How Americans Think About Health Care and Insurance *

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[FIRST DRAFT: PRELIMINARY AND INCOMPLETE. COMMENTS VERY WELCOME!]

Abstract

This paper explores public perceptions and understanding of health insurance policies, along with the key factors influencing support for different health insurance systems. Drawing on a large-scale survey of U.S. residents, we examine attitudes toward critical dimensions such as redistribution preferences, efficiency costs, and equity considerations that shape policy support. The study delves into individuals' first-order considerations, their knowledge of Medicaid, Medicare, and employer-based coverage, and their overall grasp of health insurance mechanisms — assessing how these elements collectively drive policy preferences. We focus on the role of political ideology in shaping attitudes toward health insurance policies. Our findings indicate significant partisan divides, with Democrats prioritizing equity and Republicans emphasizing cost concerns. These insights contribute to the broader discourse on health policy design and the challenges of fostering informed public opinion on the complexity of health insurance policy.

Keywords: Redistribution, Survey, Perceptions, Immigration, 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 18% of GDP and many people are still uninsured, it is important to understand how people view health insurance to guide better policy decisions. In this paper, we shed light on two questions. How do people perceive and understand health insurance policies and what factors shape their support for health insurance policies?

Economists study both the positive and negative behavioral and efficiency effects from 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). More generous health insurance could improve health overall, which could in turn have positive effects on the economy. 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. 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 lack of health insurance causes financial stress on low-income households, there may be broader ramifications due to the suboptimal decisions made to deal with these financial shocks. Third, there could be overuse of medical care in response to more generous health insurance. Do people view these issues in the same light as economists do?

To dive into people's understanding and perceptions of the health insurance system, we design and implement a large-scale Social Economics survey on a representative sample of the U.S. population (Stantcheva, 2023). The questions in the survey are designed to elicit not only respondents' factual knowledge about the healthcare 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, this is done primarily through open-ended questions, which are subsequently evaluated through text analysis methods.

The survey questions attempt to capture the nuances involved in the debates about health insurance in the US. For instance, people may assess 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 lack of insurance. Distributional and fairness considerations could also play a role in personal reasoning regarding healthcare and have to be balanced against the efficiency costs of health insurance. In the survey, individuals can express views on whether it is justifiable to discriminate based on certain personal charac-

teristics such as e.g. age, gender, or pre-existing conditions; whether worse health is the outcome of mostly individual actions or rather a matter of bad luck; and whether it is fair to help low-income households afford their health insurance. All these views ultimately determine whether respondents are satisfied with the current health system, whether they support a "Medicare-for-all"-type universal health insurance, whether low-income households' premiums should be subsidized, and how much coverage they believe should exist for different types of situations and health conditions.

To better understand how respondents learn and how the presentation of a policy affects perspectives, we show different subsamples of randomly selected respondents instructional videos that explain the workings and consequences of each 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. Figures 1-3 show screenshots taken from the video treatment. The randomization allows us to estimate the causal effects of the information provided.

Furthermore, we randomized the formulation of many of the questions in each survey. The same root question is asked in three 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 formulation is 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?"). The third 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, women, or themselves, but without asking the same person different versions of the same question.

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. The driving factor behind the cost concern diverged along party lines, with Democrats worrying more about the affordability for everyone and Republicans focusing on the costs of existing health plans, regardless of coverage. Coverage is a main concern mainly on the left. Second, there is widespread agreement about the benefits of more health insurance: respondents generally believe that higher coverage rates would increase preventative care use, decrease emergency room activity, 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 much more disagreement about whether low-income households should be helped to afford health insurance.

Third, policy views, such as support for a single-payer insurance system or expanded coverage, tend to be highly polarized. Democrats want increased access to healthcare and indicate dissatisfaction with the current health insurance system, believing it to be unfair. Republicans find it less unfair for women than for men to pay more for health insurance if their health is worse or if they have pre-existing conditions (Democrats do not make gender-based distinctions on this issue). There is significant disagreement regarding how gen-

erously 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, given this large polarization on policy views, despite agreement on many positive effects of health insurance, it is perhaps unsurprising that the video treatments did not shift views on broader access to health insurance or a single-payer system, even though they strengthened belief in the positive effects of insurance. In short, respondents do change some of their views about the mechanisms and the desirable design of the policies after seeing the instructional videos. But on highly-polarized issues, as health insurance is, views are very entrenched and final policy choices were not affected by the video courses. However, the possibility to influence the perceived mechanisms of and sometimes even support for given policies suggests that perhaps explanations (rather than the provision of simple facts) can be useful as at least a first step in the policy debate.

Related Literature: Health policy is perhaps the area in which public understanding – as opposed to policy views– has been studied the least. Extensive surveys have been conducted about satisfaction with health-care systems, views on health care reforms, as well as attitudes on health care spending (see e.g. Mossialos (1997)). Preferences on resource allocation in health care by the public have also been investigated, including recently in Baker et al. (2014). Recent research has also explored various aspects of public perception and attitudes toward health insurance policies. Loewenstein et al. (2013) study misunderstandings of the health insurance market. In particular, they find evidence that consumers often misunderstand complex insurance plans, but only weak evidence that simpler plans would appeal to consumers or change their healthcare choices. Yörük (2023) examines how age-based health insurance policies in the United States influence individuals' attitudes, finding that policy changes significantly shape perceptions of the necessity of health coverage. Ashok et al. (2015) analyze broader trends in public support for redistributive policies, including health insurance, and note that despite rising economic inequality, support for redistribution has remained stagnant or even declined among certain demographics. On the consumer side, Sharma and Katyal (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. Finally, Baicker et al. (2021) compare the experiences of U.S. adults with private and public health insurance, highlighting disparities in access to care, costs, and overall satisfaction. Together, these studies provide valuable insights into the economic and behavioral factors shaping public attitudes toward health insurance policies.

However, less work has been conducted about the general public's understanding of health care mechanisms or policies, with a few notable exceptions. Loewenstein et al. (2013) study misunderstandings of the health insurance market. In particular, they find evidence that consumers often misunderstand complex insurance plans, but only weak evidence that simpler plans would appeal to consumers or change their healthcare choices.

In this paper, we study 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. To this end, we design and run a large scale survey among a representative sample of the US population. Many different factors can affect people's attitudes toward 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 in coherent framework all these different components using data from a a new tailored survey thus allowing the joint evaluation of people's tradeoffs. Furthermore, we provide evidence on the strongest predictors of people's view 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 policy views. 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 concludes.

2 Survey and Sample

This section describes the survey structure, the data collection process, and the sample. Appendix A-1 provides the full questionnaire and additional information on important aspects of the survey.

2.1 Data Collection and Final Sample

We conducted a large-scale survey of around 1,800 respondents between June and July 2019 on U.S. residents between 18 and 70 years of age. The surveys were designed using an online platform (Qualtrics) and the survey link was then distributed by the commercial survey company *Respondi* (https://www.respondi.com/EN/) and its U.S.-based partners.

How were participants enrolled? The commercial survey company that we partnered with has "panels" of respondents (i.e., email lists) to whom they send out survey links via email. Respondents were only told the length of the survey, but neither the topic nor the sender. After clicking on the link, respondents were channeled to a consent page (see Appendix Figure A-2) that informed them that they were about to take an academic research survey, destined solely for research purposes run by non-partisan researchers. They were asked to respond accurately to the best of their knowledge and were assured that participation was entirely voluntary. Respondents were then guided through some screening questions that ensured that the final sample was nationally representative along gender, age, and income dimensions. Thus, if respondents decided to drop out at some point during the survey – e.g., upon learning the topic of the survey – all their demographic and background information would be known and we could check for differential attrition by observable characteristics. Respondents were paid only if they fully completed the survey. Compensation for each completed survey was around $3. The median time for completion of the survey was 37 minutes.

Final Sample. The final sample is close to representative of the U.S. population. Table 1 shows the characteristics of the sample for each policy topic relative to the U.S. population. Population statistics come from the Census Bureau as described in the table notes. By construction, we are almost perfectly representative along the dimensions of age, gender, income (arranged into five brackets to mimic the way

the quotas were imposed during the surveys). In addition, the sample is also broadly representative on non-targeted dimensions such as the share of respondents who are married and those who are employed and unemployed.

Survey's Structure Figure 4 illustrates the survey structure. 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. 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 people's factual knowledge about the U.S. healthcare system. The fifth block features the experimental part of the survey. We randomly assign the sample to four groups, each of which watches a different information video or no video at all (the control group). Each of the informational videos is designed to emphasize a different aspect of the health insurance system. 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.

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). Thus, respondents are not influenced by the particular effects or particular issues that economists are used to thinking about and are free to focus on particular effects of the policy that are important for them.

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 "can't afford", "long wait", "wait time", and "high tax"). Regarding the goal of a good health insurance system (Panel B), respondents mostly mention universal coverage: "cover everyone" and "cover all", as well as affordability of coverage ("low cost", "everyone afford", and "afford cover"). 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).

Other ways of analyzing open-ended questions include keyness and topic analysis. Keyness analysis is based on a relative frequency analysis that compares the use of n-grams between two groups (a reference and a target/study group). The keyness scores of an n-gram are based on the χ^2 test statistic for the null hypothesis that the propensity to use the n-gram is the same for the reference and target groups. In a nutshell, the keyness score of a term measures how characteristic this term is of the reference group. Words that are

common, but used relatively equally by the two groups do not have a high keyness score. Instead, topic analysis is based on a keywords-count model. Topics are defined by sets of keywords that capture a particular aspects of the policy. The complete list of keywords for each topic is reported in each figure. The topic indicator variable is equal to one if the document contains at least one of the keywords defining this topic. Answers can thus contain more than one topic if the respondent used keywords belonging to different topics.

