Through the Frames: Public Opinion on Medicare-For-All

By

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Abstract

Amid the global COVID-19 pandemic and ongoing political debates over the path forward, proponents of Medicare-For-All are offering a solution to the crises at hand. Public opinion research reveals that Americans worry a great deal about healthcare access and affordability, and the public are becoming both increasingly dissatisfied with the current system and increasingly convinced that it is the responsibility of the government to provide healthcare. But Medicare-For-All currently stands on a public opinion precipice. While the public appears open to consideration of a full universal healthcare system, consensus is deeply contingent upon issue framing. The author researched recent Medicare-For-All polling, framing terminology variations, and their impact on public opinion in a quantitative and sociopolitical analysis concluding that framing Medicare-For-All as a single-payer system or "socialized healthcare" is detrimental whereas framing it as an expansion of Medicare, a national system run by the government, and/or a universal and egalitarian system goes a long way toward securing majority public support across party and ideological lines. Before Medicare-For-All can be legislated and litigated, its first battle is on the field of public opinion and its proponents can win through the frames.

Key Words: Medicare-for-All, universal healthcare, single-payer health insurance, U. S. government, issue framing, American politics, public policy, elections, polling data, voter behavior

Introduction

Throughout contemporary times, health policy has been a central pillar of American politics. In the late 20th century, the Social Security Act of 1965 created Medicaid and the Social Security Administration established Medicare in 1966. In 2010, the Affordable Care Act (ACA) was passed by Congress and signed into law by then-President Barack Obama after heated debates. In the years since, the ACA has been extensively litigated in the courts. Since 2016, Medicare-For-All has been a mainstream policy proposal, debated on the presidential campaign trail and introduced in Congress as legislation. In late 2020 and throughout 2021, the COVID-19 pandemic has wreaked havoc upon the world. In the United States, the pandemic has revealed deep fragilities and incompetencies within the American healthcare system.

A March 2019 Gallup poll found that 80% of Americans worry a "fair amount" or a "great deal" about "the availability and affordability of healthcare" (Gallup 2019). A July 2020 Pew poll found that healthcare was a top concern for voters in the 2020 elections (Pew 2020). Americans are overwhelmingly dissatisfied with the availability of affordable healthcare (60% according to a 2020 Gallup poll), the rising cost of healthcare (73% according to a November 2019 Gallup poll), and increasingly believe that it is the responsibility of the government to provide healthcare to the public (from polling at over 30% in the beginning of the 2000s to polling at over 50% in the beginning of the 2010s) (Gallup 2000-2020). Health policy is demonstratively important to the American people.

As a result of dissatisfaction with the current healthcare system and an increasing belief that the government has the solutions, Medicare-For All—a single-payer, government-funded, universal healthcare system—has come to the forefront of American public policy. While the general public overwhelmingly supports a public option, public opinion on Medicare-For-All remains contingent on framing, with "single-payer" or raising taxes framing polling viewed as significantly less favorably than framing Medicare-For-All as a universal or national government healthcare

plan. If proponents of Medicare-For-All wish to win over public opinion and establish a new and reformed healthcare system for the 21st century, they must win through deliberate policy framing: Medicare-For-All as an expansion of Medicare, a healthcare system run by the United States government, and a universal and egalitarian system.

Research Methods

For this paper, the author examined all the available U.S. polling data from Polling Report, Pew, and Gallup on Medicare-For-All dating back to 2014, since earlier contemporary polling on the policy proposal was scarce. She focused on polls that asked about "Medicare-For-All" and other terminological variants like "universal healthcare," and compiled results from Gallup, Pew, Quinnipiac University, NPR/PBS/ Marist, ABC/Washington Post, and the Kaiser Family Foundation. (See Tables 1-4 in the Appendix for specific % Differences in these polls).

