How Americans Think About Health Care and Insurance

Beatrice Ferrario   Stefanie Stantcheva

SOCIAL
ECONOMICS
LAB

Motivation: understanding how people view health care and insurance in the US

Having **access to good health care** is essential for people and society and having **health insurance** is a critical matter for millions of Americans

Health care spending makes up large share of GDP and many people are still uninsured
The One Big Beautiful Bill renewed the controversy over health insurance

Yet, **people's understanding and perceptions** of the health insurance system are unstudied

This paper:

1. In-depth survey to measure and document people's main considerations, factual knowledge, understanding of the efficiency and equity aspects of health policy, and policy views.
2. Experimental evidence on what type of information can shift views on public health insurance.

Outline

► **Data collection, survey, and sample**

► **First-order concerns and knowledge**

► **Beliefs about the efficiency and equity aspects of health care**

► **Policy views**

► **Experimental results**

Outline

► **Data collection, survey, and sample**

► **First-order concerns and knowledge**

► **Beliefs about the efficiency and equity aspects of health care**

► **Policy views**

► **Experimental results**

Data collection

Two survey waves:
- 1. June/July 2019 (N= 1800), distributed by Bilendi
- 2. July 2025 (N = 1000), on Prolific

U.S. residents aged 18-70

Survey duration: median time for completion of 37 min (2019) and 25 min (2025)

Data quality:

attention checks and time spent on each page (drop speeders).

avoiding selection by not revealing identity of surveyor or topic

check for differential attrition

Sample representativeness

Targeted characteristics: age, gender, and income

|	2019 Survey	2018 US Population	2025 Survey	2024 US Population
Male	45	49	53	50
18-29 years old	18	24	23	23
30-39 years old	21	20	24	21
40-49 years old	20	19	18	19
50-59 years old	23	19	20	18
60-69 years old	19	18	16	18
$0-$19,999	13	12	10	10
$20,000-$39,999	20	16	12	12
$40,000-$69,999	23	21	18	18
$70,000-$109,999	20	20	19	19
$110,000+	24	31	40	42
Four-year college degree or more	47	34	62	36
Less than 4-year college	51	28	34	26
Less than High School	2	38	4	37

Sample representativeness

Generally representative along other characteristics, such as marital status and employment

	2019 Survey	2018 US Population	2025 Survey	2024 US Population
Employed	66	70	77	71
Unemployed	5	3	8	3
Student	3	0	4	0
Retiree	15	9	5	9
Married	56	53	49	51
White	80	61	58	58
Black/African-American	5	12	13	13
Hispanic/Latino	5	18	19	19
Asian/Asian-American	5	6	8	7
Democrat	32	30	40	28
Republican	34	26	32	28
Independent	24	42	24	43
Democratic vote at the last Pres. Election	41	48	50	48
Trump vote at the Last Pres. Election	43	46	43	50
Sample size	1826		1055	