Figure 6 Panel A provides the keyness graphs for health insurance by political affiliation (for the splits by age group, gender, and income groups, see the Online Appendix). The main considerations on the left are clearly affordability for everyone and extent of coverage, with recurring words such as "everyone", "all", and "universal" combined with "cover" and "afford" or "pay." On the Republican side, words also concern costs, but in different and more individual-centered ways rather than for "everyone". They focus more on the details of the insurance plans and their costs (e.g. "low premium", "low deductible", and "premium cost"), the wait times, anti-government sentiments ("against government"), or doctors and hospitals.

Panel B highlights the distribution of topics that appear in answer to the question about "the main goals" of a good health insurance system for different political groups, ranging from Clinton Liberals to Trump Conservatives. There are six main topics here, represented by the keywords listed below the figure. Some examples of these are, for each topic, as follows: Affordability ("affordable price" "pocket cost'/expense"); Coverage ("Full coverage," "single payer," "universal coverage"); Efficiency ("competition," "free market," "hurt economy"); Taxation ("taxpayers," "who pays," "debt"); Pharma ("company abuse," "big company," "greed," "drug company"), and Quality ("quality"). Some example answers from these topics can be informative to read. *"Affordable premiums, affordable prescriptions costs to patients, cap on how much patient has to pay out of pocket, discounts for maintenance medications like insulin."* clearly fits into the "affordability" topic. *"It would be to provide some type of affordable coverage to all including coverage for pre-existing conditions, regular checkups and life-long conditions." goes into both affordability and coverage.* Efficiency-related answers are, for instance, *"Letting the marketplace dictate rather than government regulations. Competition, especially across state lines, will bring about more competitive rates and higher quality of services for policy holders.* On the topic Pharma, an example reads: *"One that actually benefits the one paying for the insurance and not the lion's share of the money going to the CEO's of the insurance companies, hospitals and big pharma. We now pay 'extortion' fees to get insurance which many, many cannot even afford to use after all the deductibles and copays and insurance premiums. Completely useless to have, only benefits the insurance companies."*. This answer would also go under the affordability topic. Finally, on the Quality topic, an example answer is: *"To me it is very important that health insurance systems provide high quality service to every individual regardless of their financial capacity."* As could be expected from the word clouds, the issues of "affordability" and "coverage" are prevalent. Affordability is more represented on the right of the political spectrum, while coverage takes precedence on the left. Efficiency concerns are overall less frequent, but predominantly represented among Trump Conservatives. Concerns about taxation is evenly split, as are concerns about big pharma or the quality of health care.

Panel C highlights the distribution of topics mentioned in answer to the question *"What do you personally see as the biggest problem with health insurance in the U.S. today?"*. It shows that, by far, issues related to "Costs" compose around 80% of all topic mentions across the political spectrum. Worries about "big

pharma" are the second most flagged issue, especially among Democrats. As the keywords indicated, although worries about costs are very widespread, they may not mean the same thing to people on different ends of the political spectrum, with some worried about how "everyone" will afford healthcare and coverage, and others worried about the costs of existing health plans.

Panel D analyzes the results of the open-ended question *"Which groups would gain if a single-payer system were introduced in the U.S.?"* It depicts the frequency of mention of different groups for Democrats and Republicans. Groups which are more frequently mentioned as beneficiaries of a single-payer system among Democrats are, in order of mentions and in respondents' own words, the poor, "everybody," the middle class, and the working class and families. Groups mentioned more frequently by Republicans are "Government & Politicians," "Illegals," the unemployed, immigrants, or the "Lazy." Thus, when it comes to a single-payer system, views are very split on who would benefit.

3.2 Knowledge

Figure 7 starts by analyzing respondents' overall knowledge of U.S. health care, as well as their exposure to it. Panel A highlights that respondents are mostly aware of the share of people who rely on different modes of insurance, but underestimate by 20 percentage points the share that is insured through their employer. Perhaps because of the focus on both the uninsured and Medicare subscribers in the media, respondents overestimate by 5 percentage points the share of uninsured Americans and by close to 10 percentage points the share of Americans insured through Medicare. Panel B shows that the distribution of perceived income limits for Medicaid eligibility and the actual limits in the respondent's state (on the horizontal axis) are entirely uncorrelated. The average perceived eligibility income limit is basically identical across states regardless of their true thresholds. In addition, close to 70% of respondents underestimate the eligibility income limit (as a share of the Federal Poverty line) for a household like theirs in their state. In other words, they believe that fewer households are eligible for Medicaid than actually are.

Figure 8 shows results on some of the more precise knowledge of health insurance policies. Panel A focuses on the share of respondents who can correctly answer questions about Medicare and Medicaid. Just around half of respondents are able to describe what Medicaid is; close to 70% are able to describe Medicare. Slightly less than half of respondents correctly know whether the Affordable Care Act (ACA) made changes to Medicaid eligibility in their state, with the correct answer naturally dependent upon the state of the respondent. In Panel B, we can see that many 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 exempted. 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, much fewer are aware that premia are allowed to depend on location (62%), but not on gender (53%). Perhaps because of the potentially confusing current policy debate about pre-existing conditions, 33% of respondents only correctly say that premia are not allowed to depend on pre-existing conditions.

4 Beliefs about the efficiency and equity aspects of 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.

Efficiency considerations: Table 2 considers the perceived behavioral responses and other efficiency mechanisms to increased health insurance coverage. In the first four columns in 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. The extent to which people would be encouraged to adopt these behaviors is measured on a spectrum ranging from "a moderate amount" to a "great deal." In sum, it represents the strength of behavioral responses to a more generous health insurance system as perceived by respondents. The fourth column shows the share of respondents who believe that employer-provided insurance discourages people from *"quitting a bad job or switching job from fear of losing their health insurance."* Again, respondents are asked either about a generic person, about themselves ("Me"), or specifically about women ("Women").

The responses that are most expected to occur are related to the job-lock phenomenon and the use of the emergency room. 48% believe there would be less use of the emergency room if health insurance were more generous; only 36% think this would induce a higher use of overall medical services (which could be overuse and impose a strain on the medical system) and preventive care (which could be considered a positive effect, as people follow recommendations on preventive care). 79% of respondents believe that employer-provided insurance discourages people from quitting bad jobs or switching jobs, suggesting that more generous health insurance overall could relax the job-lock constraint. Overall, negative behavioral responses do not seem to be a prime concern.

Considering again Table 2, Column 5 shows that 75% of respondents agree that less generous health insurance in the U.S. would lead to worse health outcomes overall. 81% of respondents believe that an increase in insurance coverage for preventive care would reduce overall healthcare costs (Column 6); 84% believe that it is important to ensure that everyone can afford proper healthcare to avoid negative spillovers on others and contagion (Column 7). The last column summarizes all efficiency and behavioral responses in an "Efficiency Index."

Equity and fairness considerations: When it comes to fairness and equity considerations, 86% of respondents agree that more generous health insurance could reduce financial stress on families (Column 1 of Table 3) and 78% 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 healthcare due to pre-existing conditions is 75% overall; 82% believe it is unfair to pay more because of worse health. 66% think health issues are outside of one's control. There is thus widespread belief in the positive efficiency and equity effects of better health insurance, and a view that present health outcomes are largely unfair. The last column summarizes all behavioral responses in an "Equity Index."

Me versus everyone else: Respondents think they are themselves less responsive to increased health insurance than others. 39% of respondents believe they themselves will make less use of the emergency room, as compared to 48% when asked about others. 26% of respondents think they themselves will make

larger use of medical service, but 36% say so about others. The one exception is that they think they will substantially increase their own preventive care: almost double the share of respondents (62%) say so about themselves as compared to others. Thus, overall, respondents believe they themselves are already engaging in a responsible use of health services with little slack and overuse, and, hence, will not significantly increase their use of broader services or further reduce emergency room use. Finally, a sizable share – 68% – believe they are disincentivized to quit their job or switch jobs due to fear of losing health insurance, which is nevertheless less than the share who believes the same about everyone else. Respondents also believe that affordable healthcare for themselves rather than for others is more important in order to reduce contagion; however, this effect is entirely driven by women thinking about their own situation (though they do not think the same about women in general).

Views about women: A larger share of respondents believe that women will increase their use of preventive care than when asked about a generic person. 82% of respondents also agree that women's health issues are more outside of their control, as compared to 66% who agree with this statement for a generic person. When prompted to think about women, respondents overall are also more likely to mention efficiency issues in support for the individual mandate or health insurance in general.

However, there appears to be a significant partisan gap when it comes to judgments about women's health situations (this will be also true about supporting women-specific health services coverage). Panel A in Table 3 shows that Republicans are much more likely to think it is fair if women with worse health pay more for healthcare than when confronted with the same question about a generic person (42% versus 24%). On the other hand, Democrats make no distinction between men and women and also find it more unfair that those of worse health pay more: 85% believe this is unfair, regardless if men or women.

Women's views: Women are more likely to use equity arguments in favor of health insurance; one third more women than men say that it is unfair to pay more for health insurance because of pre-existing conditions and more than one third say that it is unfair to pay more for insurance or care overall because of worse health. Hence, on health care issues, women are more prone to fairness and equity concerns (but no clear patterns appear for income or estate taxes).

Women on themselves and other women: Women believe they will increase their preventive care by much more than others think; and they also think other women (but not a generic person) will do the same. Women thus perhaps consider themselves and other women as constrained in terms of preventive care and in need of more. Women also believe that other women are more likely to be discouraged from quitting their jobs due to employer-provided health insurance. Yet, like male respondents, female respondents believe they themselves are not as unlikely to quit their job due to health insurance.

Republicans vs. Democrats: Republicans are more likely to believe that the positive effects of more generous health insurance (less use of emergency room, less discouragement of job switches due to the lock-in effect) will be weaker, while the negative effects (increased use of overall medical services) will be stronger. Regarding preventive care, Republicans believe more strongly that it will increase, but that is not per se a negative effect. Republicans are less likely to provide arguments, whether centering on equity or efficiency, in favor of the individual mandate or health insurance.