Once the poll questions about Medicare-For-All were compiled, the author cross listed the results and analyzed patterns between survey question framing, favorability numbers, and differences. She focused specifically on the following frames: Medicare-For-All or Medicare expansion, universal healthcare or national or government, single-payer, and taxes. She also tabulated different framing terminologies and the corresponding survey result. While there was *no unequivocal* evidence that a certain framing consistently yielded a positive or negative result, there were significant and meaningful patterns between framings and favorability. Subsequently, the author referred to the Kaiser Family Foundation's 2020 report "Public Opinion on Single-Payer, National Health Plans, and Expanding Access to Medicare Coverage", which utilized a different set of polling data than the one she had, as a source to confirm patterns she observed in her research, and to clarify what her data could not on its own.

Research Findings and Impact Analysis

In the 2016 presidential elections, one of the two major Democratic candidates, Senator Bernie Sanders, ran on a Medicare-For-All platform. According to Kaiser (2019-2020), that same year, a national healthcare plan garnered majority support for the first time in the 21st century. In 2020, Democratic presidential candidates and voters alike were divided over the best way to provide healthcare coverage for all Americans, with 44% saying that health insurance should be provided through a single national insurance system and 34% saying it should be provided through a combination of private insurance and government programs, according to a July 2019 Pew report (Pew 2019).

The combination system in question is called a public option and it is overwhelmingly supported by Americans across the political spectrum. Political support for a public option was polled by Quinnipiac in November 2019, finding that 46% of Republicans supported a public option while 37% opposed it (Quinnipiac 2019). The same survey question polled Democrats at 73% support and independents at 56% (Quinnipiac 2019). The overall favorability of a public option follows a consistent trend: CBS polled 63% in favor in October of 2018, NPR/PBS/Marist polled 70% in July of 2019, ABC/Washington Post polled 73% in February of 2020, and Kaiser polled 69% in March of 2020 (Polling Report/Pew 2018-2020).

In contrast, public support for Medicare-For-All is weaker and less decisive, garnering a simple majority support at times and falling short of it at others. Survey trends reveal that question framing using certain terminology in the poll questions is responsible for shaping survey outcomes significantly.

An April 2019 Kaiser poll on healthcare terminology found that "universal health coverage" and "Medicare-For-All" polled positively at 63% and "national health plan" at 59% (Kaiser 2019). In contrast, "single-payer health insurance system" and "socialized medicine" respectively polled at 49% and 46%—below simple majority (Kaiser 2019). Polls on Medicare-For-All from the past few years that use these framings in their questions yielded results in correlation to the Kaiser terminology poll findings. Trends in Medicare-For-All polling show that polls framing Medicare-For-All as a national government healthcare system or as "Medicare-For-All" itself tend to result in majority favorability toward the system, whereas polls framing Medicare-For-All in terms of a single-payer system or raising taxes to fund it resulted in majority unfavorability/ opposition. On an issue as consistently divisive and ambiguous as Medicare-For-All, the effect of framing alone is significant enough to be the condition upon which public opinion on the issue is decided.

Healthcare as an American Right

Medicare-For-All is an egalitarian policy proposal that aims to provide healthcare for every American. Supporters of healthcare expansion, ranging from

increased Medicare/Medicaid funding to a public option to full-fledged Medicare-For-All, do so out of individual self-interest for themselves and their families, but also out of egalitarian concern for all other members of their society.

Medicare-For All as terminology includes the term Medicare, which is an established and overwhelmingly popular government healthcare program that has had a tangible impact on millions of Americans for decades. By evoking the familiar and framing universal healthcare as a complete expansion of Medicare to include everyone, positive polling on Medicare-For-All borrows from the favorability of Medicare and from Americans' comfort with a pre-existing program that they see as functional and effective. A Pew poll from July 2019 found that of the 44% of people who did *not* believe healthcare to be the government's responsibility, 38% of them still believed that Medicare and Medicaid programs should be continued (Pew 2019). By presenting Medicare-For-All by that name and framing nationalized healthcare as an extension of a pre-existing system, proponents are able to win over a certain fraction of the public that may otherwise be persuaded against it. Those who are concerned about the success of Medicare-For-All once implemented would have their fears, at least in part, soothed by the knowledge that Medicare already exists, and successfully so, in its present form.