Sample Health insurance coverage is positively correlated with age and income
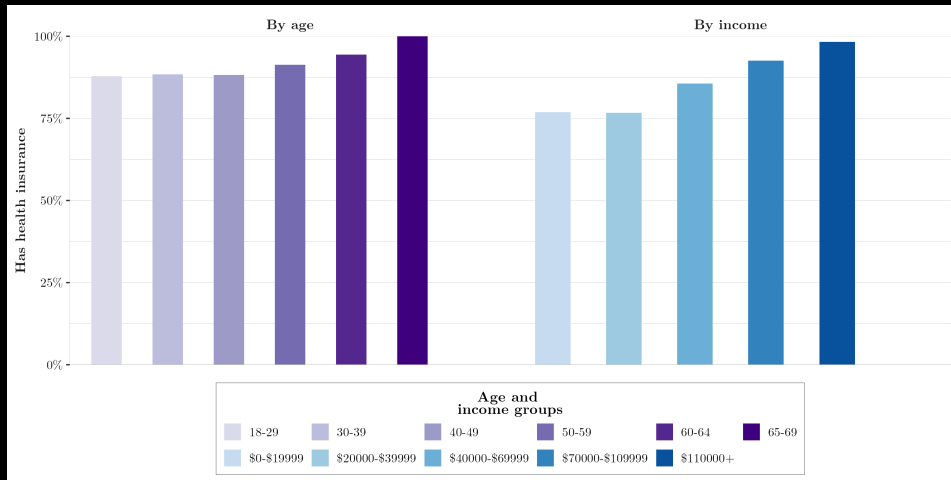
Exposure to government programs by age and income
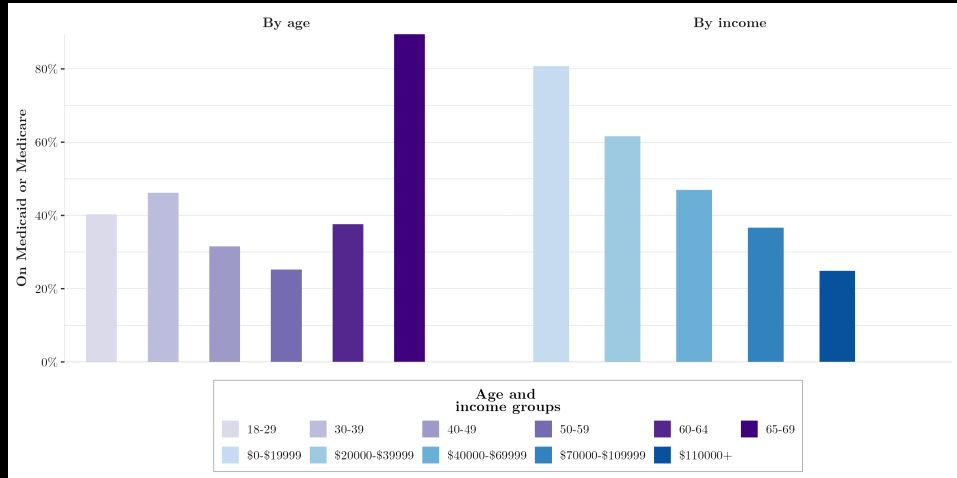
Survey flow - Part A

Background of respondent:
Birthplace, gender, age, income, education, family situation, political views, employment, sector, media exposure.

⬇

Open-ended questions:
Goals of 'good' health insurance system?; Main considerations?; Biggest problem in US?; Single-payer?
Goal: identify first order concerns.

⬇

Personal Exposure:
Are you on health insurance? If no, why? Are you covered by Medicare or Medicaid? Did you recently have to put off any medical treatments because of the cost? Who pays your insurance? Are you satisfied?
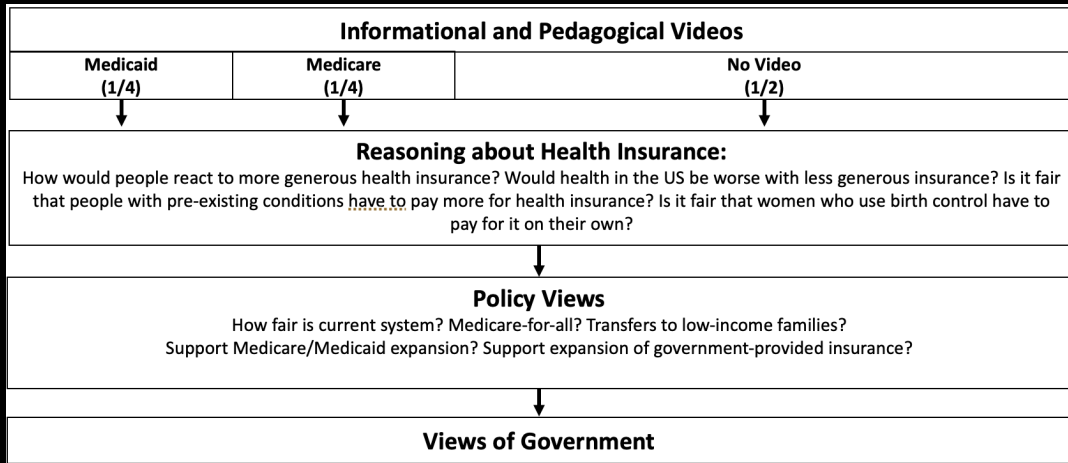
⬇