However, although there are large and significant partisan gaps in the other efficiency and fairness considerations, the level of positive beliefs about the effects of health insurance among Republicans remains relatively high, as it is already astronomical among Democrats. For instance, 89% of Democrats believe that less generous health insurance can reduce positive health outcomes in the U.S., and although the share of Republicans who believe the same is lower by 19 percentage points, it is still sizable. 91% of Democrats and 72% of Republicans believe that more coverage for preventive care can decrease overall health costs and 98% of Democrats relative to 72% of Republicans think that healthcare is important to prevent contagious diseases from spreading. When it comes to fairness and equity concerns, 84% of Democrats and 76% of Republicans find it unfair that someone must pay more for health insurance due to worse health overall, while 84% and 66% find it unfair to do so because of pre-existing conditions. 74% of Democrats versus 65% of Republicans believe that health issues are mostly outside of one's own control. 94% of Democrats compared to 81% of Republicans believe that more generous health insurance could reduce financial stress on families. There is a sizable partisan gap on whether low-income families should be helped when it comes to affording healthcare, with 91% of Democrats but only 66% of Republicans in favor of helping low-income households.

Republicans think they themselves are less likely than others to increase their use of overall medical care and preventive care in response to more generous coverage. Since they do not believe these behavioral effects to be generally weaker than Democrats do, Republicans perceive a bigger gap in their behavioral response relative to others than Democrats perceive.

5 Policy views

5.1 Support for full coverage for specific services

Figure 10 show the support for full insurance coverage for specific services, for which respondents believe that people should have no out-of-pocket costs, split by political views (Panel A) and gender (Panel B). Figure 11 shows respondents' attitudes towards birth control and abortion policies, again split by political views (Panel A) and gender (Panel B). Table 4 highlights other policy support for health insurance, such as 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."*

There is bipartisan agreement on some issues. Overall, between one half and three quarters of respondents support full coverage for preventive care. Fewer–between one quarter and one half–support full coverage for primary care visits, and very few (around one quarter) support such generous coverage for specialist non-essential care. On some issues, Republicans and Democrats are more divided: for catastrophic situations and emergency room use, around one half of respondents support full coverage and there is a significant, close to 15-percentage-point partisan gap in support. Furthermore, there are strong disagreements regarding certain health services. For example, nearly three quarters of Democrats support full coverage for maternity-related services and pediatric care, while just around one third of Republicans do. There is barely any gender gap in these views. The only exception is that women are slightly more likely to support full coverage for maternity-related care. Overall, the political affiliation is much more critical in informing these views than is gender.

5.2 Birth control and abortion-related services

There are very large partisan gaps when it comes to coverage for birth control policies and abortion-related services. 86% of Democrats but only 56% of Republicans agree that employers with personal religious objections should be required to provide birth control coverage in their employer-provided health insurance plan. Close to three quarters of Democrats, but just above one quarter of Republicans, agree that it is unfair that women who use birth control pay for the cost on their own. When asked whether women using birth control should not have higher copays, almost 89% of Democrats agree, but only 62% of Republicans do. A support gap of around 50 percentage points between Republicans and Democrats also appears when asked whether health providers should be allowed to opt out from abortion-related treatments and whether insurance providers should have to cover abortion-related treatments.

Perhaps most strikingly is the complete lack of a gender gap on these issues. The one exception is that women are much more likely than men to say that it is unfair that they themselves must pay for the cost of birth control on their own.

5.3 Health Insurance, Medicare-for-All and Mandates

The large majority of respondents, 73% of them split between 89% Democrats and 59% Republicans), believe access to healthcare should be improved; 64% (77% of Democrats and 45% of Republicans) believe the current healthcare system is unfair; and 61% (73% of Democrats and 48% of Republicans) are dissatisfied with the system it overall. Just around 43% of respondents support Medicare-for-all (65% of Democrats and only 23% of Republicans), but 17% declare they do not know enough about it to share an opinion. Republicans are less likely to say they do not know enough about the Medicare-for-all considerations to share an opinion. There are very large partisan gaps – consistently around 30 percentage points – on all these policy dimensions. Overall, the policy implications drawn by people on both sides of the political aisle differ significantly, despite the fact that the underlying mechanisms of actions did not exhibit that much disagreement.

Women are more likely to say the current healthcare system is unfair, that they are dissatisfied with it, and that access to healthcare should be improved. However, they are less likely to support a Medicare-for-all-type system as well as to say that they do not know enough about the topic. The lack of support does disappear, however, for female respondents who are prompted to think about themselves (the "Me" treatment) in the mechanisms questions. They also support the individual mandate and transfers to low-income households for health insurance less strongly, but the employer mandate more strongly.

5.4 Effect of Providing Information about Health Policy: Video Courses

The health video treatments also come in three versions: The Efficiency, the Redistribution, and the Economist versions. In each case, 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 less 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.

Regarding health insurance, the video treatments are able to shift views only to some extent. The Efficiency treatment increases the perceived responses to more generous health insurance along most dimensions and in quantitatively large ways: as a share of the control group mean, the perception of overall medical use responses increases by 25%, the perception of emergency room use decreases by 40%, and the perception of more preventive care increases by 25%. The Economist treatment is effective in convincing respondents that people will use the emergency room less in response to more generous health insurance–the effect is 30% of the control group mean. Both these treatments increase the likelihood of giving efficiency arguments in favor of more generous health insurance. The Efficiency treatment also increases overall support for the individual mandate by 30% relative to the control group mean, and support for full coverage of non-essential specialist care. The Economist treatment is effective in convincing respondents that health issues are outside of one's control. The Distribution treatment has no effects. Hence, it is mostly efficiency arguments that work in the case of health insurance.

In fact, when it comes to healthcare, efficiency arguments are by far those that work best on Republicans. Indeed, the Efficiency treatment is quite effective in convincing Republicans that more generous health insurance could improve health in the US, and that it can reduce financial stress on low-income families. In both cases, the magnitude of the effects corresponds to almost one half of the belief gap between Democrats and Republicans. Following the Efficiency treatment, Republicans also believe that people will use more preventive care following more generous health insurance (by 60% more, relative to the control group mean).

But while these treatments can generate a change in views on the effects of more generous health insurance

and more support for the individual mandate, there are no real effects on supporting 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 strong polarization and the fact that people fall into two groups: those who are already strongly convinced about the need for broader access to health insurance and for support for low-income families (best represented by Democrats), and those who are very much against an expansion of government into the health insurance realm (best represented by Republicans). The videos are already telling the former group information with which they strongly agree, while the latter remain unconvinced even after watching the videos. With respect to Medicare-for-all, although not all Democrats support it (65%), views are nevertheless quite entrenched and people may not understand this policy in the same way. These results make sense in light of earlier findings that, even if there was not as much partisan disagreement about underlying mechanisms, policy views were nevertheless quite divided along political lines. Overall, the partisan gap on health insurance issues is very 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 people's views on these matters.

6 Conclusion

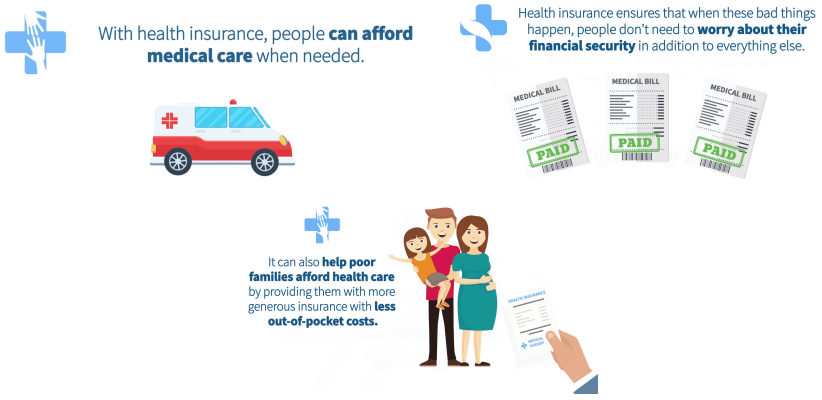
In this paper, we investigate how Americans perceive and reason about health insurance by analyzing responses from a large-scale survey and experimental treatments. We use randomized question formulations, open-ended responses, and instructional videos to uncover how political affiliation, demographics, and informational framing shape public opinion on health care policies and insurance.

Our findings reveal that cost concerns dominate public discourse on health insurance, with notable differences along party lines: Democrats are more worried about universal affordability, while Republicans focus on the expenses associated with current health plans. The survey and experiments show that although most respondents agree on the benefits of increased coverage – such as enhanced preventive care, reduced emergency room use, and alleviation of job-lock – views on who should bear the costs remain sharply divided. The analysis of open-ended responses and video treatments further indicates that while information can influence understanding of policy mechanisms, deeply entrenched partisan opinions on issues like single-payer systems and expanded coverage are largely resistant to change. Future research could test different types of informational interventions or framing effects to see if more detailed or repeated exposure to policy trade-offs can shift deeply held opinions. For example, experimenting with different ways of presenting information may help reveal whether nuanced explanations can change views that are otherwise resistant to simple facts.

In addition, future research could examine how demographic factors influence public opinion and compare these findings with similar studies in other countries. Such work would deepen our understanding of the global challenges surrounding health insurance debates and help inform more effective communication strategies for policy reform.

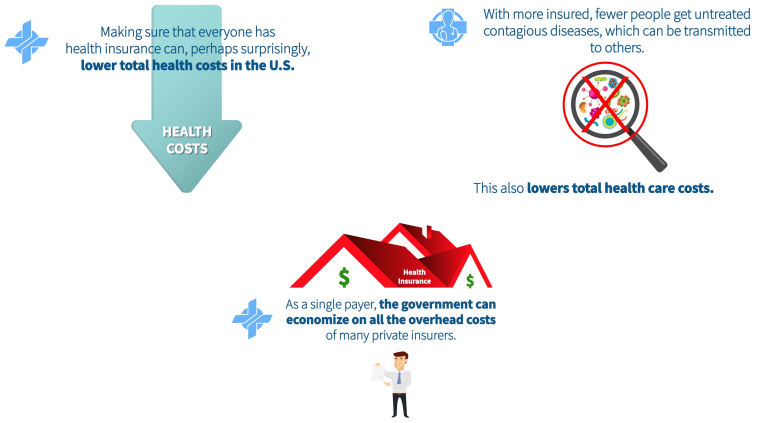
FIGURES AND TABLES

Figure 1: Redistribution treatment



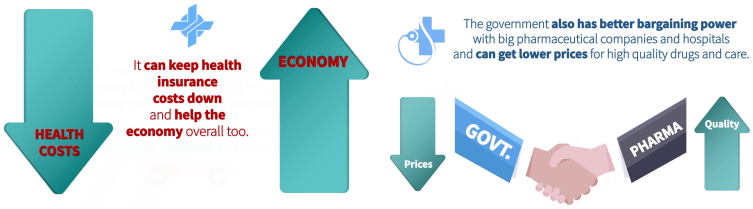
Notes: The figure shows screenshots from the information treatment on the distributive effects of health. Here is the link to the video here.