Gallup polls from the last two decades consistently reveal that over a majority of Americans believe that it is the responsibility of the federal government to provide healthcare to the public (Gallup 2000-2020). In 2019, Kaiser found that 85% of Americans are in consensus on this issue, significantly higher than in November 2006 and September 2008 where the same poll showed 74-75% (Kaiser 2006, 2008, 2019). This shared value of government responsibility is clearly reflected in the results of Medicare-for-All polling questions that frame the policy as a national/government system. Presenting Medicare-For-All as a universal or national government healthcare system places direct responsibility in the hands of the federal government, and it signals to the majority of Americans persuaded that government responsibility in Medicare-For-All is the public policy solution to their dissatisfaction with the current system, their concerns about healthcare access and affordability, and their belief that government must do its job to insure public health.

The Inaccessibility of Public Policy Terminology

Healthcare is a deeply complicated policy issue with widespread implications for both the economy and the personal lives of individuals. The public's factual knowledge, or the *lack* thereof, is essential to explaining why certain frames work favorably while others do not. The word *single-payer* is a technical policy term used to describe a universal health care system with a singular public, or quasi-public, agency financing healthcare for all users within the system. In contrast, *a multi-payer system* is financed by a private company, the government, and/or the healthcare users themselves in a combination system. In the case of single-payer Medicare-For-All, the single-payer in question would be the United States federal government. The issue with this definition is that "single-payer" isn't self-explanatory or linguistically accessible in the way that the words "national," "universal," or "government" are. These three words explicitly proclaim the universality of the program and indicate that the government is the provider, whereas "single-payer" lends itself to vagueness and confusion. A November 2017 Gallup poll asked about one's view of Medicare-For-All, defined as a "single-payer health insurance program that would be administered by the federal government and financed through taxes," and 61% of respondents answered that they did *not* know enough to say (Gallup 2017). The April 2019 Kaiser poll that surveyed different terminology framings for Medicare-For-All demonstrated that of all the terms polled, the largest "no opinion" response was to "single-payer health insurance system" — indicating that there is a significant lack of knowledge among the general public regarding what "single-payer" means (Kaiser 2019).

Evidently, the "single-payer" framing not only fails to garner a positive response, but it also fails to guide respondents toward making an informed opinion on the question being asked. When a public policy proposal is as ambitious and progressive as Medicare For-All, its likeability depends on the survey question's inherent capacity for self-explanation. A question framing that confuses respondents from the get-go is a poor approach that undermines public support. Framing Medicare-For-All as "single-payer" program is not only detrimental to its proponents' quest for public approval but is also a hindrance to the public's capacity to form an educated opinion.

Factual knowledge is important not only to the explanation behind why certain framings work while others do not, it is also relevant to the partisan divide over Medicare-For-All. A January of 2020 Kaiser report found that Democrats are more likely to be familiar with the potential impacts of a Medicare-for-

all plan than they were in the June 2019. This outcome, derived from improved public knowledge, can be attributed to the saliency of this policy proposal in the extensive Democratic presidential primary debates and surrounding political discourse related to health policy in the 2020 elections (Kaiser 2020). It is entirely probable and very likely that Democrats are more favorable toward Medicare-For-All due, at least in part, to being informed enough on the subject through saturated media exposure and elite heuristics originating from Democratic elected officials, candidates, and organizations.

Fear Mongering of a Social Policy

The terminology that polled worst in the April 2019 Kaiser study was "socialized medicine" (Kaiser 2019). This is due to Americans' lingering resentment towards and fear of communism and socialism — a direct legacy of the Red Scares of the 20st century and of recent Republican fear mongering towards socialist states like Venezuela. Many Republican elites view Medicare-For-All as a socialist idea proposed by radicals, evoking fear and disdain from the public. Consequently, a socialist framing of a Medicare-For-All plan polls very poorly with the public. This perception reflects the elite theory of democracy at work.