Knowledge:
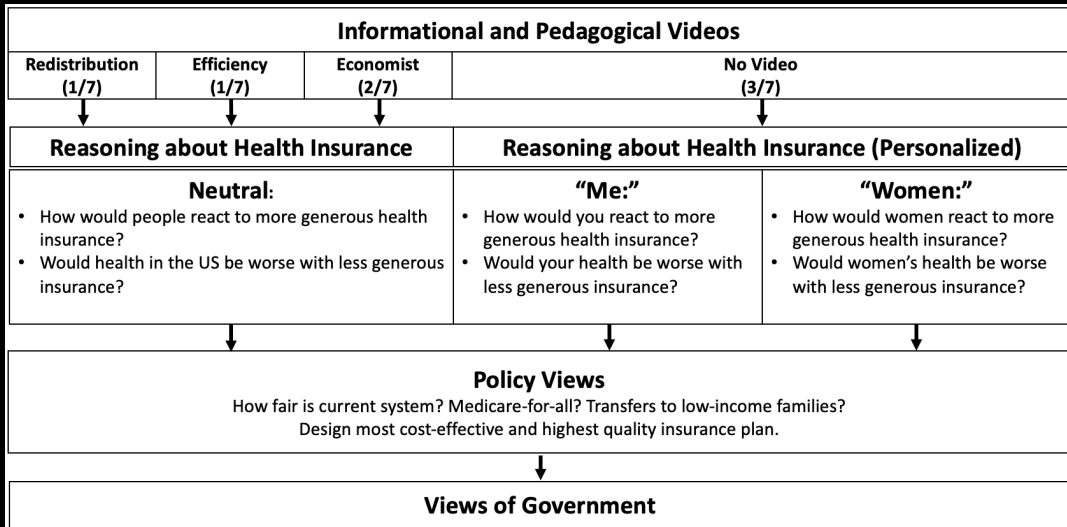Factual and quantitative questions: What is Medicare/Medicaid? Who is eligible for Medicare/ Medicaid? How many children are on Medicaid? Can Insurance companies charge different premiums based on characteristics? Change in individual mandate? Expenditure compared to other rich countries?
Goal: get an idea of how much the respondent knows about the health insurance system

Only in 2019 survey

Survey flow - Part B: treatment (2025)

Informational and Pedagogical Videos		
Medicaid (1/4)	Medicare (1/4)	No Video (1/2)

↓ ↓ ↓

Reasoning about Health Insurance:
How would people react to more generous health insurance? Would health in the US be worse with less generous insurance? Is it fair that people with pre-existing conditions have to pay more for health insurance? Is it fair that women who use birth control have to pay for it on their own?

↓

Policy Views
How fair is current system? Medicare-for-all? Transfers to low-income families?
Support Medicare/Medicaid expansion? Support expansion of government-provided insurance?

↓

Views of Government

Survey flow - Part B: treatment (2019)

Informational and Pedagogical Videos			
Redistribution (1/7)	Efficiency (1/7)	Economist (2/7)	No Video (3/7)

Reasoning about Health Insurance	Reasoning about Health Insurance (Personalized)	
Neutral: • How would people react to more generous health insurance? • Would health in the US be worse with less generous insurance?	**"Me:"** • How would you react to more generous health insurance? • Would your health be worse with less generous insurance?	**"Women:"** • How would women react to more generous health insurance? • Would women's health be worse with less generous insurance?

Policy Views

How fair is current system? Medicare-for-all? Transfers to low-income families?
Design most cost-effective and highest quality insurance plan.
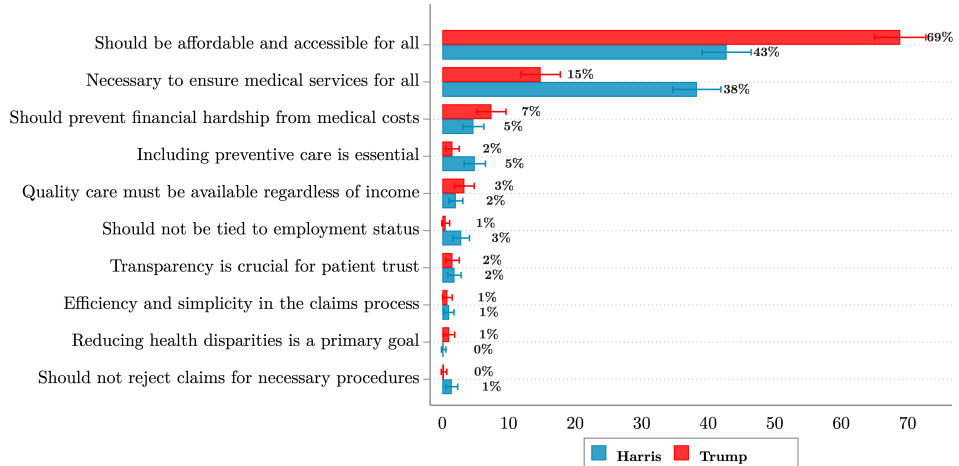
Views of Government