Figure 2: 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 3: Economist treatment



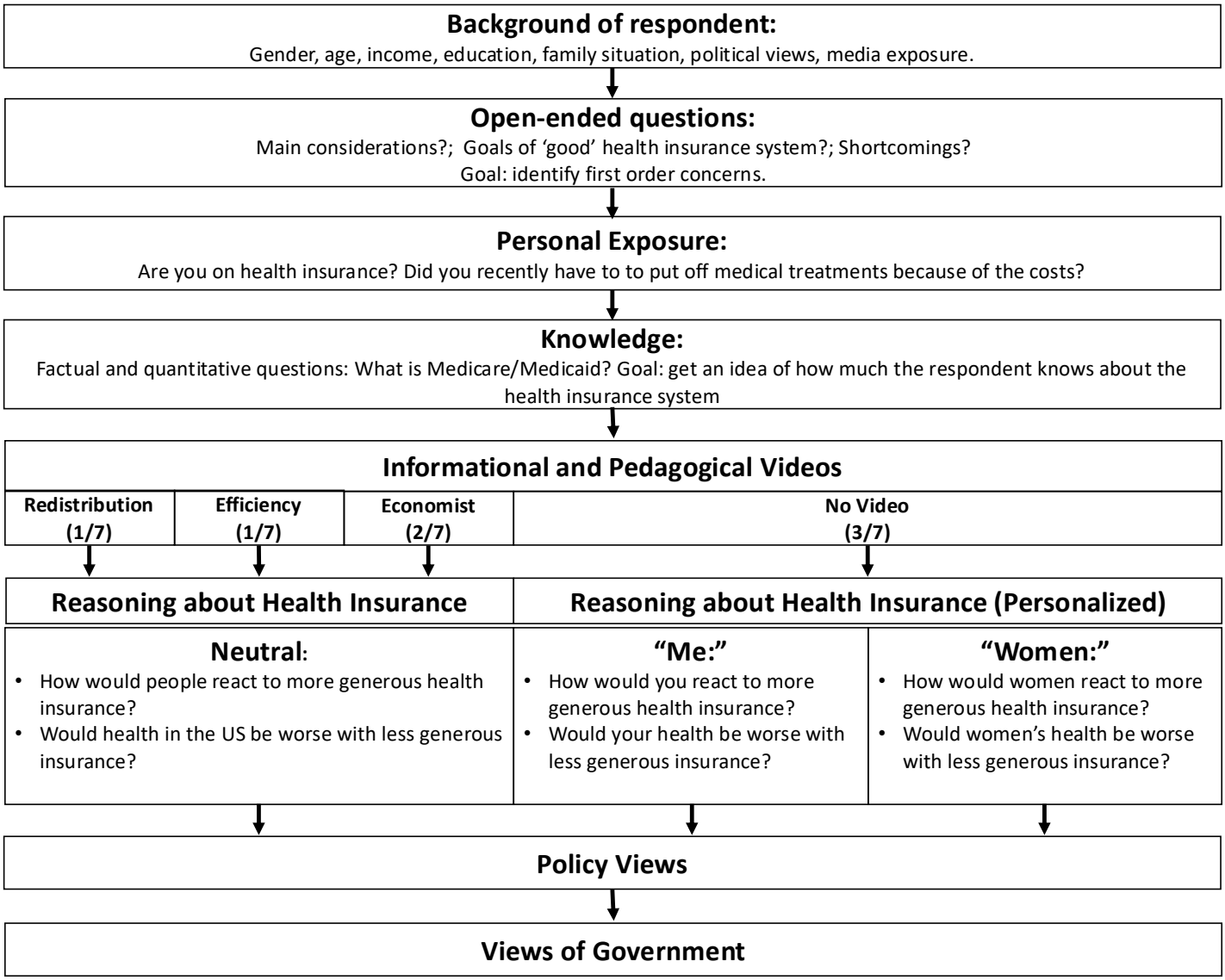
Notes: The figure shows screenshots from the information treatment on the economic effects of health. Here is link to the video here.

Table 1: Sample and US Population Characteristics

	Survey (%)	US Population (%)
Male	45	49
18-29 years old	18	24
30-39 years old	21	20
40-49 years old	20	19
50-59 years old	23	19
60-69 years old	19	18
$0-$19,999	13	12
$20,000-$39,999	20	16
$40,000-$69,999	23	21
$70,000-$109,999	20	20
$110,000+	24	31
Four-year college degree or more	47	34
Less than 4-year college	51	28
Less than High School	2	38
Employed	66	70
Unemployed	5	3
Student	3	0
Retiree	15	9
Married	56	53
White	80	61
Black/African-American	5	12
Hispanic/Latino	5	18
Asian/Asian-American	5	6
Democrat	32	30
Republican	34	26
Independent	24	42
Voted for Clinton at the 2016 Presidential Election	41	48
Voted for Trump at the 2016 Presidential Election	43	46
Sample size	1826	

Notes: This figure 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 election data.

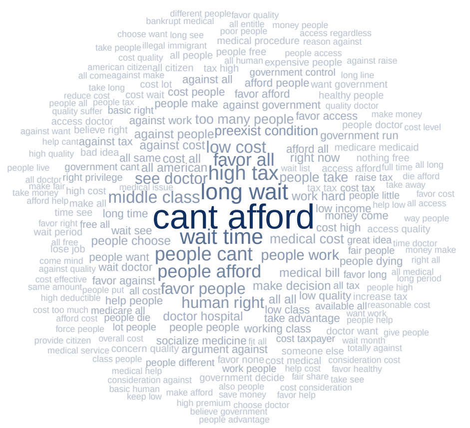
FIGURE 4: SURVEY FLOW



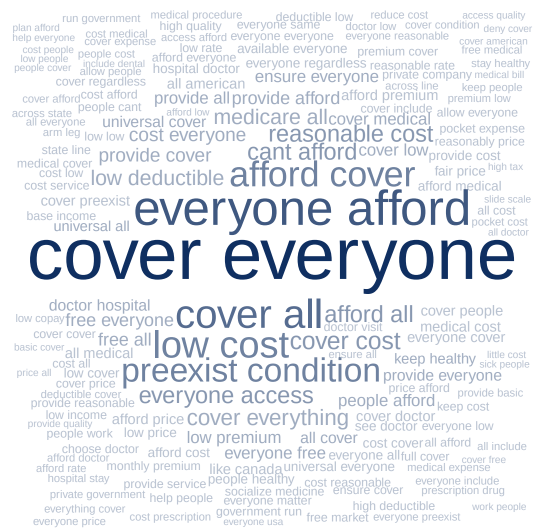
Notes: This figure illustrates the survey flow, which is structured into seven sequential blocks. The first block collects demographic and socioeconomic details, including gender, age, income, education, occupation, employment status, marital status, number of children, place of residence, and political 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 5: Word clouds for Health Insurance

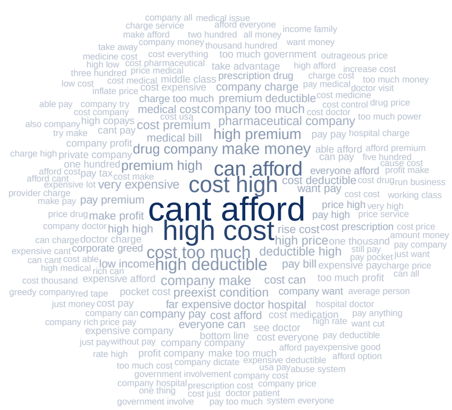
(a) What are your Main Considerations about Universal Health Insurance and Whether the U.S. should have Universal Health Insurance?



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



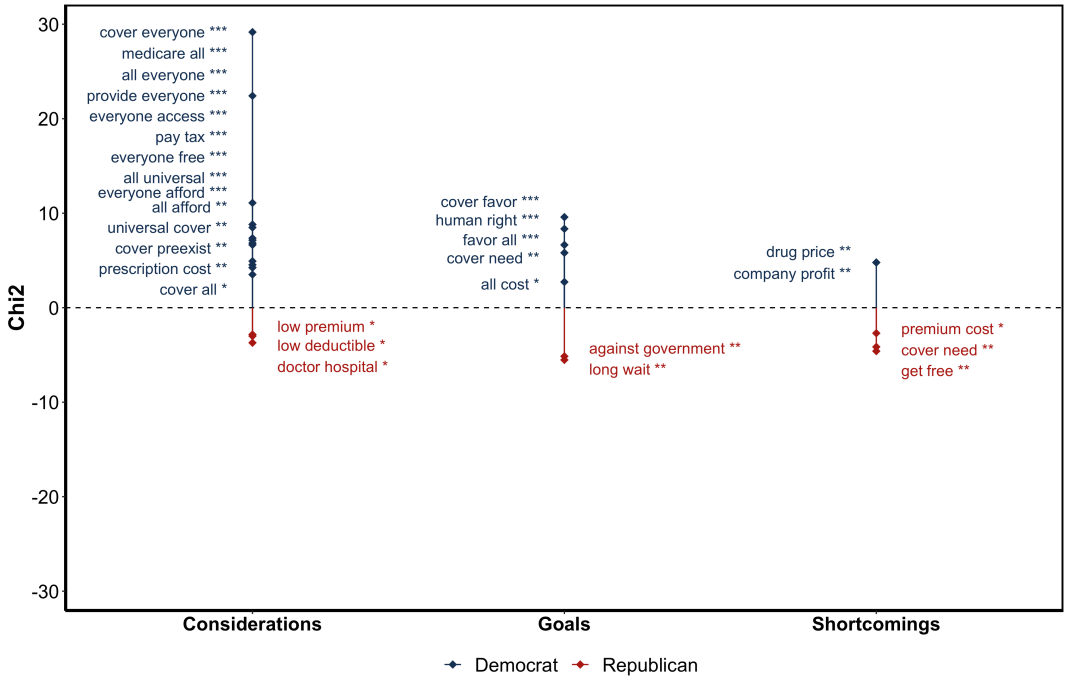
(c) What is the Biggest Problem with Health Insurance in the U.S.?