Whereas Democratic elites and liberal media covering those elites have sought to educate their voters and the public on Medicare-For-All and public option as policy proposals under consideration, Republican elites and conservative media outlets, like Fox News, have launched a counter-offense on Medicare-For-All as socialist overtake of the United States. This duo elite polarization and loaded political rhetoric trickles down to affiliated voters, yielding the disparity in public opinion on the subject between Democrats and Republicans. A Kaiser poll from October of 2020 found that eight in ten Democrats support Medicare-For-All while three in four Republicans oppose it (Kaiser 2020). Not too long ago, as a result of signaling from Democratic and Republican parties and leaders, both political parties were deeply split on Obamacare. They are now similarly influenced by those same party elites on a Medicare-For-All plan.

CONCLUSION

Healthcare is an intensely socio-tropic concern and a policy issue with the demonstrated capacity to transcend individual self-interest, and a profound saliency in contemporary American politics. Most Americans place healthcare as a top priority, are deeply dissatisfied with the cost of healthcare in the United States, believe that there are significant problems within the American healthcare system, and are more concerned about cost of and access to healthcare than about any kind of actual health problem. Healthcare costs are steadily rising, quality of care is dropping, and a once in a lifetime global pandemic has left the American healthcare system reeling and in shambles. Under these conditions, the winds of public opinion swaying toward change is a mere sign of the times. The political opportunity is ripe for healthcare reform.

While a public option has overwhelming support, it is not the only option that can garner majority public support. Likewise, Medicare-For-All has the capacity to win over the American public with the right framing. If it is presented right by its proponents, Medicare-For-All can be a popular policy proposal with enormous potential, and its implantation may solve some of the greatest crises that Americans face within the current healthcare system.

Medicare-For-All is a bold vision that seeks to provide universal healthcare for three hundred and fifty million Americans. While all other developed nations in the world have a universal healthcare system, none of them are as populous or as geographically expansive as the United States. Although America is the wealthiest country in the history of the world, establishing a system of Medicare-For-All that is expansive as the United States demands is an unprecedented task that would require the overhaul of a private healthcare system that is a significant part of the United States economy, the dismantling of which would jeopardize many jobs in the private sector and pose potential financial instability to many Americans.

Constitutionally, Medicare-For-All is in a legal gray area. If Medicare-For-All were to be implemented, enormous challenges lay ahead with consequential implications on the American economy and on society as we know it.

Despite that, the American public is eager for healthcare reform, decisively in favor of a public-option system, and open to considering a full universal healthcare system. Although public opinion on Medicare-For-All remains divided for now, based on empirical research, it is clear that the proposal has grown in popularity over the last decade. Whether public opinion on Medicare-For-All crosses the threshold into consistent majority support in the near future is contingent upon how its proponents — politicians, citizens, and organizations

alike — frame the issue. If its proponents frame the policy as an expansion of Medicare, they can evoke the familiar, borrow from Medicare's popularity, and use that to propel Medicare-For-All forward. If supporters of Medicare-For-All advocate for it on the basis that it's a national system run by the government, and therefore a universal and egalitarian system, they can make broad appeal across party and ideology lines, united the public under the shared value that a government is supposed to provide for its people. If advocates fail to frame this policy in ways that are demonstratively effective, and instead make the mistake of pitching it with the polarizing terms of "socialized medicine" or raising taxes, or the confusing terminology of "single-payer", they risk alienating an already divided general public.

The challenges ahead are enormous, but the obstacles are not insurmountable. We stand at a precipice of American history. The catastrophe of the COVID-19 pandemic colliding against an already deeply unaffordable, unjust, and broken healthcare system has created a rare opportunity for change. But before Medicare-For-All can be a public health reality in the United States, it must first become a political plausibility. The first battle of Medicare-For-All will be fought on the field of public opinion, and it can be won through the frames.

