born with better health; *Health issue out of own control:* the respondent believes that health issues are mostly the result of circumstances outside of one's control/that the respondent's own health issues are mostly the result of circumstances outside of their own control/that women's health issues are mostly the result of circumstances outside of their control; *Equity index:* index that captures whether the respondent supports equity arguments in favor of having health insurance. The questions in columns (1) to (5) are asked with the three different formulations: "Me," "women," and the generic formulation. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2019 survey.

Table A-6: Policy Views on the Health Insurance

	Insurance system unfair	Dissatisfied health insurance	Medicare for all: Support	Medicare for all: Don't know enough	Support transfers to low-inc.	Support Individual mandate	Support Employer mandate
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Panel A: Personal Characteristics							
Female	0.13***	0.14***	-0.12***	0.10***	-0.06**	-0.04*	0.06***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Republican	-0.28***	-0.17***	-0.36***	-0.03	-0.32***	-0.26***	-0.23***
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.03)	(0.03)
Age 30-49	0.02	-0.02	-0.06*	0.06**	-0.03	0.00	-0.05*
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Age 50-69	0.04	-0.03	-0.14***	0.08***	-0.08**	0.00	-0.08**
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)
Middle-Income	0.04	0.01	-0.07**	0.00	-0.11***	0.00	-0.01
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.03)	(0.03)
High-Income	-0.00	-0.06**	-0.08***	0.00	-0.09***	0.10***	0.03
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.03)	(0.03)
Panel B: Underlying mechanisms							
Republican	-0.16***	-0.08***	-0.16***	-0.01	-0.13***	-0.16***	-0.10***
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.03)	(0.03)
Efficiency index	0.00	-0.03	0.14***	-0.00	0.13***	0.11***	0.12***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Equity Index	0.24***	0.22***	0.11***	0.01	0.17***	-0.04**	0.08***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Government trust Index	-0.04**	-0.05***	0.15***	0.03**	0.09***	0.16***	0.06***
	(0.02)	(0.02)	(0.02)	(0.01)	(0.02)	(0.02)	(0.02)
Panel C: Video treatment effects							
Redistribution T	0.02	-0.02	0.01	0.01	-0.01	0.05	-0.05
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.04)
Efficiency T	0.00	-0.02	0.03	-0.05	-0.01	0.07*	-0.01
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.04)
Economist T	-0.01	-0.01	-0.00	0.02	-0.03	0.02	-0.01
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)
Redistribution T	0.06	-0.04	0.03	-0.03	0.00	-0.03	0.03
	(0.06)	(0.07)	(0.06)	(0.05)	(0.06)	(0.06)	(0.06)
Efficiency T	-0.05	0.01	0.03	-0.06	-0.03	0.10*	-0.00
	(0.06)	(0.06)	(0.06)	(0.05)	(0.06)	(0.06)	(0.06)
Economist T	-0.03	-0.03	0.01	-0.04	-0.03	0.04	-0.02
	(0.05)	(0.05)	(0.05)	(0.04)	(0.05)	(0.05)	(0.05)
Republican	-0.28***	-0.19***	-0.35***	-0.07**	-0.32***	-0.25***	-0.22***
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.04)
Redistribution T × Republican	-0.09	-0.01	-0.01	0.03	-0.01	0.05	-0.13
	(0.08)	(0.09)	(0.08)	(0.07)	(0.09)	(0.08)	(0.08)
Efficiency T × Republican	0.09	0.00	-0.01	0.08	0.06	-0.04	0.02
	(0.08)	(0.08)	(0.08)	(0.06)	(0.08)	(0.08)	(0.08)
Economist T × Republican	0.02	0.08	-0.03	0.10**	-0.02	-0.04	0.01
	(0.06)	(0.07)	(0.06)	(0.05)	(0.07)	(0.06)	(0.06)
Panel D: Descriptive statistics							
Control mean	0.64	0.61	0.43	0.17	0.60	0.29	0.71
Male control mean	0.58	0.53	0.50	0.10	0.63	0.31	0.65
Democrat control mean	0.77	0.73	0.65	0.18	0.78	0.48	0.81
Observations	1825	1825	1824	1824	1825	1824	1824

Notes: The dependent variables are indicator variables equal to one if: *Access to healthcare should improve:* the respondent believes that access to healthcare should be improved for many families; *Insurance system unfair:* the respondent believes that the U.S. insurance system is somewhat unfair or very unfair; *Dissatisfied health insurance:* the respondent is somewhat dissatisfied or very dissatisfied with the health insurance in the U.S.; *Medicare for all: support:* the respondent supports or strongly supports Medicare-for-all. *Medicare for all: don't know enough:* the respondent answers that they do not know enough to say if they support or oppose Medicare-for-all; *Support transfers to low-inc.:* the respondent supports or strongly supports providing additional transfers or subsidies to low-income families to help them with the costs of their health care; *Support individual mandate:* the respondent supports or strongly supports having an individual mandate; *Support Employer mandate:* the respondent supports or strongly supports having an employer mandate whereby every large employer is obliged to offer health insurance plans for employees. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2019 survey.

Table A-7: Support Full Coverage for the Following Services

	Preventive care	Primary care Visits	Maternity	Specialists non-essential care	Catastrophic situations	Emergency room	Pediatric care
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Panel A: Personal Characteristics							
Female	0.05**	0.01	0.07***	-0.04*	-0.02	-0.03	0.03
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Republican	-0.11***	-0.17***	-0.19***	-0.07***	-0.16***	-0.16***	-0.25***
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.03)	(0.03)
Age 30-49	0.01	-0.01	-0.06*	0.00	-0.06	-0.01	-0.02
	(0.03)	(0.03)	(0.04)	(0.03)	(0.04)	(0.04)	(0.04)
Age 50-69	0.00	-0.05	-0.17***	-0.05	-0.05	-0.02	-0.11***
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.04)
Middle-Income	0.05	-0.04	-0.03	-0.05**	-0.06*	-0.04	0.01
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
High-Income	0.06**	-0.05	-0.01	-0.12***	-0.07**	-0.07**	-0.00
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Panel B: Underlying mechanisms							
Republican	0.01	-0.07**	-0.05*	0.02	-0.01	-0.03	-0.09***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Efficiency Index	0.19***	0.12***	0.10***	0.10***	0.09***	0.11***	0.10***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Equity Index	0.07***	0.05**	0.15***	0.04**	0.17***	0.11***	0.15***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Government trust Index	0.01	0.04**	0.03	0.04**	0.03	0.04**	0.05***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Panel C: Video treatment effects							
Redistribution T	-0.02	0.02	0.01	-0.02	-0.04	0.05	0.03
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)
Efficiency T	0.08*	0.05	0.04	0.08**	-0.03	0.03	0.03
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)
Economist T	0.02	0.02	0.01	0.03	-0.03	0.04	-0.02
	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.04)
Redistribution T	-0.07	0.07	-0.03	-0.02	-0.08	-0.03	-0.01
	(0.07)	(0.06)	(0.07)	(0.06)	(0.07)	(0.07)	(0.07)
Efficiency T	0.06	0.12*	0.03	0.14**	0.02	0.04	0.00
	(0.06)	(0.06)	(0.07)	(0.06)	(0.07)	(0.07)	(0.07)
Economist T	0.03	-0.02	-0.07	0.02	-0.06	0.00	-0.03
	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)
Redistribution T × Republican	0.00	-0.12	0.08	-0.05	0.10	0.05	0.04
	(0.09)	(0.09)	(0.09)	(0.07)	(0.09)	(0.09)	(0.09)
Efficiency T × Republican	0.01	-0.12	0.02	-0.06	-0.09	-0.02	0.01
	(0.08)	(0.08)	(0.09)	(0.07)	(0.09)	(0.09)	(0.09)
Economist T × Republican	-0.04	0.07	0.15**	0.02	0.03	0.03	0.05
	(0.07)	(0.07)	(0.07)	(0.06)	(0.07)	(0.07)	(0.07)
Panel D: Descriptive statistics							
Control mean	0.61	0.32	0.48	0.20	0.57	0.41	0.54
Male control mean	0.60	0.34	0.45	0.22	0.57	0.45	0.55
Democrat control mean	0.66	0.43	0.60	0.23	0.63	0.50	0.71
Observations	1824	1824	1822	1824	1823	1822	1819

Notes: The dependent variables are indicator variables equal to one if the respondent supports full coverage (the patient pays no costs out of pocket) for the medical services listed. Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Data from the 2019 survey.

A-3 2019 Questionnaire

A-3.1 Background questions

1. What is your gender?

   Male; Female; Other

2. What is your age? *Text box*

3. What was your TOTAL household income, before taxes, last year?

   $0-$9999; $10000-$14999; $15000-$19999; $20000-$29999; $30000-39999; $40000-$49999; $50000-$69999; $70000-$89999; $90000-$109999; $110000-$149999; $150000-$199999; $200000+

4. Were you born in the United States?

   Yes; No

5. In what state or U.S. territory were you born?

   Alabama; Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; Wisconsin; Wyoming; American Samoa; Guam; Northern Mariana Islands; Puerto Rico; Virgin Islands

6. In which ZIP code do you live?

   Text box

7. Please indicate your marital status.

   Single; Married; Legally separated or divorced; Widowed

8. How many children do you have?

   I do not have children; 1; 2; 3; 4; 5 or more

9. *Screening Question 1.* Most modern theories of decision making recognize that decisions do not take place in a vacuum. Individual preferences and knowledge, along with situational variables can greatly impact the decision process. To demonstrate that you've read this much, just go ahead and select both strongly agree and strongly disagree among the alternatives below, no matter what your opinion is.

   Do you agree or disagree with the following statement: "It is easy to find accurate and reliable information in the media these days."

   Strongly agree; Agree; Disagree; Strongly disagree

10. How would you describe your ethnicity/race?

    European American/White; African American/Black; Hispanic/Latino; Asian/Asian American; Mixed race; Other (please specify)

11. Which category best describes your highest level of education?

    Eighth Grade or lower; Some High School; High School degree/GED; Some College; 2-year College Degree; 4-year College Degree; Master's Degree; Doctoral Degree; Professional Degree (JD, MD, MBA)

12. (If highest level of education superior to "High School" to 11) What is/was your field of study in college? If multiple degrees apply, please select the field corresponding to your last degree.