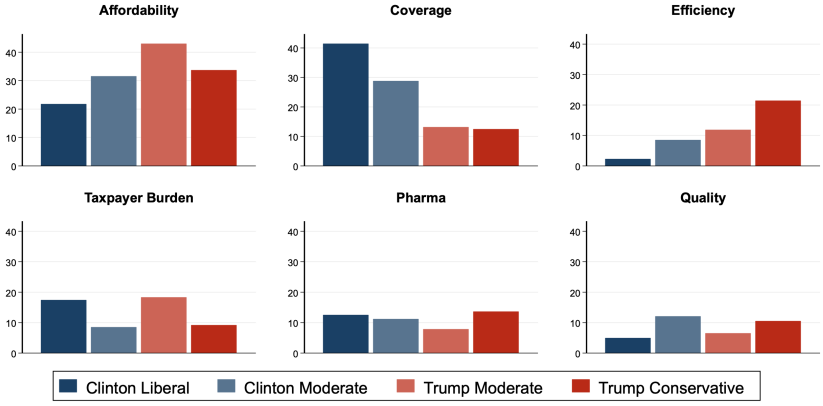
Notes: The figure shows word clouds based on the text analysis of the open-ended health insurance questions. Each panel refers to the open-ended question indicated in the caption. Raw answers are processed by removing *stop* words and the words explicitly used in the text of the questions and all *don't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

Figure 6: Topic Analysis of Health Insurance by Political Affiliation

(a) Keywords of Health Insurance by Political Affiliation



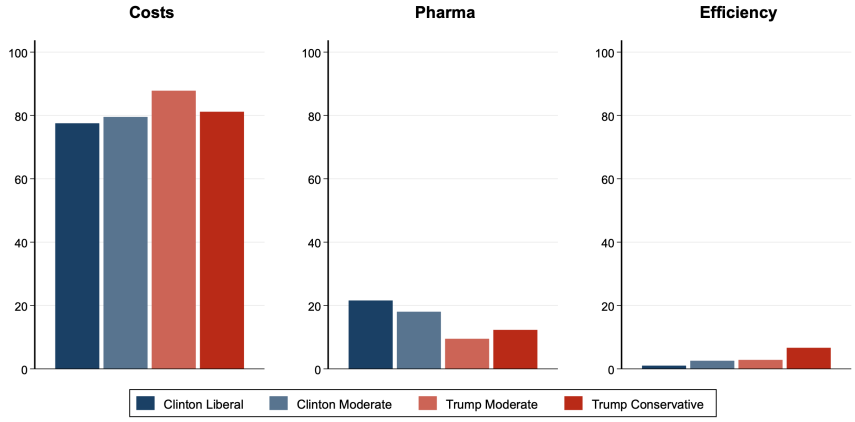
(b) What Would be the Goals of Good Health Insurance System? Topics by Political Affiliation



Keywords

Affordability:	*Affordable price; reasonable price; reasonable cost; pocket cost; affordable coverage; affordable/high/low premium; no/low/high deductibles; low copays; pocket expense*
Coverage:	*Full coverage; single payer; universal coverage; universal healthcare; access & everyone; preventive care; preexisting conditions*
Efficiency:	*Competition; free market; marketplace; long time/wait/line; wait & time; waiting list; paycheck; emergency room (ER); abuse; work hard; inefficient; negative effect; hurt & economy; more productive; cost effective*
Taxpayer Burden:	*Tax; taxpayers; where & money & from; who pays; debt*
Pharma:	*Company abuse; big company; pharma; greed; profit; drug company; private company; big business*
Quality:	*Quality*

(c) What do you personally see as the biggest problem with health insurance in the U.S. today?



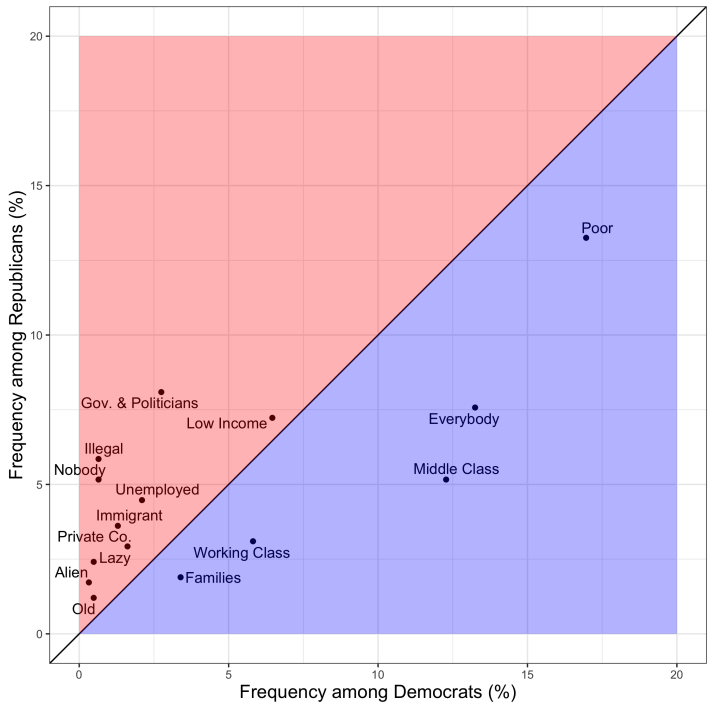
Keywords

Cost: *Cost; expense; afford; price*

Efficiency: *Competition; free market; marketplace; long time/wait/line; wait & time; waiting list; paycheck; emergency room (ER); abuse; work hard; inefficient; negative effect; hurt & economy; more productive; cost effective*

Pharma: *Company abuse; big company; pharma; greed; profit; drug company; private company; big business*

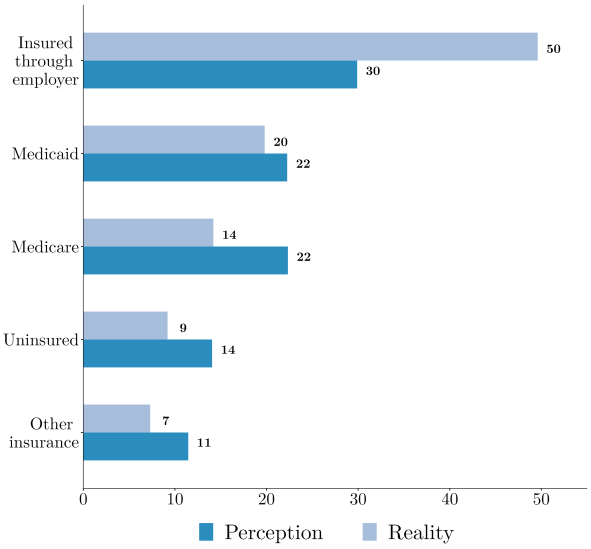
(d) Which Groups Would Gain if a Single-Payer System were introduced in the U.S.?



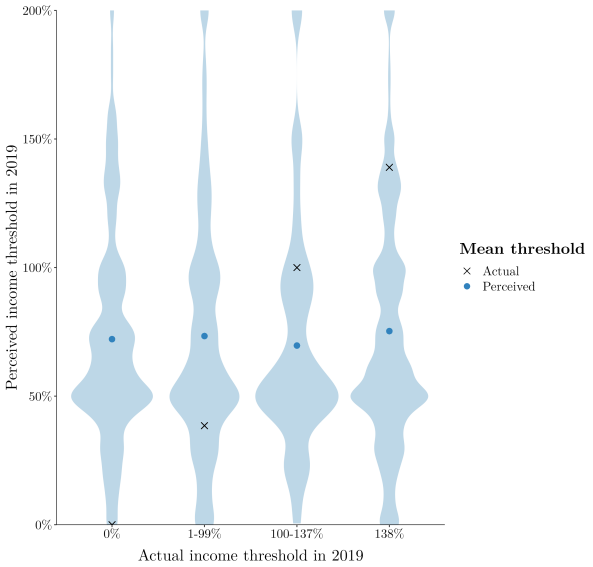
Notes: The figures show results based on the topic analysis of the open-ended health insurance questions, by political affiliation. The topics are indicator variables based on a keywords-count model, which equal 1 if respondents mention in their response one of the topic-defining keywords. Panel (D) reports raw frequencies of the groups mentioned by the respondents when asked which groups of people would win, if any, should barriers a single-payer system be introduced in the U.S.