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Appendix A. Tables 1-4 Medicare-For-All Framings

Table 1. Medicare-For-All Framing: "Medicare-For-All" or "Medicare Expansion"

Poll and Date	Terminology	Polling (+/-)		% Difference
Kaiser 3/2020	Medicare-For-All*	54	41	13
PEW 1/2020	Medicare-For-All*	55	45	10
Quinnipiac 11/2019	Single-Payer, Medicare Expansion*	36	52	-16
NPR/PBS/Marist 7/2019	Medicare-For-All*	41	54	-13
ABC/WaPo 6-7/2019	Medicare Expansion*	41	52	-11
CBS 10/2018	Medicare Expansion*	65	30	35

Notes: * indicates multiple framings used in survey questions.

Sources: Kaiser Family Foundation 2020; ABC/Washington Post 2020; PEW 2020; Quinnipiac 2019; NPR/PBS/Marist 2019; NBC/WSJ 2019; ABC/Washington Post 2019; CNN 2019; Monmouth 2019; CBS 2018; Quinnipiac 2017; NBC/WSJ 2017.

Table 2. Medicare-For-All Framing: "Universal Healthcare"

Poll and Date	Terminology	Polling (+/-)		% Difference
Kaiser 3/2020	National, Government*	54	41	13
ABC/WaPo 2/2020	Government	41	52	-11
PEW 1/2020	National, Government*	55	45	10
NPR/PBS/Marist 7/2019	National*	41	54	-13
NBC/WSJ 7/2019	Government*	44	49	-5
ABC/WaPo 6-7/2019	Universal Healthcare*	41	52	-11
CNN 6/2019	National*	56	40	16
Monmouth 4/2019	Universal Healthcare	58	37	21
CBS 10/2018	Government*	65	30	35
NBC/WSJ 9/2017	Government*	47	46	1
CBS/NYT 12/2014	Government*	43	50	-7

Notes: "Universal Healthcare" is also known as "National" or "Government" healthcare.

* indicates multiple framings used in survey questions.

Sources: Kaiser Family Foundation 2020; ABC/Washington Post 2020; PEW 2020; Quinnipiac 2019; NPR/PBS/Marist 2019; NBC/WSJ 2019; ABC/Washington Post 2019; CNN 2019; Monmouth 2019; CBS 2018; Quinnipiac 2017; NBC/WSJ 2017.

Table 3. Medicare-For-All Framing: "Single-Payer"

Poll and Date	Terminology	Polling (+/-)		% Difference
Quinnipiac 11/2019	Single-Payer*	36	52	-16
NBC/WSJ 7/2019	Single-Payer*	44	49	-5
Quinnipiac 9/2017	Single-Payer*	41	50	-9
NBC/WSJ 9/2017	Single-Payer*	47	46	1
CBS/NYT 12/2014	Single-Payer*	43	50	-7

Notes: * indicates multiple framings used in survey questions.

Sources: Kaiser Family Foundation 2020; ABC/Washington Post 2020; PEW 2020; Quinnipiac 2019; NPR/PBS/Marist 2019; NBC/WSJ 2019; ABC/Washington Post 2019; CNN 2019; Monmouth 2019; CBS 2018; Quinnipiac 2017; NBC/WSJ 2017.

Table 4. Medicare-For-All Framing: "Taxes"

Poll and Date	Terminology	Polling (+/-)		% Difference
NBC/WSJ 7/2019	Taxes*	44	49	-5
CNN 6/2019	Taxes*	56	40	16
Quinnipiac 9/2017	Taxes*	41	50	-9
NBC/WSJ 9/2017	Taxes*	47	46	1
CBS/NYT 12/2014	Taxes*	43	50	-7

Notes: * indicates multiple framings used in survey questions.

Sources: Kaiser Family Foundation 2020; ABC/Washington Post 2020; PEW 2020; Quinnipiac 2019; NPR/PBS/Marist 2019; NBC/WSJ 2019; ABC/Washington Post 2019; CNN 2019; Monmouth 2019; CBS 2018; Quinnipiac 2017; NBC/WSJ 2017.