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To: Progressive community

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Moving to scale to win on health care

Guidance from focus groups of Trump & Clinton women voters in Ohio & Virginia

The humiliating retreat of President Trump and Speaker Ryan on the Obamacare replacement was a powerful moment for working class women, financially pressed unmarried women, millennials, and minorities – both the Clinton and Trump voters. Based on the findings of just-completed focus groups with these key voters, the Republican failure has created a major opportunity for progressives.

- The Democrats' attack using the Congressional Budget Office was credible and poignant and should continue to tarnish all involved.
- If Democrats press their attack in the context of affordability, Trump voters begin to think the president is forgetting the people who elected him and who want him to show more empathy for the middle class.
- The Democrats' approach to the Affordable Care Act saying only that "the law is not perfect" misses how radically different voters see health care since the ACA's passage, and how important it is for Democrats to be the voice of change and positioned as the drivers behind fixing health care to make it "affordable for all."

Health care is being cited as one of the top problems to be addressed by leaders and has surged to be one of the primary personal challenges facing people in new focus groups conducted for *Women's Voices Women Vote Action Fund.*¹ These women are working class, millennials and minorities who are the least likely to have decent employer-based insurance. They are struggling with increasing costs, whether they are in the exchanges or not, and desperate for change.

With affordability top of mind, they can tell you <u>exactly</u> what they are spending on their son's diabetes medications, their monthly premiums for their family, the increase they face next year, or the deductibles of the plans on the exchanges.

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¹ These focus groups were conducted March 23, 27 and 28 in Akron, OH, Cleveland, OH and Richmond, VA among white non-college women, white unmarried women under 45 and older than 45, white millennial women and African American women. The groups included a representative mix of Clinton and Trump voters.



That is the context for why so many working class voters struggled with the ACA and many voted for candidates who promised to repeal and replace 'Obamacare.' But now that context gives progressives the upper hand, if they understand that the combination of stagnant wages and rising premiums, along with high deductibles, makes 'affordability' the dominant concern, and if they understand why this has become a federal issue.

The body blow to AHCA

Voters in these groups could not be paying closer attention to the 'replacement' advanced by Trump and Ryan. They are following the news, they knew that the bill was drafted by Ryan and rushed through, that Trump lobbied for it and that it ultimately had to be pulled from the floor before a vote.

They are clear about what Trump promised: to make health care affordable for everyone, not just those with great jobs or those on Medicaid. He is the White House to "fix it" and make it "more affordable," period.

After we presented Speaker Ryan's description of the plan and the highlights of the CBO report, bulleted below, Trump and Clinton voters alike were horrified the replacement plan was this bad.

The Congressional Budget Office (a non-partisan office established in 1975 to give unbiased reports on new laws) said this about the plan:

- It would cut Medicaid, the main source of funding for long-term care for seniors and the disabled, by \$833 billion over 10 years.
- 14 million more people will be uninsured immediately next year and 24 million more people will be uninsured by 2026.
- Premiums would go up by 15 percent in 2018 and by 20 percent in 2019.
- Out of pocket costs, including deductibles, will be higher.
- Premiums for seniors will be 25 percent higher by 2026 because insurance companies would be able to charge older patients five-times what they charge younger patients.



Reactions to the AHCA plan:

It's terrible. (White non-college woman, Akron)	It's scary and unsettling. (White non-college woman, Akron)
It doesn't look very good at all. (White unmarried woman 45+, Akron)	I don't even know what to think of it. (White unmarried woman <45, Cleveland)
It's not any better than what we had. (White unmarried woman <45, Cleveland)	I think this raises a lot of questions. (White unmarried woman <45, Cleveland)
It just sounds crazy. (White millennial woman, Cleveland)	This is scary. (White non-college woman, Richmond)
Obamacare is bad and this is bad. (White millennial woman, Cleveland)	It's not accomplishing anything. (White unmarried woman <45, Cleveland)
It's not doing anybody any good. (White unmarried woman <45, Cleveland)	There's no benefit in switching. (White unmarried woman <45, Cleveland)
That's not a plan, that's not anything better. (White unmarried woman <45, Cleveland)	Crazy. (African American woman, Richmond)
Ouch! (White non-college woman, Akron)	It's scary. (White unmarried woman 45+, Akron)
I think it's ridiculous. (White unmarried woman <45, Cleveland)	I think it's all bad. (White unmarried woman <45, Cleveland)



They could not be clearer about the significance:

Why would you do this to America? (White unmarried woman <45, Cleveland)

What sense does that make. It's not going to help people. It's not gonna help the middle class, it's not gonna help someone whose son is diabetic or whose mom is – has cancer. It's just not – this isn't doing – make any sense. (White unmarried woman <45, Cleveland)

I knew it was bad, but this is just horrible. There's nothing good on here. There's nothing to benefit anybody except for wealthy Republicans. That's it. (African American woman, Richmond)

They were most upset that the Trump-Ryan plan would hurt seniors and the disabled, reading that made them literally shake their heads. They were also shocked that premiums would go up by 15 to 20 percent. One woman, nearly crying, said "If I have to pay another dollar to my premium, I might shoot someone."



It is important that almost nobody mentioned as a problem with this bill that fewer people would be insured. Many thought that was the result of people no longer being required to have insurance and being forced to buy a plan. For some that was a good thing:

So the positive that I see when I look at this is, this plan would stop forcing people to buy something they don't want to buy. It's very common sense to me. (White millennial woman, Cleveland)

They did say that that number that they're saying will be uninsured immediately doesn't necessarily mean the poor. It means the fact that there's not a mandate and that a lot of people will no longer carry insurance. (White non-college woman, Akron)

OK it says that the good items are, it stop forcing people to buy things they don't want to buy. So if you don't - can't afford insurance, you don't get penalized for not having it. (White unmarried woman <45, Cleveland)

Democrats should not let up with their attack that the Trump-Ryan replacement plan would make health care even more unaffordable, particularly for seniors, older people and the disabled. That is their record.