Figure 7: Knowledge about the Health Insurance System

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

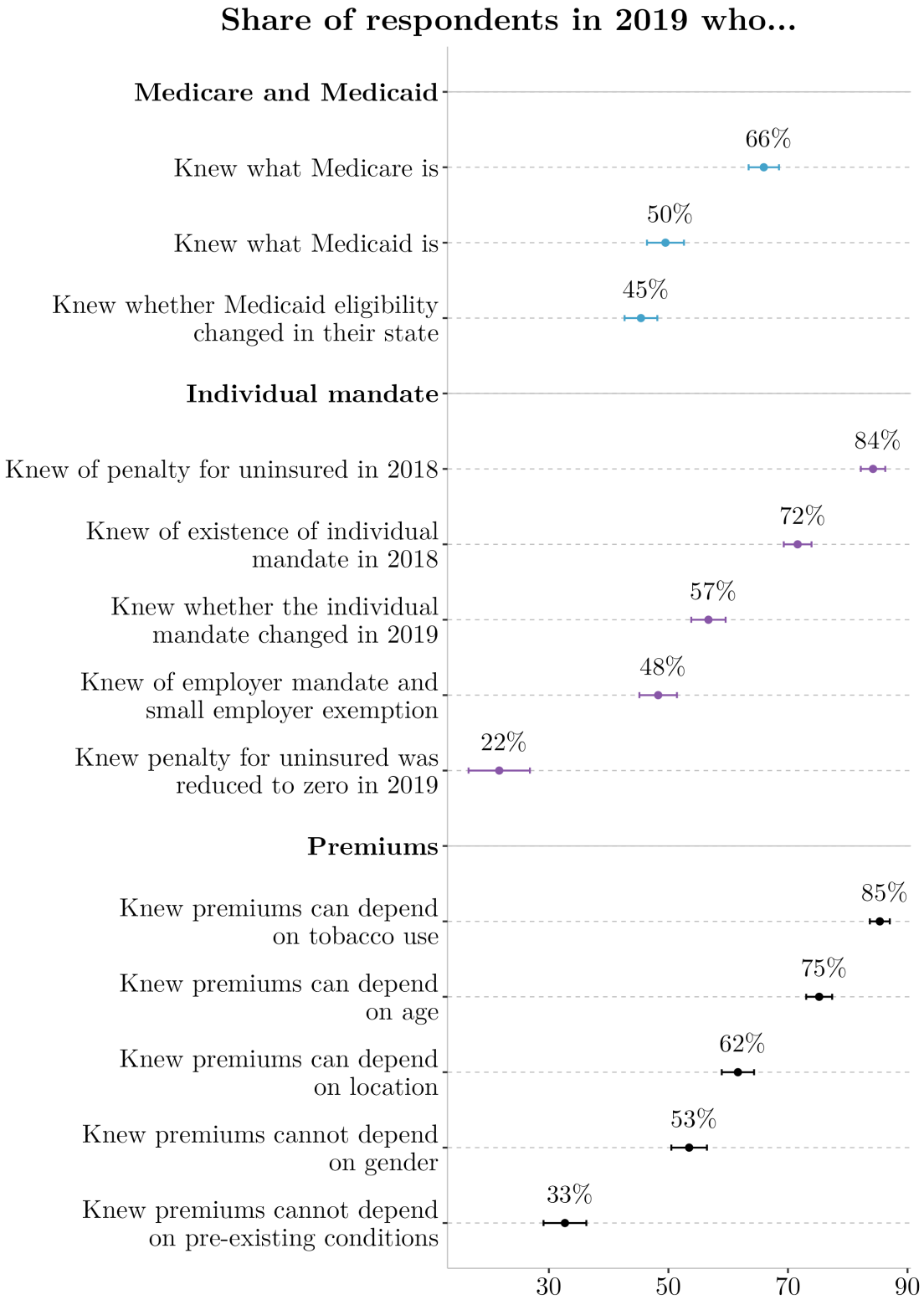


(b) Misperception about Medicaid Income Eligibility



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 MANDATE AND PREMIUMS



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

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: Question Formulation								
Me	-0.09**	-0.10**	0.26***	-0.11***	-0.06	0.01	0.02	-0.08
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.05)
Women	0.02	-0.01	0.37***	-0.01	-0.01	0.02	-0.01	0.12**
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.05)
Me	-0.13**	-0.15***	0.10*	-0.14***	-0.08	0.01	0.03	-0.20***
	(0.06)	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)	(0.04)	(0.07)
Women	0.07	0.00	0.23***	-0.07	-0.05	-0.01	-0.02	0.09
	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.05)	(0.04)	(0.07)
Female	0.02	-0.06**	-0.07**	0.03	0.02	0.04*	0.04**	0.01
	(0.03)	(0.03)	(0.03)	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)
Me × Female	0.07	0.08	0.30***	0.06	0.03	-0.00	-0.02	0.22***
	(0.07)	(0.07)	(0.07)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Women × Female	-0.09	-0.02	0.26***	0.11**	0.09	0.05	0.02	0.05
	(0.07)	(0.06)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Me	-0.08	0.00	0.33***	-0.07	-0.07	-0.00	0.04	0.01
	(0.06)	(0.06)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Republican	-0.14***	0.10***	0.08**	-0.13***	-0.24***	-0.20***	-0.19***	-0.29***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.02)	(0.04)
Me × Republican	-0.03	-0.24***	-0.24***	-0.09	-0.06	0.10	-0.02	-0.21**
	(0.08)	(0.08)	(0.08)	(0.07)	(0.07)	(0.07)	(0.06)	(0.10)
Panel B: Video treatment effects								
Redistribution T	0.01	0.01	0.02	-0.00	-0.02	-0.02	0.00	-0.01
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.05)
Efficiency T	0.19***	0.10**	0.10**	-0.07*	-0.03	-0.04	0.02	0.08
	(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	0.05
	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Redistribution T	0.00	-0.05	-0.07	0.04	0.04	-0.06	-0.00	-0.04
	(0.07)	(0.06)	(0.07)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Efficiency T	0.21***	0.01	-0.02	-0.04	-0.09	0.01	-0.01	-0.04
	(0.07)	(0.06)	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Economist T	0.15***	0.03	0.01	-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	-0.08**	-0.08**	-0.24***	-0.13***	-0.20***	-0.35***
	(0.04)	(0.04)	(0.04)	(0.04)	(0.04)	(0.03)	(0.03)	(0.05)
Redistribution T × Republican	-0.04	0.14	0.21**	-0.12	-0.12	0.00	-0.01	-0.03
	(0.09)	(0.09)	(0.09)	(0.08)	(0.08)	(0.07)	(0.06)	(0.11)
Efficiency T × Republican	-0.02	0.12	0.21**	-0.06	0.08	-0.07	0.09	0.17
	(0.09)	(0.08)	(0.08)	(0.08)	(0.08)	(0.07)	(0.06)	(0.10)
Economist T × Republican	-0.02	0.04	0.12*	-0.08	-0.01	-0.08	0.01	0.00
	(0.07)	(0.07)	(0.07)	(0.06)	(0.06)	(0.05)	(0.05)	(0.08)
Panel C: Descriptive statistics								
Control mean	0.48	0.36	0.36	0.79	0.75	0.81	0.84	0.00
Male control mean	0.45	0.46	0.46	0.75	0.72	0.78	0.80	-0.01
Democrat control mean	0.56	0.35	0.35	0.82	0.89	0.91	0.98	0.18
Observations	1824	1822	1823	1825	1824	1825	1824	1825

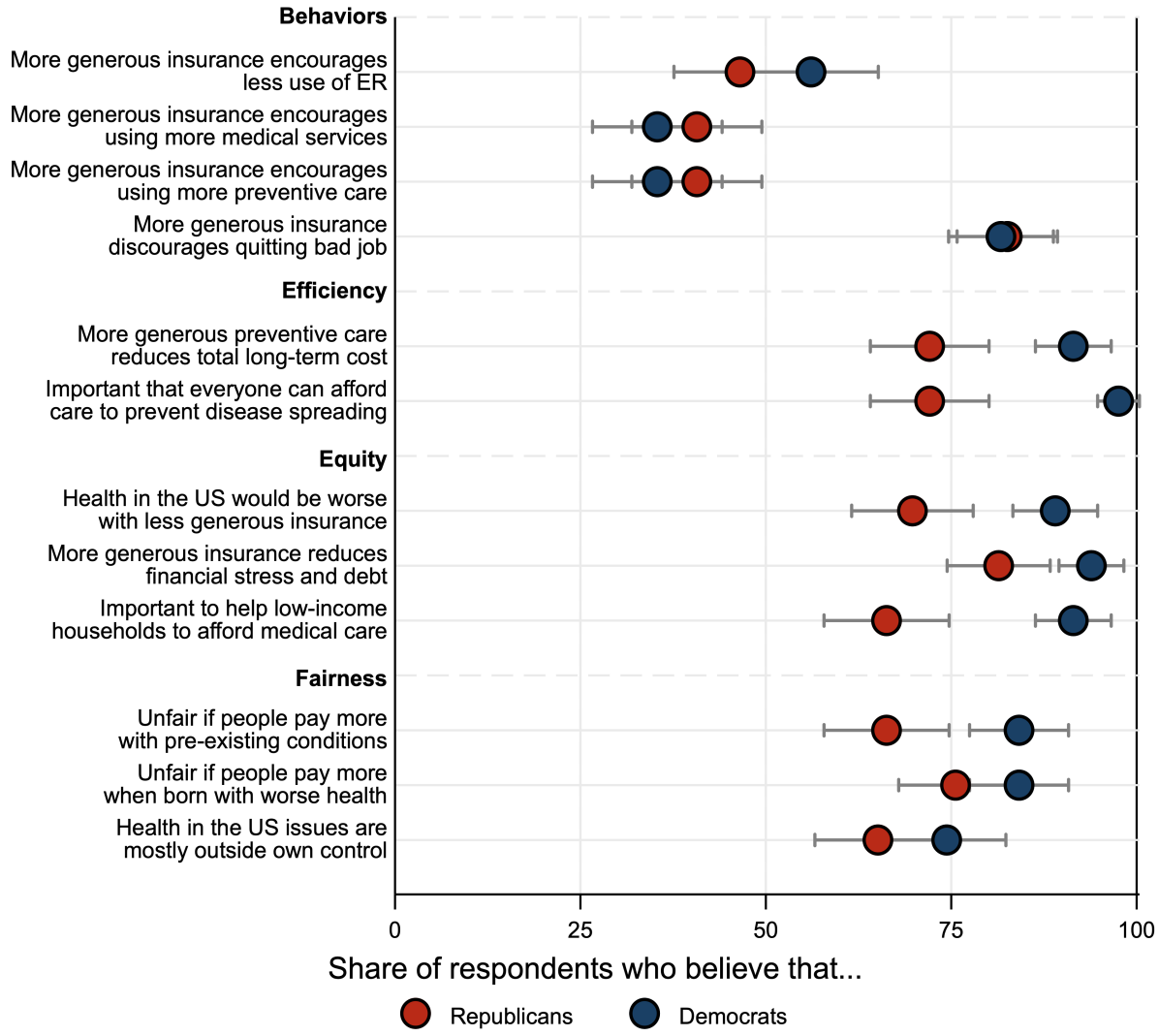
Notes: The dependent variables in columns 1-3 are indicator variables equal to one if the respondent thinks that the extent to which more generous health insurance would encourage people/themselves/women towards the behaviors listed ranges from *a moderate amount* to *a great deal*. *Employer insurance 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. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