    Accounting/bookkeeping; Administrative science/public administration; Advertising; Agriculture/ horticulture; Allied health; Anthropology; Architecture; Art; Aviation/aeronatics; Biology; Business administration; Chemistry; Child/human/family development; Comm. disorders; Communications/speech; Computer science; Counseling; Criminology/criminal justice; Dance; Dentistry; Economics; Education; Educational administration; Electronics; Engineering; English; Environmental science/ecology; Ethnic studies; Fashion; Finance; Fine arts; Food science/nutrition/culinary arts; Foreign language; Forestry; General sciences; General studies; Geography; Geology; Gerontology; Health; History; Home economics; Human services/human resources; Humanities; Industrial relations; Industry and techn; Information technology; Journalism; Law; Law enforcement; Liberal arts; Library science; Marketing; Mathematics; Mechanics/machine trade; Medicine; Music; Nursing; Other; Other vocational; Parks and recreation; Pharmacy; Philosophy; Physical education; Physics; Political science/international relations; Psychology; Public relations; Social sciences; Social work: Sociology; Special education; Statistics/biostatistics; Television/film; Textiles/cloth; Theater arts; Theology; Urban and regional planning; Veterinary medicine; Visual arts/graphic design/design and drafting; Other

13. (If "other" to 12) You selected "other" for field of study. Please specify below:

    Text box

14. What is your current employment status?

    Full-time employee; Part-time employee; Self-employed or small business owner; Unemployed and looking for work; Student; Not currently working and not looking for work; Retiree

15. (If "Full-time employee", "Part-time employee", or "Self-employed or small business owner" to 14) Which category best describes your main occupation?

    Managers (chief executives; senior officials; legislators; managing directors; administrative and commercial managers; production managers; hotel and restaurant managers; retail and wholesale trade managers); Professionals (scientists; mathematicians; engineers; architects; designers; doctors; nurses; paramedical practitioners; professors; teachers; business and administration professionals; finance professionals; software and application developers and analysts; database and network professionals; legal professionals; librarians; curators; social and religious professionals; authors; journalists; creative and performing artists); Technicians and associate professionals (science technicians; engineering technicians; mining, manufacturing and construction supervisors; ship and aircraft controllers and technicians; medical technicians; business and administration associate professionals; legal associate professionals; sports and fitness workers; artistic, cultural and culinary associate professionals; information and communications technicians); Clerical support workers (general office clerks; secretaries; customer services clerks; numerical clerks; material-recording and transport clerks); Service and sales workers (travel attendants, conductors and guides; cooks; waiters and bartenders; hairdressers and beauticians;

building and housekeeping supervisors; sales workers; cashiers and ticket clerks; personal care workers; protective services workers); Agricultural workers (crop growers; animal producers; forestry workers; fishery workers; agricultural and fishery laborers); Craft and related trades workers (building trades workers; blacksmiths; machinery mechanics and repairers; handicraft workers; electrical and electronic trades workers; food processing workers; wood treaters; garment workers); Plant and machine operators, and assemblers (stationary plant and machine operators; assemblers; drivers; mobile plant operators), and assemblers; Elementary occupations (cleaners and helpers; mining and construction laborers; manufacturing laborers; transport and storage laborers; street and related sales and service workers; refuse workers); Armed forces occupations

16. (If "Unemployed and looking for work', "Not currently working and not looking for work", or "Retiree" to 14) Even if you are not currently working, which category best describes your latest occupation? Check the one that applies. If you have had multiple jobs, check the one that describes your main occupation.

    Same options as above

17. (If "Full-time employee", "Part-time employee", or "Self-employed or small business owner" to 14) Are you employed in one of the following sectors? Check the one that applies. If you have multiple jobs, check the one that describes your main occupation.

    Agriculture, plantations, other rural sectors; Basic metal production; Chemical industries; Commerce; Construction; Education; Financial services, professional services; Food, drink, tobacco; Forestry, wood; Health services; Hotels, tourism, catering; Mining; Mechanical and electrical engineering; Media, culture, graphical; Oil and gas production, oil refining; Postal and telecommunications services; Public service; Shipping, ports, fisheries, inland waterways; Textiles, clothing, leather, footwear; Transport (including civil aviation, railways, road transport); Transport equipment manufacturing; Utilities (water, gas, electricity); None of the above

18. (If "Unemployed and looking for work", "Not currently working and not looking for work", or "Retiree" to 14) Even if you are not currently working, in what sector does your latest occupation fall into? Check the one that applies. If you have multiple jobs, check the one that describes your main occupation.

    Same options as above

19. Are you covered by Medicaid, Medical Assistance, or Medicaid?

    Yes; No

20. Did you, or anyone in your household, receive food stamps or use a food stamp benefit card at any time during 2018?

    Yes; No

21. At any time during 2018, even for one month, did you or anyone in your household receive any cash assistance from a state or county welfare program such as welfare or welfare to work, TANF, general assistance, diversion payments or refugee cash?

    Yes; No

22. If you had to use one of these five commonly-used names to describe your social class, which one would it be?

    Lower Class or Poor; Working Class; Middle Class; Upper-middle Class; Upper Class

23. Thinking back to when you were in elementary school, how often did you usually recite the Pledge of Allegiance?

    Daily; Weekly; Monthly; A few times per year or less; Never

24. On economic policy matters, where do you see yourself on the liberal/conservative spectrum?

    Very liberal; Liberal; Moderate; Conservative; Very conservative

25. What do you consider to be your political affiliation, as of today?

    Republican; Democrat; Independent; Other; Non-Affiliated

26. (If respondent answered "Other" to previous question) Please specify your political affiliation.

    Text box

27. Did you vote in the last presidential election?

    Yes; No

28. (If "Yes" to 27) In the last presidential election, supported:

    Hillary Clinton; Donald Trump; Jill Stein; Gary Johnson; Other

    (If "No" to 27) Even if you did NOT vote, please indicate the candidate that you were most likely to have voted for or who represents your views more closely.

    Hillary Clinton; Donald Trump; Jill Stein; Gary Johnson; Other

29. Are you registered to vote at your current address?

    Yes; No

30. There are many types of elections such as federal elections for president and members of Congress, primary elections where voters choose party nominees, local elections for city council and school boards, and special elections when vacancies arise in between scheduled elections.

    Which best describes how often you vote, since you became eligible?

    Every election without exception; Almost every election, may have missed one or two; Some elections; Rarely; Don't vote in elections

31. Did you vote in the November midterms elections?

    Yes; No

32. (If "Yes" to 31) Which party did you vote for?

    Republican Party; Democratic Party; Other

33. (If "No" to 31) Which party would you have liked to support?

    Republican Party; Democratic Party; Other

34. How much, if at all, do you try to stay up to date on the news?

    A great deal; A fair amount; Only a little; Not at all

35. Thinking about various sources of news available today, what would you say is your main source of news about current events in the U.S. and around the world?

    TV; Newspaper (print); Magazine; Radio; Internet; Word of mouth; Other; None, I don't follow the news

36. (If selected *TV*) Please specify

    ABC; BBC; CBS; CNBS; CNN; Fox News; MSNCB; NBC; PBS; Univision; Local TV news; Other television or TV news; Other television program or channel; Non-specific news or evening news; Non-specific cable news

37. (If selected *Newspaper (print)*) Please specify

    The New York Times; The Wall Street Journal; USA Today; Los Angeles Times; The Mercury News; New York Daily News; New York Post; The Washington Post; Other big-city newspaper; Local newspapers; Other newspapers

38. (If selected *Radio*) Please specify

    NPR; Talk Radio; Other Radio Channel

39. (If selected *Internet*) Please specify

    News websites and online newspapers; Facebook; Twitter; Instagram; Snapchat; Youtube; Pinterest; Reddit; Linkedin; Other social media sites; Other internet sites

40. (If selected *Magazine*) Please specify

    Time Magazine; The Atlantic; The New Yorker; The Economist; Bloomberg Businessweek; Other Magazine

41. (If selected *News websites and online newspapers*) You answered "News websites and online newspapers". Could you please specify your main source of information?

    HuffingtonPost.com; CNN.com; NYTimes.com; WashingtonPost.com; LATimes.com; FoxNews.com; Bloomberg.com; DrudgeReport.com; Yahoo News; Google News; Other

42. (If respondent gets their news mostly from online newspapers) Would you say that you access most of the articles you read through a social media like Facebook or Twitter or by going directly on the website of the newspaper?

    Mostly through social media; Mostly through the newspaper's website

43. In general, how important do you think it is to stay informed about economic policy?

    Very important; Somewhat important; Not very important; Not important at all

44. (If "Very important" or "Somewhat important" at 43) What would you say are the main reasons why you wish to be well informed about economic policy?

    You may select several options.

Affects personal finances; Affects business or profession; Relevant to stock market and investments; Economic issues are important politically and might affect my vote; To be a responsible citizen, I like to keep informed

45. How knowledgeable do you consider yourself on economic policies and issues?

    Highly knowledgeable; Somewhat knowledgeable; Not very knowledgeable; Not knowledgeable at all

46. For the following sources of information, how often would you say you use them to stay informed about economic policy?

    Often; Regularly; Occasionally; Rarely; Never

    - TV
    - Newspapers (print)
    - Newspapers (online)
    - Magazines
    - Radio
    - Internet
    - Word of mouth

A-3.2 Open-ended questions

We now want to ask you a few broader questions. Please use the text boxes below and write as much as you feel like. Your opinion and thoughts are important to us! There is no right or wrong answer.

1. What would be a "good" health insurance system in your view? What would be the goal of a good health insurance system?

   Text Box

2. When you think about health insurance and whether the U.S. should have universal health insurance for all, what are the main considerations — in favor or against it — that come to you mind?

   Text Box

3. What do you personally see as the biggest problem with health insurance in the United States today?

   Text Box

4. A single-payer health insurance system is one in which the government operates a tax-funded health insurance plan for all U.S. residents. The government acts as the main insurer and everyone is included in the universal health insurance scheme.

   What do you think would be the effects on the U.S. economy if a single-payer health insurance system were introduced?

   Text Box

5. Which groups of people — if any — would gain if a single-payer health insurance system were introduced in the U.S.?

   Text Box

A-3.3 Personal Exposure

1. Do you currently have health insurance?

   Yes; No

2. (If "No" to 1) Which of these are reasons why you stopped being covered or do not have health insurance?

   You may select several options.

   Lost job or change in employment; Change in marital status or death of parent; Ineligible due to age or left school; Employer didn't offer or insurance company refused; Cost; Medicaid stopped; Other (includes moved, self-employed, never had coverage, did not want or need coverage, and other unspecified reasons)

3. (If "Yes" to 1) Are you on Medicaid or Medicare?

   Yes; No

4. (If "Yes" to 1 and "No" to 3) Who pays for the cost of premiums on your health insurance? Do you or someone in your household pay the total costs, does an employer or other organization pay the total cost, or is it the cost shared between the employer or some other organization and you or someone in your household?

   Self/Household pays all; Employer or organization pays all; Costs are shared

5. Within the last twelve months, have you or a member of your family put off any sort of medical treatment because of the cost you would have to pay?

   Yes; No

6. (If "Yes" to 5) When you put off this medical treatment, how serious was the condition or illness?

   Very serious; Somewhat serious; Not very serious; Not at all serious

7. Are you generally satisfied or dissatisfied with the total cost you pay for your healthcare?

   Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied

8. Overall, how would you rate the quality of health care you receive?

   Excellent; Good; Fair; Poor

A-3.4 Knowledge about Policy (Incentives)

In this section, all respondents will receive the following screening question.