Outline

▶ **Data collection, survey, and sample**

▶ **First-order concerns and knowledge**

▶ **Beliefs about the efficiency and equity aspects of health care**

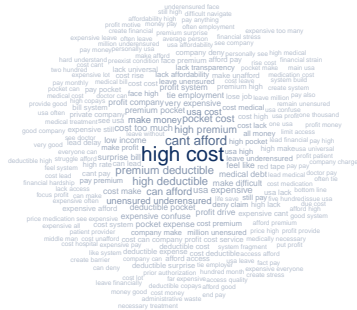▶ **Policy views**

▶ **Experimental results**

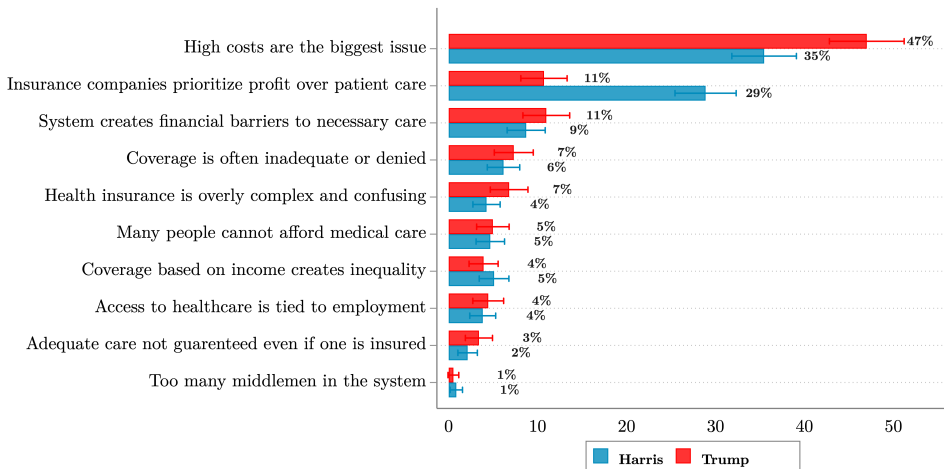# What should be the goal of a good health insurance system?
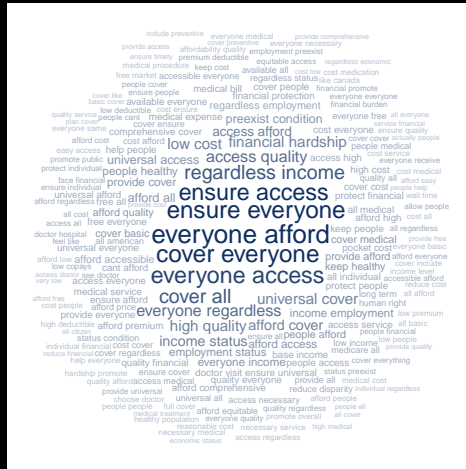
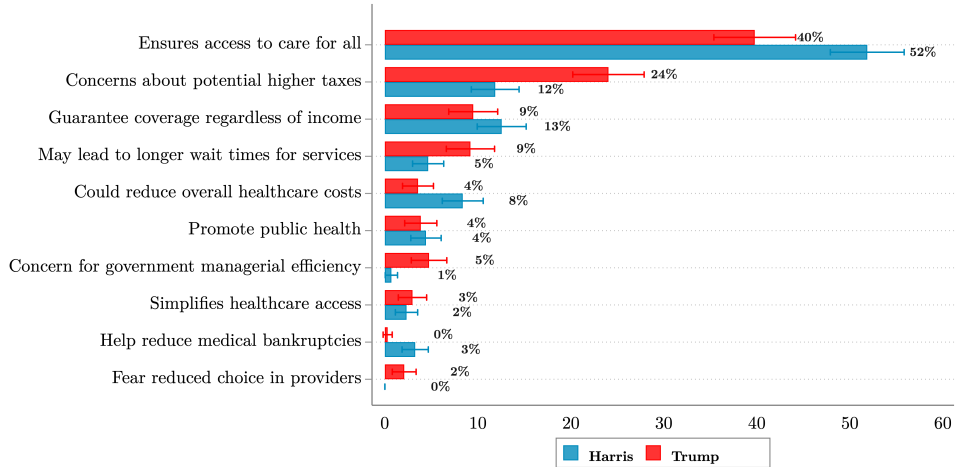# Affordability and access for all dominate across voters

What is the biggest problem with US health insurance?