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: Question formulation						
Me	-0.02	-0.12***	-0.14***	-0.13***	-0.02	-0.17***
	(0.03)	(0.04)	(0.05)	(0.05)	(0.04)	(0.06)
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)
Me	-0.03	-0.14***	-0.14**	-0.13**	-0.05	-0.14*
	(0.04)	(0.05)	(0.06)	(0.06)	(0.05)	(0.08)
Women	-0.03	-0.06	-0.07	-0.08	0.12**	-0.09
	(0.04)	(0.05)	(0.05)	(0.05)	(0.05)	(0.08)
Female	0.03	-0.03	0.19***	0.17***	0.01	0.22***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.03)	(0.04)
Me × Female	0.02	0.05	0.00	0.00	0.05	-0.06
	(0.05)	(0.06)	(0.09)	(0.08)	(0.06)	(0.09)
Women × Female	0.01	0.02	0.01	-0.01	0.04	0.09
	(0.05)	(0.06)	(0.06)	(0.05)	(0.06)	(0.09)
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 B: 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)	(0.03)	(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	-0.07**	-0.06*	-0.05	-0.04	0.08**	-0.04
	(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. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

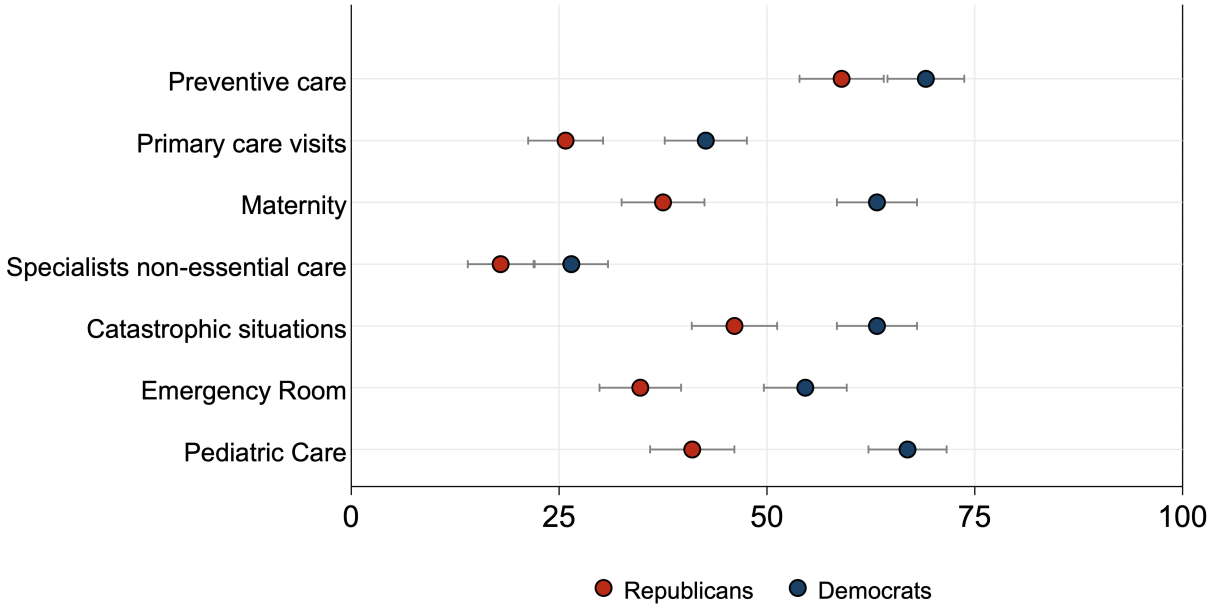
FIGURE 9: PERCEIVED MECHANISMS OF HEALTH INSURANCE



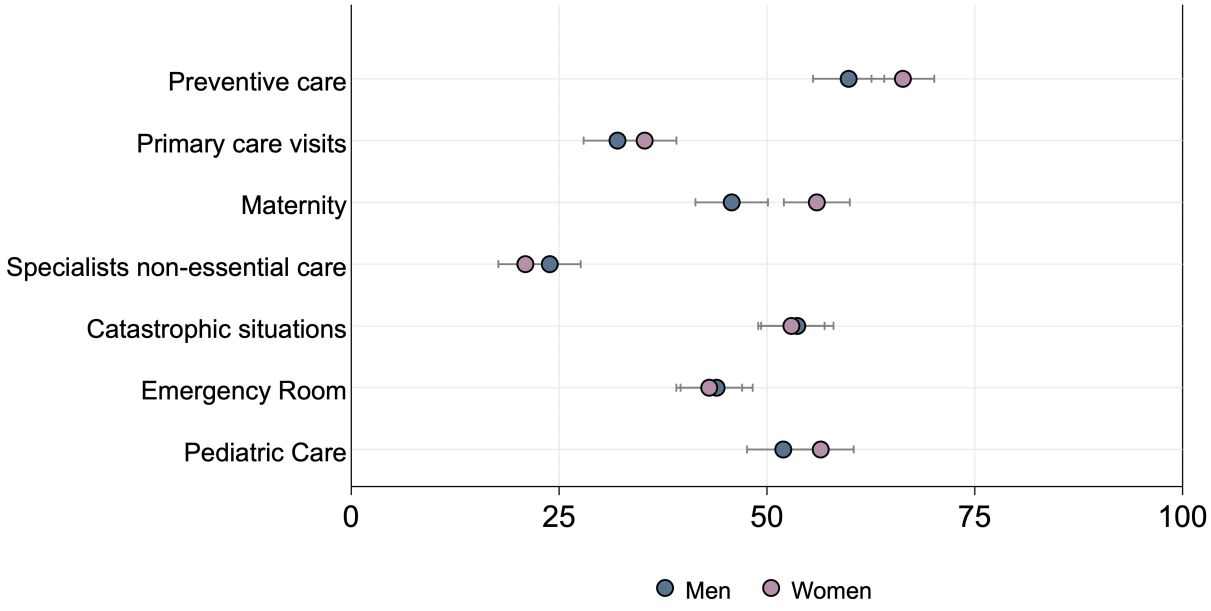
Notes: This chart displays the proportion of respondents who agree with statements about the mechanisms of health insurance, along with their 90% confidence intervals.