- As you probably know, the government and researchers gather a lot of statistical information about the economy. We are interested in learning whether this information finds its way to the general public. The next set of questions is about some economic policies in the United States. These are questions for which there are right or wrong answers.

  In order for your answers to be most helpful to us, it is really important that you answer these questions as accurately as you can and without consulting any external sources. Although you may find some questions difficult, it is very important for our research that you try your best. Thank you very much!

- For the next set of questions, we will award additional survey pay for respondents whose answers are closest to the true answer. All questions which are subject to this additional award are clearly marked with a green text at the top of the page. Please note that consulting outside sources will disqualify you from this award. Please answer on your own.
- These questions are part of the questions for which accurate answers will be rewarded.

1. Out of 100 adults in the U.S., how many are currently paying any income tax at all?

   Slider going from 0 to 100

2. Can you think of the different ways in which Americans today obtain health insurance? Please list all you can think of.

   Text box

3. These questions are part of the questions for which accurate answers will be rewarded

   What is Medicaid? Who is eligible for Medicaid?

   Text box

4. What is Medicare? Who is eligible for Medicare?

   Text box

5. This question is part of the questions for which accurate answers will be rewarded.

   If an elderly person is in need of long-term care, which program(s) will pay for that? Select all correct answers from the list below (several answers can be correct):

   Note: Long-term care means assistance with the basic personal tasks of everyday life for elderly people.

   Medicare will pay for all of long-term care for all elderly above 65; Medicare supplements will pay for all of long-term care for elderly who purchase them; Medicare with or without supplements will only pay for short periods of long-term care for all the elderly above 65; Private long-term care insurance plans will only pay for long-term care for all elderly who purchased them; Employer health insurance plans will pay for the long-term care of retired employees; Medicaid will pay for all of long-term care for all elderly; Medicaid will pay for all of long-term care only for elderly who have a low income and low assets; Medicaid will pay part of the long-term care for all the elderly

6. These questions are part of the questions for which accurate answers will be rewarded.

   Medicaid is a federal and state program that helps people with low income pay for their health insurance.

   Medicare is a federal program that provides health insurance for Americans aged 65 and older, as well as younger people with disability status.

   Out of 100 Americans, how many get their health insurance coverage through the following programs? The total must equal 100.

   Important note: Individuals can be enrolled in several programs at once. Here, we are interested in the primary insurer. An individual who has Medicaid and any other type of insurance is counted in the Medicaid category and an individual who has both Medicare and employer-based coverage is counted in the employer-based category.

- Medicaid
- Medicare
- Group health insurance through employer
- Other insurance (policies purchased directly from an insurance company, military, other public. . .)
- Uninsured

7. Out of 100 American children, aged below 18, how many are enrolled in Medicaid?

   Slider going from 0 to 100

8. This question is part of the questions for which accurate answers will be rewarded.

   Are insurance companies currently allowed to set different premiums based on the following characteristics?

   Yes; No

   - Gender
   - Age
   - Tobacco use
   - Where the person lives
   - Preexisting conditions (such as having diabetes, obesity, or being pregnant at the time of purchase of the insurance)

9. In 2018, was there an individual mandate, whereby everyone was obligated to buy health insurance?

   Yes; No

10. (If "Yes" to 9) What happened if you did not have health insurance?

    A penalty had to be paid; You were forced to buy insurance; You received a warning; Nothing happened

11. Were any changes made to the individual mandate in 2019?

    Yes; No

12. (If "Yes" to 11) How did the legislation on the individual mandate change in 2019?

    The penalty was increased; The penalty was decreased; The penalty was reduced to zero; The individual mandate was canceled; Other

13. Is there currently an employer mandate, whereby employers have to provide health insurance to their employees?

    Yes, all employers are required to provide health insurance to their employees; Yes, but small employers are excluded from this requirement; No, employers are not required to provide health insurance to their employees

14. These questions are part of the questions for which accurate answers will be rewarded.

    To be eligible for Medicaid, a family's income needs to be below a certain percentage of the Federal Poverty Level for a family of that size. How high is that percentage in your state for a family like yours to be eligible for Medicaid?

    Under 50% of the FPL; Between 50 and 90% of the FPL; Between 130 and 160% of the FPL; Between 160 and 200% of the FPL; Higher than 200 of the FPL;

15. Please specify the percentage

    Text box

16. Did the Affordable Care Act (ACA) make any changes to the eligibility for Medicaid in your state?

    Yes, it expanded eligibility; No, it remained the same; Yes, it reduced eligibility

17. *Screening Question 2.* In order to facilitate our research on decision making we are interested in knowing certain factors about you, the decision maker. Specifically, we are interested in whether you actually take the time to read the directions; if not, then some of our manipulations that rely on changes in the instructions will be ineffective. So, in order to demonstrate that you have read the instructions, please ignore the question below. Instead, simply put the slider to 98. Thank you very much.

    Slider from 0 to 100

18. Comparing the U.S. to other rich countries such as France, Germany, or the U.K., how much do you think the U.S. spends on health care as a share of its GDP?

    Much more; More; About the same; Less; Much less

19. Comparing the U.S. to other rich countries such as France, Germany, or the U.K., how good do you think that important and common measures of health outcomes, such as life expectancy or infant mortality are in the U.S.?

    Much better; Better; About the same; Worse; Much worse

A-3.5 Knowledge about Policy (No Incentives)

As you probably know, the government and researchers gather a lot of statistical information about the economy. We are interested in learning whether this information finds its way to the general public. The next set of questions is about some economic policies in the United States. These are questions for which there are right or wrong answers.

In order for your answers to be most helpful to us, it is really important that you answer these questions as accurately as you can and without consulting any external sources. Although you may find some questions difficult, it is very important for our research that you try your best. Thank you very much!

1. Out of 100 Americans, how many do not have health insurance?

    Slider going from 0 to 100

2. Can you think of the different ways in which Americans today obtain health insurance? Please list all you can think of.

   Six Text Boxes

3. What is Medicaid? Who is eligible for Medicaid?

   Text Box

4. What is Medicare? Who is eligible for Medicare?

   Text Box

5. If an elderly person is in need of long-term care, which program(s) will pay for that? Select all correct answers from the list below (several answers can be correct):

   Note: Long-term care means assistance with the basic personal tasks of everyday life for elderly people.

   Note: Selection can include multiple answers

   Medicare will pay for all of long-term care for all elderly above 65; Medicare supplements will pay for all of long-term care for elderly who purchase them; Medicare with or without supplements will only pay for short periods of long-term care for all the elderly above 65; Private long-term care insurance plans will only pay for long-term care for all elderly who purchased them; Employer health insurance plans will pay for the long-term care of retired employees; Medicaid will pay for all of long-term care for all elderly; Medicaid will pay for all of long-term care only for elderly who have a low income and low assets ; Medicaid will pay part of the long-term care for all the elderly

6. Medicaid is a federal and state program that helps people with low income pay for their health insurance.

   Medicare is a federal program that provides health insurance for Americans aged 65 and older, as well as younger people with disability status.

   Out of 100 Americans, how many get their health insurance coverage through the following programs? The total must equal 100.

   Important note: Individuals can be enrolled in several programs at once. Here, we are interested in the primary insurer. An individual who has Medicaid and any other type of insurance is counted in the Medicaid category and an individual who has both Medicare and employer-based coverage is counted in the employer-based category.

   - *Insert Number for* Medicaid
   - *Insert Number for* Medicare
   - *Insert Number for*Group health insurance through employer
   - *Insert Number for*Other insurance (policies purchased directly from an insurance company, military, other public...)
   - *Insert Number for*Uninsured
   - *Insert Number for* Total

7. Out of 100 American children, aged below 18, how many are enrolled in Medicaid?

   Slider going from 0 to 100

8. Are insurance companies currently allowed to set different premiums based on the following characteristics?

   (a) Gender

   (b) Age

   (c) Tobacco use

   (d) Where the person lives

   (e) Pre-existing conditions (such as having diabetes, obesity, or being pregnant at the time of purchase of the insurance)

   Yes; No

9. In 2018, was there an individual mandate, whereby everyone was obligated to buy health insurance?

   Yes; No

10. What happened if you did not have health insurance?

    A penalty had to be paid; You were forced to buy insurance; You received a warning; Nothing happened

11. Were any changes made to the individual mandate in 2019?

    Yes; No

12. How did the legislation on the individual mandate change in 2019?

    The penalty was decreased; The penalty was reduced to zero; The individual mandate was canceled; Other

13. Is there currently an employer mandate, whereby employers have to provide health insurance to their employees?

    Yes, all employers are required to provide health insurance to their employees; Yes, but small employers are excluded from this requirement; No, employers are not required to provide health insurance to their employees

14. To be eligible for Medicaid, a family's income needs to be below a certain percentage of the Federal Poverty Level for a family of that size. How high is that percentage in your state for a family like yours to be eligible for Medicaid?

    Under 50% of the FPL; Between 50 and 90% of the FPL; Between 90 and 130% of the FPL; Between 130 and 160% of the FPL; Between 160 and 200% of the FPL; Higher than 200% of the FPL;

15. Please specify the exact percentage

    Text box

16. Did the Affordable Care Act (ACA) make any changes to the eligibility for Medicaid in your state?

    No, it remained the same; Yes, it reduced eligibility

17. *Screening Question 2.* In order to facilitate our research on decision making we are interested in knowing certain factors about you, the decision maker. Specifically, we are interested in whether you actually take the time to read the directions; if not, then some of our manipulations that rely on changes in the instructions will be ineffective. So, in order to demonstrate that you have read the instructions, please ignore the question below. Instead, simply put the slider at 98. Thank you very much.

    Out of 100 adults in the U.S., how many are currently paying any income tax at all?

    Slider going from 0 to 100

18. Comparing the U.S. to other rich countries such as France, Germany, or the U.K., how much do you think the U.S. spends on health care as a share of its GDP?

    More; About the same; Less; Much less

19. Comparing the U.S. to other rich countries such as France, Germany, or the U.K., how good do you think that important and common measures of health outcomes, such as life expectancy or infant mortality are in the U.S.?

    Much better; Better; About the same; Worse; Much worse

A-3.6 Health Treatment

Respondents are randomly assigned to one of four groups, labeled as "Right Wing," "Left Wing," "Economist," and "Control". In the first three cases, respondents are shown a video, different between the three treatment groups, while those in the control group are not. The videos are introduced by the following:

- Recent academic research has studied what the effects of health care insurance are. We will now show you one short video (with sound) that summarizes some key ideas of these studies. Please pay attention to the information provided as you will be asked questions about it later. Do not skip forward or close the page while the video is running.

  Please proceed to the next page when you are ready. Note that you will not be able to move forward with the survey before the end of the short video. The video lasts about three minutes.