Erosion of confidence in Trump

The loss in the battle to replace the Affordable Care Act took a big toll on Trump's own voters, even if they still support him and want him to succeed.

Some focused on how they moved too quickly and lacked experience, though that argues for more patience:

I think he rushed it. I think he just needs to take more time and see what's really important for the country. I just think that he wanted to get away – do away with that, so he just threw those together. (White non-college woman, Richmond)

They're just so focused on the one thing, they just don't get it. It takes more. (White unmarried woman <45, Cleveland)

I just think they're rushing too much. (White unmarried woman 45+, Akron)

For some that argues for more patience. But some move fairly quickly to entertain the prospect that change will not happen:

If you look at, like we had said earlier, Trump has all these ideas and he throws them out there, but he doesn't know how to execute them. So this plan that they're purposing, what – how are - how does he plan to execute all this. And then you look at what the congres-



sional budget on just this thing about the plan, what's his rebuttal to all this? How is he going to stop all this, does he have a back-up plan? So again, it's, "here's this grand idea of what he thinks is gonna work," but having it executed – does he even have a plan? (White unmarried woman <45, Cleveland)

But others began talking about Trump being out of touch and not understanding the reality of their lives. That is more fundamental:

It says that he is not looking at what people are actually using. (White millennial woman, Cleveland)

It just seems to put business first and people second. (White millennial woman, Cleveland)

I think Donald Trump needs to see the real struggle. (White non-college woman, Richmond)

I mean, you know, he's just not sympathetic to that, because he has never experienced it. So, because he's never experienced having to pay for healthcare, or, you know, being sick, and instead of going to the emergency room, waiting until Monday, just because you don't want to get a deductible of \$1,000. (African American woman, Richmond)

The battle over health care is leading voters to think he may not be able to bring change, but more telling, he may not be able to understand the real struggles in people's lives to bring the *right* change.

The crisis of affordability

Why has health care emerged as such a consuming issue for these mostly working class voters, in fact, all working women?

All respondents start with the fact that almost nobody has seen a raise in years, which means they are focused on the rising cost of living. One group of women in Akron exploded in conversation at one point as they talked about hikes in their water bills. But health care and the cost of insurance is one of the biggest expenses they have to grapple with and those costs are going up steadily. It does not matter that the rate of inflation is less than in previous years. They say if you are getting it through your employer "your paycheck isn't keeping up with premiums" (African American woman, Richmond) and the copays are still so high you avoid going to the doctor:

I have an HMO with my work, and I know that the premiums and the deductibles and out of pocket costs that I'm paying now are just absolutely astronomical as it is. And I can't imagine having to pay more and just be able to survive. As it is, it's almost like the insur-



ance, it's there, it's great, but it's almost like, it's not doing exactly the job that it needs to be doing, because it's still very expensive. (White non-college woman, Richmond)

I'm at a job now where I haven't gotten a raise in three years, and my insurance has been going up for the last three years. My out of pocket cost is much more. I never went to the doctor, and everywhere – every time I go – I don't care what doctor it is, I got a bill coming in the mail. Never has that happened to me, and now they're talking about a 6.1% increase coming up now in April. (African American woman, Richmond)

Those who are not on employer-based insurance are frustrated with the Affordable Care Act because they are required to buy expensive plans with high deductibles, in effect, health insurance you can't afford to use – or face a penalty. In the groups, the participants constantly calculated the consequences of high deductibles and the threat of the penalty:

I think there's still a lot of people not in [the exchanges]— or that don't have healthcare, because it's not quite affordable. (White non-college woman, Richmond)

I know somebody right now who had to get it before income tax because they were scared of the fine and they have a \$14,000 deductible. Some people don't even use \$14,000 in medical care a year. I very seldom go to the doctor. (White unmarried woman 45+, Akron)

I couldn't afford to go to the doctor, I couldn't afford my co-pay. I was forced to pay all last year, never got any benefit out of it. (White non-college woman, Akron

A friend of mine said the penalty is less than what it is to have it. She could not afford to have it. (White unmarried woman 45+, Akron)

Just not so happy [with Obamacare], I can't afford \$2,000. (African American woman, Richmond)

You know, you're put in the position – you need insurance, and you have to have it, but you're – you second-guess yourself because of the cost of it. And it's high. (African American woman, Richmond)

This exchange among white unmarried young women in Cleveland was very typical:

A lot of Americans can't afford that, the plans that are out there. They're not available to everyone.

And if they can't afford it, then they're taxed on it with a penalty.

And they can't even afford that because they can't afford the healthcare in the first place.



This is a new world created by the defined benefits and created by the new federal framework nobody wants to "repeal." But these Clinton and Trump voters are desperate to see major changes to make it affordable for all.

Republicans made major political and electoral gains because they understood that core problem, but it is now clear that only Democrats can solve the problem of affordability. That is why articulating the problem makes progressive leaders the answer going forward.

When Democrats talk about "tweaking" the ACA or say "the ACA is not perfect," they are missing how much rising health care costs matter in a period of stagnant wages, and how corrosive are the rising costs of plans on the exchanges to support for the ACA.

Clearly, Democrats are in a position to advocate for tougher actions to get prescription drug costs down, higher premium subsidies for the middle class, tax credits to eliminate deductibles, a public option with low deductibles or Medicare for all. Everything Republicans propose worsens the problem of affordability.