Figure 10: Support Full Coverage for the Following Services

(a) By Political Affiliation



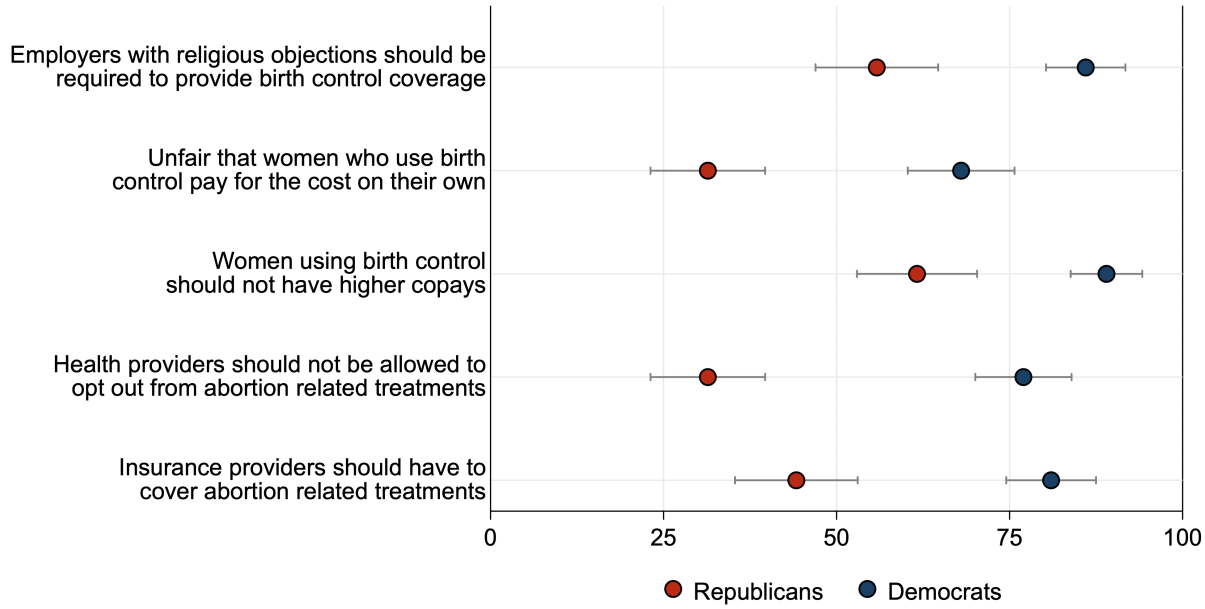
(b) By Gender



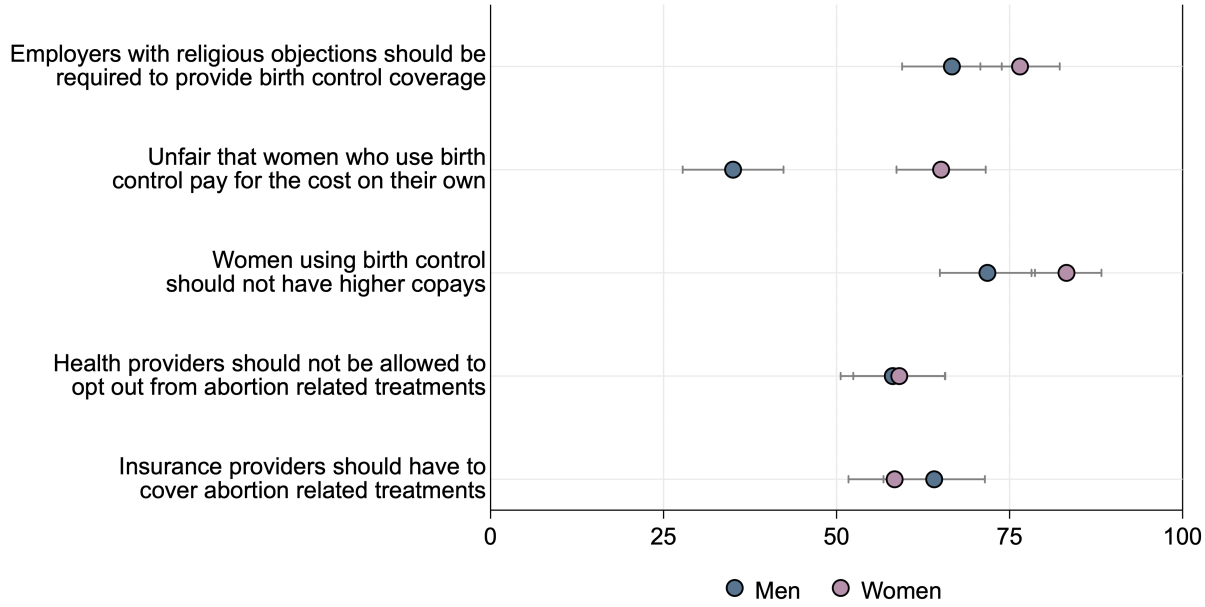
Notes: Panel (A) presents the proportion of respondents who support full coverage for the following categories of medical services, categorized by political affiliation (Republican or Democrat), along with their 90% confidence intervals. Panel (B) displays the results separated by age.

Figure 11: Reproductive Health

(a) By Political Affiliation

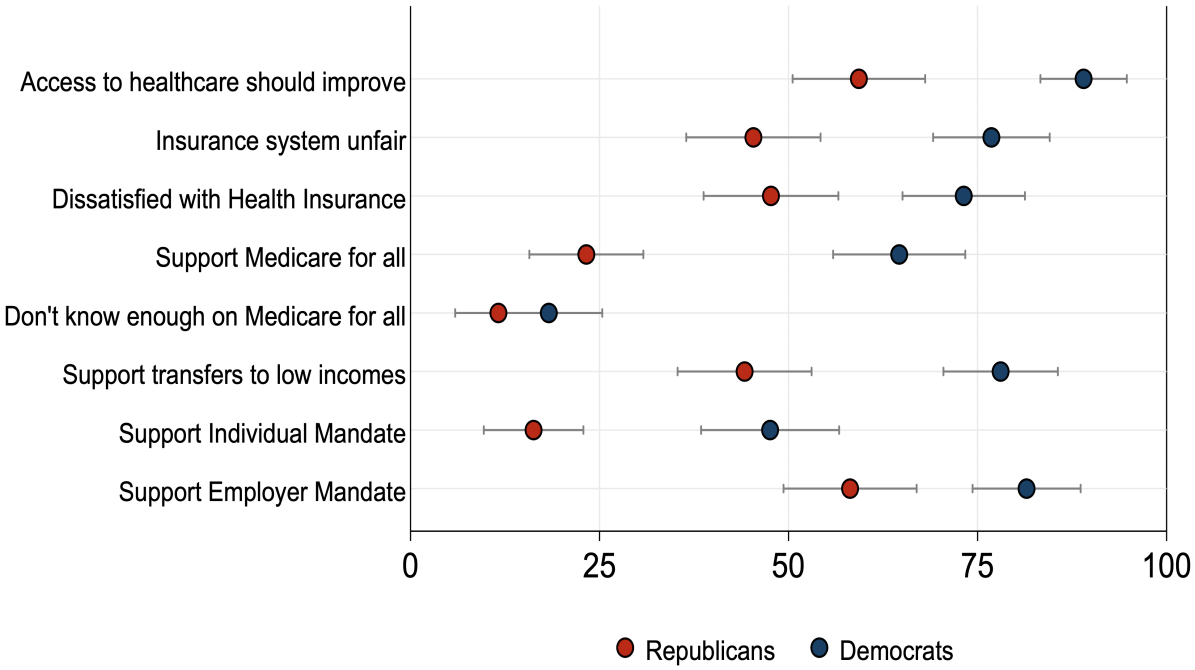


(b) By Gender



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.

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.

Table 4: 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							
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	-0.12***	-0.05*	-0.16***	-0.00	-0.12***	-0.17***	-0.10***
	(0.03)	(0.03)	(0.03)	(0.02)	(0.03)	(0.03)	(0.03)
Efficiency index	-0.04**	-0.06***	0.13***	-0.01	0.12***	0.11***	0.12***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Equity Index	0.33***	0.30***	0.12***	0.02	0.19***	-0.04**	0.09***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Government trust Index	-0.05***	-0.06***	0.16***	0.03*	0.10***	0.16***	0.07***
	(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)
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. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

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	-0.11***	-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	-0.08**	-0.04	0.01	-0.01	-0.03	-0.09***
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)
Efficiency index	0.17***	0.13***	0.09***	0.11***	0.11***	0.11***	0.10***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Equity Index	0.09***	0.04**	0.17***	0.03**	0.17***	0.12***	0.16***
	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
Government trust Index	0.02	0.04**	0.03*	0.04***	0.03*	0.04**	0.06***
	(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. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

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APPENDIX

A-1 Questionnaire

A-1.1 Background questions

1. What is your gender?

   Male; Female

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 which ZIP code do you live?

6. Please indicate your marital status

   Single; Married; Legally separated or divorced; Widowed

7. How many children do you have?

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

8. *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

9. How would you describe your ethnicity/race?

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

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

    Primary education or less; Some High School; High School degre/GED; Some College; 2-year College Degree; 4-year College Degree; Master's Degree; Doctoral Degree; Professional Degree (JD, MD, MBA)

11. (If highest level of education superior to "High School" to 10) 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; Anthropolgy; 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

12. 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

13. (If "Full-time employee", "Part-time employee", or "Self-employed or small business owner" to 12) Which category best describes your main occupation?

    Managers; Professionals; Technicians and associate professionals; Clerical support workers; Service and sales workers; Agricultural workers; Craft and related trades workers; Platnt and machine operators, and assemblers; Elementary occupations; Armed forces occupations

14. *[For health and trade surveys only]* (If "Full-time employee", "Part-time employee", or "Self-employed or small business owner" to 12) 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

15. (If "Unemployed and looking for work', "Not currently working and not looking for work", or "Retiree" to 12) 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

16. *[For health and trade surveys only]* (If "Unemployed and looking for work", "Not currently working and not looking for work", or "Retiree" to 12) 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

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

    Yes; No

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

    Yes; No

19. 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

20. 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

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

    Very liberal; Liberal; Moderate; Conservative; Very conservative

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

    Republican; Democrat; Independent; Other; Non-Affiliated

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

24. Did you vote in the last presidential election?

    Yes; No

25. (If "Yes" to 24) In the last presidential election, supported:

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

    (If "No" to 24) Even if you dit NOT vote, please indicate the candidate that you were most likely to have voted for or who represents your vies more closely.

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

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

    Yes; No

27. 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

28. Did you vote in the November midterms elections?

    Yes; No

29. (If "Yes" to 28) Which party did you vote for?

    Republican Party; Democratic Party; Other

30. (If "No" to 28) Which party would you have liked to support?

    Republican Party; Democratic Party; Other

31. 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

32. Please specify

33. (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

34. 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

35. (If "Very important" or "Somewhat important" at 34) 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

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

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

37. 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)
    - (online)
    - Magazines
    - Radio
    - Internet
    - Word of mouth

A-1.2 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 you mind?
3. What do you personally see as the biggest problem with health insurance in the United States today?
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?
5. Which groups of people — if any — would gain if a single-payer health insurance system were introduced in the U.S.?

A-1.3 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-1.4 Knowledge about policy

In this section, all respondents will receive the following 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?

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

   Text box

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

   Text box

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

   Text box

4. 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

5. 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

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

   Slider going from 0 to 100

7. 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)

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

   Yes; No

9. (If "Yes" to 8) 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

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

    Yes; No

11. (If "Yes" to 10) 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

12. 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

13. 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;

14. Please specify the percentage

15. 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

16. 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

17. 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-1.5 Videos Treatments

Randomized groups of respondents see one of three videos. In each case, the videos introduced by the following:

- Recent academic research has studied what the effects of income taxation/the federal estate tax are. We will now show you one short video 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. Not that you will not be able to move forward with the survey before the end of the short video.

A-1.5.1 Health Insurance Survey

- Links to the videos can be found here: Redistributional treatment, Efficiency treatment, Economist treatment.

A-1.6 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. 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-1.7 Outcomes

In this section, all respondents get the following screening question:

- 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)

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. 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

5. 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

6. 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

7. 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

8. 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)

A-1.8 Outcomes (General)

1. (This question is not repeated in the Income Taxation Survey) For these different groups, please tell me if you think that they're are paying their fair share in federal taxes, paying too much, or paying too little?

   ... 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

   - High-income households...

- Middle-class households...

2. 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

   More of this service, more taxes; Service and taxes as now; Less of this service, reduced taxes.

A-1.9 Government Questions (Specific)

A-1.9.1 Health Insurance Survey

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-1.10 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. Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied 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

A-1.11 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 [1]) to receive all the correct answers to the questions about trade policy in the U.S.?

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).

[1] Note: the amount is randomized among participants

A-1.12 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.

   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-1.13 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.

A-2 Consent Page

FIGURE A-2: 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