Links to the videos can be found here:

- Health Treatment - Right Wing
- Health Treatment - Economist
- Health Treatment - Left Wing

A-3.7 Mechanisms

1. An individual mandate for health insurance means that everyone has to buy health insurance that covers some essential health benefits. This can go hand in hand with some subsidies for low-income households who couldn't afford plans on their own.

   In your view, what is the main reason for having an individual mandate?

   Text box

2. Would you say that an individual mandate is beneficial or detrimental? Please explain your reasoning.

   Text box

3. *CONTROL GROUP.* If people have health insurance through their employer, do you think this would discourage them from quitting a bad job or switching job from fear of losing their health insurance?

   "ME" RANDOMIZATION. If you have or had health insurance through your employer, do you think this would discourage you from quitting a bad job and switching job for fear of losing your health insurance?

   "WOMEN" RANDOMIZATION. We would now like to ask you a few questions on the effects of changes in health care policy on women

   If women have health insurance through their employer, do you think this would discourage them from quitting a bad job or switching job from fear of losing their health insurance?

   Yes; No

4. *CONTROL GROUP.* If health insurance were to be made more generous, to what extent would it encourage people towards the following behaviors?

   "ME" RANDOMIZATION. If your health insurance were to be made more generous, to what extent would it encourage you towards the following behaviors?

   "WOMEN" RANDOMIZATION. If health insurance were to be made more generous, to what extent would it encourage women towards the following behaviors?

   A great deal; A lot; A moderate amount; A little; None at all

   - Make less use of the emergency room for conditions that do not warrant it
   - Use more medical services they do not really need simply because they do not have to pay the full cost of them
   - Use more preventive medical care such as regular screenings and check-ups

5. Do you agree or disagree with the following statement?

   CONTROL GROUP. "With less generous health insurance, health in the U.S. would be worse since many people could not afford sufficient and appropriate medical care."

   "ME" RANDOMIZATION. " With less generous health insurance, my health would be worse since I could not afford sufficient and appropriate medical care."

   "WOMEN" RANDOMIZATION. "With less generous health insurance for women's health issues, health in the U.S. would be worse since many women could not afford sufficient and appropriate medical care."

   Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

6. Do you agree or disagree with the following statement?

   CONTROL GROUP. "More generous health insurance coverage for preventive care can lead to a reduction in total medical costs, since medical issues would be caught early on before they turn into

more serious and expensive health conditions and because many medical problems could be avoided altogether."

"ME" RANDOMIZATION. " More generous health insurance coverage for preventive care can lead to a reduction of my total medical costs, since it would allow me to catch medical issues early on before they turn into more serious and expensive health conditions and because many medical problems could be avoided altogether."

"WOMEN" RANDOMIZATION. "More generous health insurance coverage for preventive care for women can lead to a reduction in total medical costs, since women's medical issues would be caught early on before they turn into more serious and expensive health conditions and because many medical problems could be avoided altogether."

Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

7. Do you agree or disagree with the following statement?

8. *CONTROL GROUP.* "More generous health insurance can help people deal with unexpected large medical costs. It can thus reduce financial stress and debt built up to pay the medical bills for families."

   "ME" RANDOMIZATION. "More generous health insurance could help me deal with unexpected large medical costs. It can thus reduce my financial stress and I won't have to build up debt to pay the medical bills for my family."

   "WOMEN" RANDOMIZATION. "More generous health insurance can help women deal with unexpected large medical costs. It can thus reduce women's financial stress and debt built up to pay the medical bills for women's health issues."

   Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

9. *CONTROL GROUP.* Would you say that it is fair or unfair that people with pre-existing conditions have to pay more for their health insurance than people without pre-existing conditions?

   "ME" RANDOMIZATION. Would you say that it is fair or unfair if you had to pay more for your health insurance than people with fewer pre-existing conditions than you?

   "WOMEN" RANDOMIZATION. Would you say that it is fair or unfair that women with pre-existing conditions have to pay more for their health insurance than women without pre-existing conditions?

   Very fair; Somewhat fair; Somewhat unfair; Very unfair

10. *CONTROL GROUP.* Is it fair or unfair that people born with worse health have to pay more for health care or insurance than people born with better health?

    "ME" RANDOMIZATION. Is it fair or unfair if you had to pay more for health care or insurance than people born with better health than you?

    "WOMEN" RANDOMIZATION. Is it fair or unfair that women born with worse health have to pay more for health care or insurance than women born with better health?

    Very fair; Somewhat fair; Somewhat unfair; Very unfair

11. *CONTROL GROUP.* Would you say that health issues and medical conditions are mostly the result of circumstances outside of one's control or mostly the result of one's own actions?

    Mostly the result of circumstances outside of one's control; Mostly the result of one's own actions

    "ME" RANDOMIZATION. Would you say that your own health issues and your own medical conditions are mostly the result of circumstances outside of your control or mostly the result of your own actions?

    Mostly the result of circumstances outside of my own control; Mostly the result of my own actions

    "WOMEN" RANDOMIZATION. Would you say that health issues and medical conditions that arise for women are mostly the result of circumstances outside of their control or mostly the result of these women's own actions?

    Mostly the result of circumstances outside of women's control; Mostly the result of women's own actions

12. Let us consider the following statement about health care and health insurance. Please tell us whether you agree or disagree with it.

    CONTROL GROUP. "It is important that everyone can afford health care because people who become sick with a contagious disease that is not treated can have negative effects on others too."

    "ME" RANDOMIZATION. "It is important that I am able to afford health care because if I became sick with a contagious disease that is not treated, I can have negative effects on others too."

    "WOMEN" RANDOMIZATION. "It is important that all women can afford proper health care because women who become sick with a contagious disease that is not treated can have negative effects on others too."

    Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

13. Let us consider the following statement about health care and health insurance. Please tell us whether you agree or disagree with it.

    CONTROL GROUP. "It is important to help low-income families so that they can afford medical care by subsidizing their insurance premiums or by giving them transfers for medical care."

    "ME" RANDOMIZATION. "It is important to help families like mine so that they can afford medical care by subsidizing our insurance premiums or by giving us transfers for medical care."

    "WOMEN" RANDOMIZATION. "It is important to help low-income women so that they can afford medical care by subsidizing their insurance premiums or by giving them transfers for medical care."

    Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

14. *"WOMEN" RANDOMIZATION.* If you had to choose, which comes closest to your view?

    "Employers who have religious objections to the use of birth control should be...

    ... able to refuse to provide it in health insurance plans for their employees."; ... required to provide it in health insurance plans for their employees just as other employers are required to do."

15. *"WOMEN" RANDOMIZATION.* Would you find it fair or unfair that women who use birth control methods pay for the cost of birth control on their own?

    Very fair; Fair; Unfair; Very unfair

16. *"WOMEN" RANDOMIZATION.* Should women who are planning on using birth control methods have increased insurance copays because they might cost more for their insurers?

    Yes; No

17. *"WOMEN" RANDOMIZATION.* Do you favor or oppose a law allowing pharmacists and health providers to opt out of providing medicine or surgical procedures that result in abortion?

    Strongly favor; Favor; Oppose; Strongly oppose

18. *"WOMEN" RANDOMIZATION.* Should insurance providers have to cover medicine or surgical procedures that result in abortion?

    Yes; No

A-3.8 Outcomes

1. Do you feel that access to health care in the U.S. today is fair for everyone, even for low-income families, or do you feel that access to healthcare should be improved for many families?

   Access to health care is fair even for low-income families; Access to health care should be improved for many families

2. How fair would you say the current U.S. health insurance system is?

   Very fair; Somewhat fair; Somewhat unfair; Very unfair

3. How satisfied or dissatisfied are you with health insurance in the U.S.?

   Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied

4. *Screening Question 3.* When a big news story breaks people often go online to get up-to-the-minute details on what is going on. We want to know which websites people trust to get this information. We also want to know if people are paying attention to the question. To show that you've read this much, please ignore the question and select ABC News and The Drudge Report as your two answers.

   When there is a big news story, which is the one news website that you would visit first? (Please only choose one)

   ABC News; The Wall Street Journal; FOX News; The Drudge Report; New York Post; CNBC; The Mercury News; USA Today; Other news website

5. As you may know, some have proposed a "Medicare-for-all" single payer health insurance program that would be administered by the federal government and financed through taxes. Please tell us if you favor or oppose this proposal, or if you don't know enough to say?

   Favor; Neither favor nor oppose; Oppose; Strongly oppose; Don't know enough to say

6. Do you support or oppose providing additional transfers or subsidies to low-income families to help them with the costs of their health care?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

7. Do you support or oppose having an individual mandate whereby every individual is obliged to buy health insurance?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

8. Do you support or oppose having an employer mandate whereby every large employer, with more than 50 employees, is obliged to offer health insurance plans for their employees?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

9. Imagine it were up to you to design Americans' health insurance plans such that they are most cost-effective and that patients get the best care while having to pay the lowest insurance premiums.

   For the following types of medical care, please say which ones should receive: full coverage (the patient pays no costs out of pocket); generous coverage (the patient has only minimal copay or deductibles); low coverage (costs are shared and the patient bears a significant share of total costs); no coverage (meaning the patient has to pay the full costs out of pocket). Bear in mind that the more generous coverage is, the higher health insurance premiums can be expected to be.

   - Preventive care (e.g.: annual physical examinations, recommended cancer screening, or immunizations)
   - Primary care visits for non-life threatening conditions (e.g.: for a cold, flu, or stomach bug)
   - Maternity and newborn care (pre-natal screenings and check-ups, birth and delivery, newborn screening and care)
   - Specialist visits for non-essential care (e.g.: elective hip replacement, hearing aids)
   - Medical care for catastrophic situations (e.g.: long-run medical care after bad accidents or serious injuries once one leaves the emergency room; intensive treatment for cancers; management of serious, long-term hear and liver conditions)
   - Emergency room care (emergency, short-term care after accidents, severe illness, life-threatening conditions that require immediate attention)
   - Pediatric care (medical care for children)

   Full coverage; Generous coverage; Low coverage; No coverage

A-3.9 General Outcomes

For these different groups, please tell us if you think that they're are paying their fair share in federal taxes, paying too much, or paying too little?

1. High-income households...

   ... pay much more than their fair share in income taxes.; ... pay more than their fair share in income taxes.; ... pay their fair share in income taxes.; ... pay less than their fair share in income taxes.; ... pay much less than their fair share in income taxes.

2. Middle-class households...

   ... pay much more than their fair share in income taxes.; ... pay more than their fair share in income taxes.; ... pay their fair share in income taxes.; ... pay less than their fair share in income taxes.; ... pay much less than their fair share in income taxes.

3. Take the following government services. For each of them, say if would you like it to receive increased funding (even if that means more taxes or reduced spending in other areas), decreased spending (in order to reduce taxes or increase spending elsewhere) or would you like for its funding to be left unchanged?

   - Transfers and income support programs for those out of work
   - Better schools for children from low-income families
   - Income support and retraining programs for workers who are displaced by international competition and trade
   - Subsidies for low-income households to help them with the costs of health insurance premiums and health care
   - Wage subsidies and help for the working poor who work for low wages

A-3.10 Government Questions (Specific)

1. To improve access to health care for all Americans, rich or poor, the government (at the local, state, or federal level) has the ability and the tools to do:

   Nothing at all; Not much; Some; A lot

A-3.10.1 Government Questions (General)

1. How much of the time do you think you can trust our federal government to do what is right?

   Almost always; A lot of the time; Not very often; Almost never

2. Some people think the government is trying to do too many things that should be left to individuals and businesses. Others think that government should do more to solve our country's problems. Which come closer to your own view?

   Government is doing too much; Government is doing just the right amount; Government should do more

3. Next, we'd like you to think more broadly about the purposes of government.

   Where would you rate yourself on a scale of 1 to 5, where 1 means you think the government should do only those things necessary to provide the most basic government functions, and 5 means you think the government should take active steps in every area it can to try and improve the lives of its citizens?

   You may use any number from 1 to 5.

   1; 2; 3; 4; 5

4. Of every tax dollar that goes to the federal government in Washington, D.C., how many cents would you say are wasted?

   Slider going from 0 to 100

5. How satisfied are you with the way the federal government in Washington is dealing with the problems the country is facing today?

   Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied

6. Consider now a list of functions the federal government could serve.

   On a 1 to 5 scale, please say how much responsibility you think the government should have for each — with 1 meaning the government should have no responsibility at all and 5 meaning the government should have total responsibility in this area:

   - Reducing income differences between the rich and the poor
   - Reducing the transmission of wealth from one generation to the other
   - Making sure Americans have adequate health care
   - Reducing the differences in opportunities between children from wealthy and poor families
   - Regulating trade to and from the U.S. to protect American producers and consumers
   - Maintaining a stable financial system and ensuring that credit markets work
   - Ensuring a stable dollar
   - Providing a minimum standard of living for all

   No responsibility - 1; 2; 3; 4; Total responsibility - 5

A-3.11 POST - Willingness to pay for information

By taking this survey, you are automatically enrolled in a lottery to win $1000. In a few days you will know whether you won the $1000. The payment will be made to you in the same way as your regular survey pay, so no further action is required on your part.

Are you are interested in learning the correct answers to all the questions about (income taxation/estate taxation/health insurance/trade policy) in the U.S.? If you are, you can forfeit part of your gain (should you win the lottery) in exchange for the correct answers. If you select that option, you will be given the right answers on the next page. You will only pay the amount selected if you do, in fact, win the lottery.

Note: This information would be very hard to find online on your own. It is the result of a lot of careful research and you cannot easily find the correct answers.

In case you win the lottery are you willing to give up ($1 / $2 / $5 / $10 [2]) to receive all the correct answers to the questions about trade policy in the U.S.?

[2] Note: the amount is randomized among participants

No, I am not willing to pay anything (We will not provide you with the correct answers); Yes, I am willing to pay $1 / $2 / $5 / $10 (We will provide you with all the correct answers on the next page. You will only pay this amount out of your lottery earnings if you do win the lottery).

A-3.12 True answers

If respondent answers "Yes" to A-3.11

1. Correct answers.

   Out of 100 Americans, 9 are uninsured, 21 are on Medicaid, 14 on Medicare, 49 on a group employer-based plan and 8 on another type of insurance.

   Out of 100 American children ages below 18, 37 are enrolled in Medicaid.

   Insurance companies are currently allowed to set different premiums based on the following characteristics: age, where you live, tobacco use. Insurance companies are currently not allowed to set different premiums based on gender and pre-existing conditions.

   As of 2018, there was an individual mandate, whereby everyone is obligated to purchase health insurance. If you did not have insurance, you had to pay a fine. A law enforced in 2019 reduced the fine to $0 (but did not technically cancel the individual mandate).

   There is currently an employer mandate, whereby employers have to provide health insurance to their employees. Small employers with fewer than 20 employees, however, are excluded from this requirement.

2. Medicaid eligibility by state and family size.

   The following states expanded Medicaid eligibility under the Affordable Care Act, thereby setting the eligibility for families of all sizes to 138% of the Federal Poverty Level:

   Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware; Hawaii; Idaho; Illinois; Indiana; Iowa; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Dakota; Ohio; Oregon; Pennsylvania; Rhode Island; Utah; Vermont; Virginia; Washington; West Virginia.

3. In the other states, the eligibility works as follows for families of different sizes:

4. Are you surprised by these numbers?

   Yes; No

5. What did you find particularly surprising?

   Text Box

A-3.13 Self-reported questions

1. It is vital to our study that we only include responses from people that devoted their full attention to this study. Otherwise years of effort (the researchers' and the time of other participants) could be wasted. You will receive credit for this study no matter what, however, please tell us how much effort you put forth towards this study.

In the other states, the eligibility works as follows for families of different sizes:

State	1	2	3	4	5 or more
Alabama	18%	18%	18%	18%	18%
Florida	33%	33%	33%	33%	33%
Georgia	0%	38.35%	36.84%	36.24%	35.69% to 35.39%
Kansas	38%	38%	38%	38%	38%
Mississippi	22.44%	22.31%	22.18%	22.09%	22.07% to 21.94%
Missouri	22%	22%	22%	22%	22%
North Carolina	42.90%	41.48%	38.52%	35.57%	33.61%
Oklahoma	44.98%	44.98%	44.99%	44.99%	44.99%
South Carolina	62%	62%	62%	62%	62%
South Dakota	60.69%	56.28%	50.99%	47.33%	44.87% to 40.38%
Tennessee	100.63%	96.89%	93.03%	89.26%	85.74% to 79.58%
Wisconsin	100%	100%	100%	100%	100%
Wyoming	52.29%	53.73%	50.41%	47.76%	48.62% to 55.84%

Texas distinguishes between 1-parent and 2-parent families:

Family size	1-parent family	2-parent family
1	10,18%	-
2	14,29%	11,74%
3	13,28%	14,49%
4	13,24%	13,63%
5 or more	12,64%	13,54%

Finally, the District of Columbia's eligibility level is 221% of FPL for parents with dependent children and 215% of FPL for other, non-elderly adults.

I put forth almost no effort; I put forth very little effort; I put forth some effort; I put forth quite a bit of effort; I put forth a lot of effort

2. Also, often there are several distractions present during studies (other people, TV, music, etc.). Please indicate how much attention you paid to this study. Again, you will receive credit no matter what. We appreciate your honesty!

   I gave this study almost no attention; I gave this study very little attention; I gave this study some of my attention; I gave this study most of my attention; I gave this study my full attention

A-3.14 Bias and Feedback

1. Do you feel that this survey was biased?

   Yes, left-wing bias; Yes, right-wing bias; No, it did not feel bias

2. Please feel free to give us any feedback or impression regarding this survey.

   Text Box

A-3.15 Consent Page

Academic Research Survey We are a non-partisan group of academic researchers from the Economics Department at Harvard University. Our goal is to learn about people's attitudes on several issues. Please read the information below before consenting to begin the research study.

- This survey is voluntary. You have the right to not answer any question, and to stop the survey at any time or for any reason (to exit the survey, simply close this window). We expect that it will take about 20 minutes. You will likely learn a lot!
- Your name will never be recorded by researchers. Results may include summary data, but you will never be identified. The data will be stored on Harvard servers and will be kept confidential. The collected anonymous data may be made available to other researchers for replication purposes.
- You will be compensated for this interview conditional upon (i) completing the survey and (ii) passing our survey quality checks, which use sophisticated statistical control methods to detect incoherent and rushed responses. **Responding without adequate effort may result in your responses being flagged for low quality and you may not receive your payment.**

Please note that it is very important for the success of our research that you **answer honestly** and **read the questions very carefully** before answering. If at any time you don't know an answer, please give your best guess **without consulting any external sources.** However, please be sure to spend enough time reading and understanding the questions.

You are encouraged to print or take a screenshot of this page for your records. If you have any questions about this study, you may contact us at studysocialsciences2018@gmail.com.

This research has been reviewed and approved by the Harvard University Area Institutional Review Board ("IRB"). You may talk to them at (617) 496-2847 or cuhs@harvard.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

Yes, I would like to take part in this study, and confirm that I LIVE IN THE U.S., and I am 18 or older; No, I would not like to participate

A-4 2025 Questionnaire

A-4.1 Background questions

1. What is your gender?

   Male; Female; Other

2. What is your age?

3. What was your TOTAL household income, before taxes, last year?

   $0-$9999; $10000-$14999; $15000-$19999; $20000-$29999; $30000-39999; $40000-$49999; $50000-$69999; $70000-$89999; $90000-$109999; $110000-$149999; $150000-$199999; $200000+

4. Were you born in the United States?

   Yes; No

5. In what state or U.S. territory were you born?

   Alabama; Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; Wisconsin; Wyoming; American Samoa; Guam; Northern Mariana Islands; Puerto Rico; Virgin Islands

6. In which ZIP code do you live?

   Text box

7. Please indicate your marital status

   Single; Married; Legally separated or divorced; Widowed

8. How many children do you have?

   I do not have children; 1; 2; 3; 4; 5 or more

9. *Screening Question 1.* Most modern theories of decision making recognize that decisions do not take place in a vacuum. Individual preferences and knowledge, along with situational variables can greatly impact the decision process. To demonstrate that you've read this much, just go ahead and select both strongly agree and strongly disagree among the alternatives below, no matter what your opinion is.

   Do you agree or disagree with the following statement: "It is easy to find accurate and reliable information in the media these days."

   Strongly agree; Agree; Disagree; Strongly disagree

10. How would you describe your ethnicity/race?

    European American/White; African American/Black; Hispanic/Latino; Asian/Asian American; Mixed race; Other (please specify)

11. Which category best describes your highest level of education?

    Eighth Grade or Lower; Some High School; High School degree/GED; Some College; 2-year College Degree; 4-year College Degree; Master's Degree; Doctoral Degree; Professional Degree (JD, MD, MBA)

12. (If highest level of education superior to "High School" to 11) What is/was your field of study in college? If multiple degrees apply, please select the field corresponding to your last degree.

    Accounting/bookkeeping; Administrative science/public administration; Advertising; Agriculture/ horticulture; Allied health; Anthropology; Architecture; Art; Aviation/aeronatics; Biology; Business administration; Chemistry; Child/human/family development; Comm. disorders; Communications/speech; Computer science; Counseling; Criminology/criminal justice; Dance; Dentistry; Economics; Education; Educational administration; Electronics; Engineering; English; Environmental science/ecology; Ethnic studies; Fashion; Finance; Fine arts; Food science/nutrition/culinary arts; Foreign language; Forestry; General sciences; General studies; Geography; Geology; Gerontology; Health; History; Home economics; Human services/human resources; Humanities; Industrial relations; Industry and techn; Information technology; Journalism; Law; Law enforcement; Liberal arts; Library science; Marketing; Mathematics; Mechanics/machine trade; Medicine; Music; Nursing; Other; Other vocational; Parks and recreation; Pharmacy; Philosophy; Physical education; Physics; Political science/international relations; Psychology; Public relations; Social sciences; Social work: Sociology; Special education; Statistics/biostatistics; Television/film; Textiles/cloth; Theater arts; Theology; Urban and regional planning; Veterinary medicine; Visual arts/graphic design/design and drafting; Other

13. What is your current employment status?

    Full-time employee; Part-time employee; Self-employed or small business owner; Unemployed and looking for work; Student; Not currently working and not looking for work; Retiree

14. If you had to use one of these five commonly-used names to describe your social class, which one would it be?

    Lower Class or Poor; Working Class; Middle Class; Upper-middle Class; Upper Class

15. On economic policy matters, where do you see yourself on the liberal/conservative spectrum?

    Very liberal; Liberal; Moderate; Conservative; Very conservative

16. What do you consider to be your political affiliation, as of today?

    Republican; Democrat; Independent; Other; Non-Affiliated

17. (If "Other" to 16) Please specify your political affiliation:

    Text box

18. Did you vote in the last presidential election?

    Yes; No

19. (If "Yes" to 18) In the last presidential election, you supported:

    Kamala Harris; Donald Trump; Jill Stein; Robert Kennedy; Other

20. (If "No" to 18) Even if you did NOT vote, please indicate the candidate that you were most likely to have voted for or who represents your views more closely.

    Kamala Harris; Donald Trump; Jill Stein; Robert Kennedy; Other

21. Did you vote in the November 2022 midterms elections?

    Yes; No

22. (If "Yes" to 21) Which party did you vote for?

    Republican Party; Democratic Party; Other

23. (If "No" to 21) Which party would you have liked to support?

    Republican Party; Democratic Party; Other

24. How knowledgeable do you consider yourself on economic policies and issues?

    Highly knowledgeable; Somewhat knowledgeable; Not very knowledgeable; Not knowledgeable at all

A-4.2 Open-ended questions

We now want to ask you a few broader questions. Please use the text boxes below and write as much as you feel like. Your opinion and thoughts are important to us! There is no right or wrong answer.

1. What would be a "good" health insurance system in your view? What would be the goal of a good health insurance system?
2. When you think about health insurance and whether the U.S. should have universal health insurance for all, what are the main considerations — in favor or against it — that come to your mind?
3. What do you personally see as the biggest problem with health insurance in the United States today?

A-4.3 Personal Exposure

1. Do you currently have health insurance?

    Yes; No

2. (If "No" to 1) Which of these are reasons why you stopped being covered or do not have health insurance?

    You may select several options.

    Lost job or change in employment; Change in marital status or death of parent; Ineligible due to age or left school; Employer didn't offer or insurance company refused; Cost; Medicaid stopped; Other (includes moved, self-employed, never had coverage, did not want or need coverage, and other unspecified reasons)

3. (If "Yes" to 1) Are you on Medicaid or Medicare?

    Yes; No

A-4.4 Knowledge about policy

As you probably know, the government and researchers gather a lot of statistical information about the economy. We are interested in learning whether this information finds its way to the general public. The next set of questions is about some economic policies in the United States. These are questions for which there are right or wrong answers.

In order for your answers to be most helpful to us, it is really important that you answer these questions as accurately as you can and without consulting any external sources. Although you may find some questions difficult, it is very important for our research that you try your best. Thank you very much!

1. What is Medicaid? Who is eligible for Medicaid?

   Text box

2. What is Medicare? Who is eligible for Medicare?

   Text box

3. **Medicaid** is a federal and state program that helps people with low income pay for their health insurance.

   Medicare is a federal program that provides health insurance for Americans aged 65 and older, as well as younger people with disability status.

4. Out of 100 Americans, how many get their health insurance coverage through the following programs? The total must equal 100.

   Important note: Individuals can be enrolled in several programs at once. Here, we are interested in the primary insurer. An individual who has Medicaid and any other type of insurance is counted in the Medicaid category and an individual who has both Medicare and employer-based coverage is counted in the employer-based category.

   - Medicaid
   - Medicare
   - Group health insurance through employer
   - Other insurance (policies purchased directly from an insurance company, military, other public. . .)
   - Uninsured

5. Out of 100 American children, aged below 18, how many are enrolled in Medicaid?

   Slider going from 0 to 100

6. Medicaid eligibility depends on family size, the age of each member, and the state you live in. To qualify, total household income must fall below a specific percentage of the Federal Poverty Level (FPL). For your family's size, ages, and state, what is that percentage?

   Under 50% of the FPL; Between 50 and 90% of the FPL; Between 90 and 130% of the FPL; Between 130 and 160% of the FPL; Between 160 and 200% of the FPL; Higher than 200% of the FPL;

7. Please specify the exact percentage

   Text box

8. Did the Affordable Care Act (ACA) make any changes to the eligibility for Medicaid in your state?

   Yes, it expanded eligibility; No, it remained the same; Yes, it reduced eligibility;

9. *Second screening question* In order to facilitate our research on decision making we are interested in knowing certain factors about you, the decision maker. Specifically, we are interested in whether you actually take the time to read the directions; if not, then some of our manipulations that rely on changes in the instructions will be ineffective. So, in order to demonstrate that you have read the instructions, please ignore the question below. Instead, simply put the slider to 98. Thank you very much.

   Out of 100 adults in the U.S., how many are currently paying any income tax at all?

   Slider going from 0 to 100

A-4.5 Treatment

Respondents are randomly assigned to one of three groups, labeled as "Medicare," "Medicaid," and "Control." In the first two cases, respondents are shown a video, different between the two treatment groups, while those in the control group are not. The videos are introduced by the following:

- Recent research has found uncovered new and important facts about a government program called Medicare/Medicaid. We will now show you a short video (with sound) that summarizes some key findings of these studies. Please pay attention to the information provided as you will be asked questions about it later. Do not skip forward or close the page while the video is running.

  Please proceed to the next page when you are ready. Note that you will not be able to move forward with the survey before the end of the short video. The video lasts about one minute.

Link to the videos can be found here:

- Medicare treatment
- Medicaid treatment

A-4.6 Mechanisms

1. If people have health insurance through their employer, do you think this would discourage them from quitting a bad job or switching job from fear of losing their health insurance?

   Yes; No

2. If health insurance were to be made more generous, to what extent would it encourage people towards the following behaviors?

   A great deal; A lot; A moderate amount; A little; None at all

   - Make less use of the emergency room for conditions that do not warrant it
   - Use more medical services they do not really need simply because they do not have to pay the full cost of them
   - Use more preventive medical care such as regular screenings and check-ups

3. Do you agree or disagree with the following statement?

   "With less generous health insurance, health in the U.S. would be worse since many people could not afford sufficient and appropriate medical care."

   Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

4. Do you agree or disagree with the following statement?

   "More generous health insurance coverage for preventive care can lead to a reduction in total medical costs, since medical issues would be caught early on before they turn into more serious and expensive health conditions and because many medical problems could be avoided altogether."

   Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

5. Do you agree or disagree with the following statement?

   "More generous health insurance can help people deal with unexpected large medical costs. It can thus reduce financial stress and debt built up to pay the medical bills for families."

   Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

6. Would you say that it is fair or unfair that people with pre-existing conditions have to pay more for their health insurance than people without pre-existing conditions?

   Very fair; Somewhat fair; Somewhat unfair; Very unfair

7. Is it fair or unfair that people born with worse health have to pay more for health care or insurance than people born with better health?

   Very fair; Somewhat fair; Somewhat unfair; Very unfair

8. Would you say that health issues and medical conditions are mostly the result of circumstances outside of one's control or mostly the result of one's own actions?

   Mostly the result of circumstances outside of one's control; Mostly the result of one's own actions

9. Let us consider the following statement about health care and health insurance. Please tell us whether you agree or disagree with it.

   "It is important that everyone can afford health care because people who become sick with a contagious disease that is not treated can have negative effects on others too."

   Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

10. Let us consider the following statement about health care and health insurance. Please tell us whether you agree or disagree with it.

    "It is important to help low-income families so that they can afford medical care by subsidizing their insurance premiums or by giving them transfers for medical care."

    Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree

11. If you had to choose, which comes closest to your view?

    "Employers who have religious objections to the use of birth control should be...

    ...able to refuse to provide it in health insurance plans for their employees."; ...required to provide it in health insurance plans for their employees just as other employers are required to do."

12. Would you find it fair or unfair that women who use birth control methods pay for the cost of birth control on their own?

    Very fair; Fair; Unfair; Very unfair

13. Should women who are planning on using birth control methods have increased insurance copays because they might cost more for their insurers?

    Yes; No

14. Do you favor or oppose a law allowing pharmacists and health providers to opt out of providing medicine or surgical procedures that result in abortion?

    Favor; Oppose; Strongly oppose

15. Should insurance providers have to cover medicine or surgical procedures that result in abortion?

    Yes; No

A-4.7 Specific Outcomes

1. Do you feel that access to health care in the U.S. today is fair for everyone, even for low-income families, or do you feel that access to healthcare should be improved for many families?

   Access to health care is fair even for low-income families; Access to health care should be improved for many families

2. How fair would you say the current U.S. health insurance system is?

   Very fair; Somewhat fair; Somewhat unfair; Very unfair

3. Do you support or oppose providing additional transfers or subsidies to low-income families to help them with the costs of their health care?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

4. Do you support or oppose having an individual mandate whereby every individual is obliged to buy health insurance?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

5. Do you support or oppose having an employer mandate whereby every large employer, with more than 50 employees, is obliged to offer health insurance plans for their employees?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

6. Imagine it were up to you to design Americans' health insurance plans such that they are most cost-effective and that patients get the best care while having to pay the lowest insurance premiums.

   For the following types of medical care, please say which ones should receive:

   full coverage (the patient pays no costs out of pocket); generous coverage (the patient has only minimal copay or deductibles); low coverage (costs are shared and the patient bears a significant share of total costs); no coverage (meaning the patient has to pay the full costs out of pocket).

Bear in mind that the more generous coverage is, the higher health insurance premiums can be expected to be.

Full coverage; Generous coverage; Low coverage; No coverage

- Preventive care (e.g.: annual physical examinations, recommended cancer screening, or immunizations)
- Primary care visits for non-life threatening conditions (e.g.: for a cold, flu, or stomach bug)
- Maternity and newborn care (pre-natal screenings and check-ups, birth and delivery, newborn screening and care)
- Specialist visits for non-essential care (e.g.: elective hip replacement, hearing aids)
- Medical care for catastrophic situations (e.g.: long-run medical care after bad accidents or serious injuries once one leaves the emergency room; intensive treatment for cancers; management of serious, long-term hear and liver conditions)
- Emergency room care (emergency, short-term care after accidents, severe illness, life-threatening conditions that require immediate attention)
- Pediatric care (medical care for children)

7. Do you support or oppose lowering the age after which people become eligible for Medicare, so that younger people are covered?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

8. Do you support or oppose making Medicare more generous by expanding the services it covers?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

9. Do you support or oppose expanding Medicaid so that more people are eligible for it?

   Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

10. Do you support or oppose making Medicaid more generous by expanding the services it covers?

    Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

11. Do you support or oppose an expansion of U.S. government-provided health insurance, reducing people's reliance on employer-provided insurance?

    Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose

12. As you may know, some have proposed a "Medicare-for-all" single payer health insurance program that would be administered by the federal government and financed through taxes. Please tell us if you favor or oppose this proposal, or if you don't know enough to say?

    Strongly support; Support; Neither support nor oppose; Oppose; Strongly oppose; Don't know enough to say

A-4.8 Government Questions (General)

1. How much of the time do you think you can trust our federal government to do what is right?

   Almost always; A lot of the time; Not very often; Almost never

2. Some people think the government is trying to do too many things that should be left to individuals and businesses. Others think that government should do more to solve our country's problems. Which come closer to your own view?

   Government is doing too much; Government is doing just the right amount; Government should do more

3. Next, we'd like you to think more broadly about the purposes of government.

   Where would you rate yourself on a scale of 1 to 5, where

   - 1: you believe the government should limit itself to providing the most basic and essential functions for its citizens
   - 5: you believe the government should be active in all areas where it can improve citizens' lives

   You may use any number from 1 to 5.

   1; 2; 3; 4; 5

A-4.9 Feedback

1. Do you feel that this survey was biased?

   Yes, left-wing bias; Yes, right-wing bias; No, it did not feel bias

2. Please feel free to give us any feedback or impression regarding this survey. *Text box*

A-4.9.1 Consent Page

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- Your name will never be recorded by researchers. Results may include summary data, but you will never be identified. The data will be stored on Harvard servers and will be kept confidential. The collected anonymous data may be made available to other researchers for replication purposes.
- You will be compensated for this interview conditional upon (i) completing the survey and (ii) passing our survey quality checks, which use sophisticated statistical control methods to detect incoherent and rushed responses. **Responding without adequate effort may result in your responses being flagged for low quality and you may not receive your payment.**

Please note that it is very important for the success of our research that you **answer honestly** and **read the questions very carefully** before answering. If at any time you don't know an answer, please give your best guess **without consulting any external sources.** However, please be sure to spend enough time reading and understanding the questions.

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- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

Yes, I would like to take part in this study, and confirm that I LIVE IN THE U.S., and I am 18 or older; No, I would not like to participate

A-5 Definition of Variables

Core Respondents' Characteristics

Women: respondent is female.
Men: respondent is male.
Age 18-29: respondent's age is between 18 and 29 years.
Age 30-49: respondent's age is between 30 and 49 years.
Age 50-69: respondent's age is between 50 and 69 years.
White: respondent's ethnicity is European American/White.
Black: respondent's ethnicity is African American/Black.
Hispanic: respondent's ethnicity is Hispanic/Latino.
Low Income: respondent's household income is below $39,000.
Middle Income: respondent's household income is between $40,000- $69,000.
High Income: respondent's household income is above $70,000.
Republican: respondent's political affiliation is republican.
Democrat: respondent's political affiliation is democrat.
Independent and others: respondent's political affiliation is independent or other or he is non-affiliated.
Trump: respondent supported (or would have supported) Trump in the last presidential elections.
Clinton: respondent supported (or would have supported) Clinton in the last presidential elections (2019 survey only).
Harris: respondent supported (or would have supported) Harris in the last presidential elections (2025 only).
Economics related major: respondent has a college degree with an economics-related major.
College degree: respondent has a college degree .
Policy knowledge: respondent self-reports being "highly knowledgeable" or "somewhat knowledgeable" on economic policies and issues.
No policy knowledge: respondent self-reports being "not very knowledgeable" or "not knowledgeable at all" on economic policies and issues.
"ME" randomization: respondent was randomized to see the mechanisms questions personally formulated.
"WOMEN" randomization: respondent was randomized to see the mechanisms questions formulated about women rather than people in general.
Redistribution T: respondent was randomized to see the information treatment focused on the distributional impacts of the policies.
Efficiency T: respondent was randomized to see the information treatment focused on the efficiency costs of the policies.
Economist T: respondent was randomized to see the information treatment focused on both efficiency costs and distributional impacts of the policies.

Mechanisms and Outcomes

More generous insurance would encourage less use of emergency rooms: dummy equals one if the respondent believes that more generous insurance would encourage a lot or a great deal people (in the control group and for all respondents in 2025), the respondent themselves (in the "ME" randomization), women (in the "WOMEN" randomization) to make less use of the emergency room for conditions that do not warrant it.
More generous insurance would encourage larger use of medical services: dummy equals one if the respondent

believes that more generous insurance would encourage a lot or a great deal people (in the control group and for all respondents in 2025), the respondent themselves (in the "ME" randomization), women (in the "WOMEN" randomization) to use more medical services they do not really need simply because they do not have to pay the full cost of them.

More generous insurance would encourage larger use of preventive care: dummy equals one if the respondent believes that more generous insurance would encourage a lot or a great deal people (in the control group and for all respondents in 2025), the respondent themselves (in the "ME" randomization), women (in the "WOMEN" randomization) to use more preventive medical care such as regular screenings and check-ups.

Employer-insurance discourage quit job: dummy equals one if respondent believes that employer-provided health insurance would discourage people (in the control group and for all respondents of 2025), the respondent themselves (in the "ME" randomization), women (in the "WOMEN" randomization) from quitting a bad job or switching job from fear of losing their health insurance

Health in US worse if ↓ insurance: dummy equals 1 if respondent agrees or strongly agrees that with less generous health insurance, health in the U.S. (in the control group and for all respondents in 2025), the respondent's own health (in the "ME" randomization), women's health (in the "WOMEN" randomization) would be worse since they could not afford sufficient and appropriate medical care .

↑ preventive healthcare, ↓ costs: dummy equals 1 if the respondent agrees or strongly agrees that more generous health insurance coverage for preventive care can lead to a reduction in total medical costs (in the control group and for all respondents in 2025), to a reduction of the respondent own total medical costs (in the "ME" randomization), more generous health insurance coverage for preventive care for women can lead to a reduction in total medical costs (in the "WOMEN" randomization).

Healthcare to all important bc of contagion: dummy equals 1 if the respondent agrees or strongly agrees that healtcare for all (in the control group and for all respondents in 2025), the individual (in the "ME" randomization), or women (in the "WOMEN" randomization) is important because untreated people sick with contagious diseases have negative effects on others too.

↑ insurance, ↓ financial stress: dummy equals 1 if respondent agrees or strongly agrees that more generous health insurance can help people (in the control group and for all respondents in 2025), the respondent themselves deal with (in the "ME" randomization), women (in the "WOMEN" randomization) deal with unexpected large medical costs reducing the financial stress.

↑ insurance, ↓ financial stress: dummy equals 1 if respondent agrees or strongly agrees that it is important to help low-income families (in the control group and for all respondents in 2025), families like mine (in the "ME" randomization), low-income women (in the "WOMEN" randomization) so that they can afford medical care.

Unfair to pay more if pre-existing conditions: dummy equals 1 if respondent believes that it is very unfair or unfair that that people with pre-existing conditions have to pay more for their health insurance than people without pre-existing conditions (in the control group and for all respondents in 2025), if the respondent themselves had to pay more for his own health insurance than people with fewer pre-existing conditions than him (in the "ME" randomization), if women with pre-existing conditions have to pay more for their health insurance than women without pre-existing conditions (in the "WOMEN" randomization).

Unfair to pay more if worse health: dummy equals 1 if respondent believes that it is very unfair or unfair that that people born with worse health have to pay more for health care or insurance than people born with better health(in the control group and for all respondents in 2025), if the respondent themselves had

to pay more for his own health insurance than people born with better health than him (in the "ME" randomization), if women born with worse health have to pay more for health care or insurance than women born with better health (in the "WOMEN" randomization).

Health issue out of own control: dummy equals 1 if the respondent believes that health issues are mostly the result of circumstances outside of one's control (in the control group and for all respondents in 2025), that his own health issues are mostly the result of circumstances outside of his own control (in the "ME" randomization), that women's health issues are mostly the result of circumstances outside of their control (in the "WOMEN" randomization).

Insurance system unfair: dummy equals 1 if the respondent believes that the US insurance system is somewhat unfair or very unfair.

Dissatisfied health insurance: dummy equals 1 if the respondent is somewhat dissatisfied or very dissatisfied with the health insurance in the U.S.

Medicare for all: support: dummy equals 1 if respondent supports or strongly supports Medicare-for-all.

Medicare for all: don't know enough: dummy equals 1 if the respondent answers that he does not know enough to the question about whether he supports or opposes Medicare-for-all.

Support transfers to low-inc.: dummy equals 1 if respondent supports or strongly supports providing additional transfers or subsidies to low-income families to help them with the costs of their health care

Support individual mandate: dummy equals 1 if respondent supports or strongly supports having an individual mandate.

Support Employer mandate: dummy equals 1 if respondent supports or strongly supports having an employer mandate whereby every large employer, with more than 50 employees, is obliged to offer health insurance plans for their employees.

Support Medicare expansion: dummy equals 1 if respondent supports or strongly supports lowering the age threshold for Medicare, so that more people become eligible.

Support Medicare more gen.: dummy equals 1 if respondent supports or strongly supports expanding the services offered by Medicare.

Support Medicaid expansion: dummy equals 1 if respondent supports or strongly supports expanding Medicaid, so that more people are eligible for it.

Support Medicare more gen: dummy equals 1 if respondent supports expanding the services offered by Medicaid.

Support Govt. provision expansion: dummy equals 1 if respondent supports an expansion of government-provided health insurance.

Preventive care: dummy equals 1 if respondent supports full coverage for preventive care.

Primary care visits: dummy equals 1 if respondent supports full coverage for primary care visits.

Maternity: dummy equals 1 if respondent supports full coverage for maternity and newborn care.

Specialists non-essential care: dummy equals 1 if respondent supports full coverage for specialist visits for non-essential care.

Catastrophic situations: dummy equals 1 if respondent supports full coverage for catastrophic situations.

Emergency room: dummy equals 1 if respondent supports full coverage for ER care.

Pediatric care: dummy equals 1 if respondent supports full coverage for pediatric care.

Indices

Each index is based on all survey questions pertaining to the corresponding mechanism (efficiency, equity, government trust). The index is created by firstly taking the simple average of the standardized values of the variables pertaining to the relevant questions, where z-scores are computed by subtracting the control group mean and dividing by the control group standard deviation. Then, the average is standardized again.

Efficiency index: Index that captures if the respondent is in favor of having a health insurance for efficiency reasons. It combines both open-ended questions on the reasons to have an individual mandate and multiple-choice questions on the reasons for having health insurance in general. Specifically, it combines the following variables: "more generous insurance encourages to make less use of the emergency room;" "more generous insurance encourages higher use of medical services;" "more generous insurance encourages to use more preventive care;" "more generous health insurance coverage for preventive care can lead to a reduction of the total costs;" "important that everyone afford health care because contagious diseases can have negative effects on the other people;" "employer-insurance discourage quit bad job;" "health in US worse if ↓ insurance."

Equity index: Index that captures if the respondent is in favor of having a health insurance for equity reasons. It combines both open-ended questions on the reasons to have an individual mandate and multiple-choice questions on the reasons for having health insurance in general. Specifically, it combines the following variables: "↑ insurance, ↓ financial stress;" "important to help low-incomes;" "unfair to pay more if pre-existing conditions;" "unfair to pay more if worse health;" "health issue out of own control."

Government trust index: Index that captures if the respondent trusts the government. It combines multiple-choice questions on the reasons for having health insurance in general. Specifically, it combines the following variables: "how much trust fed. gov. to do right thing;" "government should do more;" "government should be active in all areas."

A-6 Sample of Answers to the Open-ended Question

A-6.1 2019

A-6.1.1 When you think about health insurance and whether the U.S. should have universal health insurance for all, what are the main considerations – in favor or against it – that come to your mind?

1. **Access to healthcare is a right for all:**
   "Every person deserves to have health insurance."

2. **Funding is a major concern:**
   "Health care for all is a great idea, but should not be run by the government. It is far too expensive to be taken care of by taxpayers"

3. **Cost of healthcare is too high:**
   "Honestly, I think that having a universal health care would help everyone and their attitudes. I can't tell you how many times I've heard about good working people complain about how high their health insurance payments are. "

4. **Would lead to longer wait times:**

   "Against because it has proven that the government can't run anything right. It will still cost us an arm a leg. The wait for doctors and service have proven to be lengthen in our countries that have universal health care."

5. **Government healthcare may lower care quality:**

   "Governments ruin everything they try to "help" with."

6. **More people would afford healthcare:**

   "Health care seems to be a rip-off scheme against Americans so if it were made into a universal plan, then it would be more fair and affordable for every citizen."

7. **Higher taxes could be necessary to finance it:**

   "I am for it but worry about increased taxes to cover cost"

8. **No one should have to worry about medical bills:**

   "People deserve to have a chance to live without the debt our current system works"

9. **Should not benefit illegal immigrants:**

   "People that are truly disabled should be able to get benefits without having to jump through hoops. Right now illegals have a much easier time getting benefits without working or paying into the system than those that deserve them."

10. **Should cover preexisting conditions:**

    "One payer system or not. Covering for Pre-existing conditions."

A-6.1.2 What would be a good health insurance system in your view? What would be the goal of a good health insurance system?

1. **Affordable insurance for everyone:**

   "A good health insurance program would offer everyone affordable health care where everyone can choose their own doctor."

2. **Universal health care is accessible to all:**

   "A health insurance system that would include as many people as possible of all risk types so that the risk is spread out among all the participants, so the cost would be close to even for all."

3. **Coverage for all regardless of income status:**

   "A system that gives the same level of care to each and every patient despite their level of income."

4. **Government-funded health care to ensure equity:**

   "Government run health care. The goal would be to have everyone covered, paying less and reviving better care. "

5. **Cover pre-existing conditions without high costs:**

   "Affordable and comprehensive coverage for all including those with preexisting ailments "

6. **Emphasis on preventive health care:**

   "A system that mandated wellness programs and checkups in order to prevent a good amount of illness and disease before it can occur."

7. **Single-payer, simplifying access to health care :**

   "A good health insurance system would be a single-payer, national system. All U.S. citizens and permanent residents would have comprehensive health coverage regardless of background, income level, or age."

8. **Low premiums and deductibles for all citizens:**

   "100% coverage on ALL services, whether in- or out-of network. AFFORDABLE premiums and deductibles."

9. **Insurance prioritizing patient care over profits:**

   "A company that is dedicated to making the best choices for their customers and not necessarily themselves. Low cost and high quality of care."

10. **Comprehensive care including dental and vision:**

    "Good inexpensive health care along with dental and vision. Low medication costs"

A-6.1.3 What do you personally see as the biggest problem with the health insurance in the United States today?

1. **Health insurance is unaffordable:**

   "Costs for health insurance, many people cannot afford it. But then you have people who take advantage of the system that havenât paid a dime to the United States that qualify for funding for free healthcare"

2. **Insurance companies prioritize profit:**

   "Corporate insurance greed. Not enough coverage for an affordable price."

3. **People lack access to necessary care:**

   "Many people are walking our streets in desperate need of medication. My son drives the ambulances and he thought that many people should stay in shelters. I reminded him that a lot have mental problems and no money to get what they need"

4. **Pharmaceutical prices are excessive:**

   "fraud, over priced drugs, and costs of health care, misuse of meds"

5. **High out-of-pocket expenses deter people from care:**

   "They pay what they want you have to pay rest even though u don't have enough money to live off of."

6. **Confusion in navigating health insurance:**

   "It is soooooooooooooooooooooo confusing"

A-6.2 2025

A-6.2.1 When you think about health insurance and whether the U.S. should have universal health insurance for all, what are the main considerations – in favor or against it – that come to your mind?

1. **Ensure access to care for all:**

   "I'm in favor of Universal health insurance for all because health insurance should be a basic human right. I cannot think of an argument against universal health insurance."

2. **Concerns about potential higher taxes:**

   "I think universal health insurance should be a given in a country as wealthy as the US. My only concern is the overall expense of such a system. "

3. **Guarantee coverage regardless of income:**

   "I'm for it as long as it's free healthcare. People will stop dying because of lack of money."

4. **May lead to longer wait times for services:**

   'The positive is that everyone would have access to the healthcare they need. The negative would be that if it's not done correctly it could take a long time to receive the healthcare you need."

5. **Could reduce overall healthcare costs:**

   "I'm 100% in favor of it. I think that it's been proven that the cost is FAR outweighed by the benefit of implementing a system like this. It would seem to me that overall national healthcare costs decrease due to the increase health of a country"

6. **Promote public health:**

   "I'm definitely for it- main considerations were to ensure everyone has access to care and improving public health."

7. **Concern for government managerial efficiency:**

   "Well in favor because current insurance companies cannot facilitate a healthy marketplace to deliver good healthcare at fair market prices. Now, the government has experimented with this with the VA and Medicare, and both are horrendous."

8. **Simplifies healthcare access:**

   "Literally it covers everyone, thats a major favor already. Like I hate having to deal with healthcare's middle man. At least I'd be free from that headche, thats a benefit"

9. **Help reduce medical bankruptcies:**

   "100% in favor. An accident should not bankrupt you. You should not have to live in fear of getting sick and losing everything in your life. No one should suffer because an insurance company denied them benefits."

10. **Fear reduced choice in providers:**

    "I am completely against universal healthcare. No one should be forced to pay for healthcare. I don't like the idea that my health coverage is determining which doctor I should see."

A-6.2.2 What would be a good health insurance system in your view? What would be the goal of a good health insurance system?

1. **Should be affordable and accessible for all:**

   "A good health insurance system should aim to promote health equity and financial protection . The goal of a good health insurance system is to ensure that everyone can receive appropriate, and affordable medical care ."

2. **Necessary to ensure medical services for all:**

   " Ensuring everyone has access to necessary healthcare services without financial hardship. Providing comprehensive coverage for various health needs, including preventive care, chronic disease management, and emergency"

3. **Should prevent financial hardship from medical costs:**

   "A good health insurance system should help people stay healthy and avoid financial stress when they need medical care."

4. **Including preventive care is essential:**

   "Good heath insurance would be a system where everyone is covered for at minimum preventative healthcare services. It would also discourage companies from gouging citizens for prescriptions and medical procedures."

5. **Quality care must be available regardless of income:**

   "Having a health care systems that provides affordable or free services to low income people, minorities and a standard medical equipment "

6. **Should not be tied to employment status:**

   "affordable coverage for everyone. NOT tied to employment. A program that supports/rewards those with healthy habits without penalizing those with issues that prevent these habits. Lowering health delivery costs"

7. **Transparency is crucial for patient trust:**

   "It would be transparent and fees would be available upfront. No hidden charges. It Ould allow easy access to specialists as needed"

8. **Efficiency and simplicity in the claims process:**

   "to be able to file claims online without any problems. I would like them covering more copays and prescription medication"

9. **Reducing health disparities is a primary goal:**

   "A good health insurance system according to my view should be aimed at supporting the poor and low class. It should make policies that make it easier for the disadvantaged to also get the services provided."

10. **Should not reject claims for necessary procedures:**

    "One that pays a lot claims if they are valid and doesn't try to find a loophole to get out of them."

A-6.2.3 What do you personally see as the biggest problem with the health insurance in the United States today?

1. **High costs are the biggest issue:**

   "That it is expensive, which means a lot of people don't have health insurance or can't afford the out-of-pocket costs left after their insurance coverage, so they don't receive proper healthcare."

2. **Insurance companies prioritize profit over patient care:**

   "Run by big pharmaceutical companies, whose top-of-the-ladder employees want to cushion their pockets. Will not cover medications or procedures, even if they are necessary for treatment. Have to jump through hoops if you need a specialist."

3. **System creates financial barriers to necessary care:**

   "Cost. It's borderline dystopian how have the misfortune of getting something like a cancer diagnosis can bankrupt you."

4. **Coverage is often inadequate or denied:**

   "The fact that health insurance sometimes doesn't cover certain things seemingly arbitrarily, and the fact that a good health insurance costs a lot of money."

5. **Health insurance is overly complex and confusing:**

   "It is too complicated for the average person. There are too many things to try and decode, like prior authorizations."

6. **Many people cannot afford medical care:**

   "Its doesn't cover expensive bills for people that cannot afford to pay."

7. **Coverage based on income creates inequality:**

   "The high cost making it unaffordable by all. This creates some kind of disparity between the rich and the poor."

8. **Access to healthcare is tied to employment:**

   "Jobs providing healthcare insurance means that most people working lower level jobs never get healthcare. Tieing insurance to a job leaves a lot of people behind. Moving jobs leaves people uninsured. "

9. **Adequate care not guaranteed even if one is insured:**

   "The gap between coverage and actual access to affordable care in that being insured does not guarantee being protected."

10. **Too many middlemen in the system:**

    "There is too many middleman. If they reduce the middleman then I think it will reduce the cost."