All voters worry about high costs; Harris voters also worry about insurance companies' profiting

|	Harris	Trump
High costs are the biggest issue	35%	47%
Insurance companies prioritize profit over patient care	29%	11%
System creates financial barriers to necessary care	9%	11%
Coverage is often inadequate or denied	6%	7%
Health insurance is overly complex and confusing	4%	7%
Many people cannot afford medical care	5%	5%
Coverage based on income creates inequality	5%	4%
Access to healthcare is tied to employment	4%	4%
Adequate care not guarenteed even if one is insured	2%	3%
Too many middlemen in the system	1%	1%

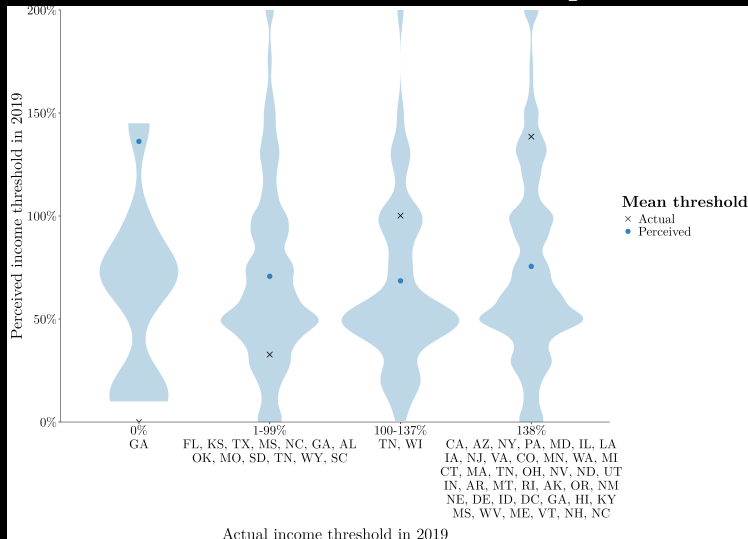# Should the U.S. have universal health insurance?

Misperceptions about insurance coverage

People underestimate the extent of private coverage, overestimate public one
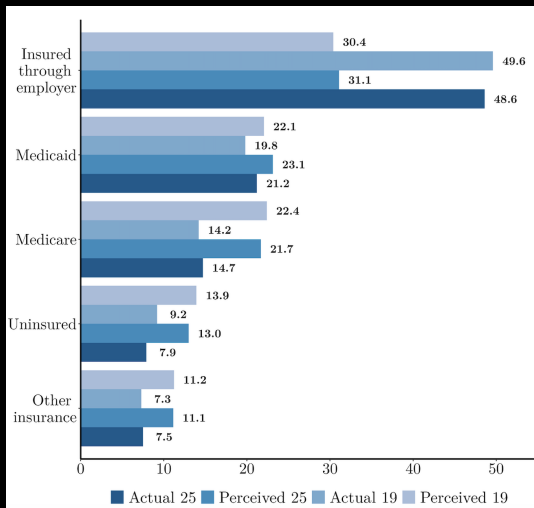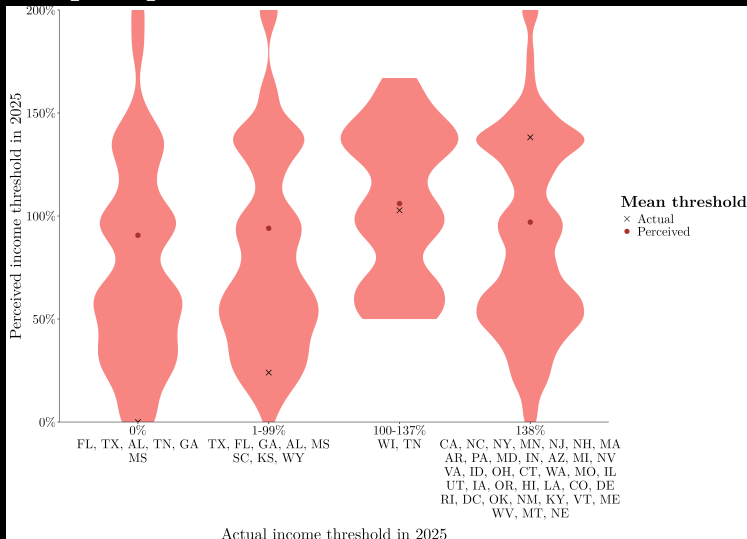
Misperceptions of Medicaid income thresholds (2019)
Perceptions do not differ much across states, despite different realities
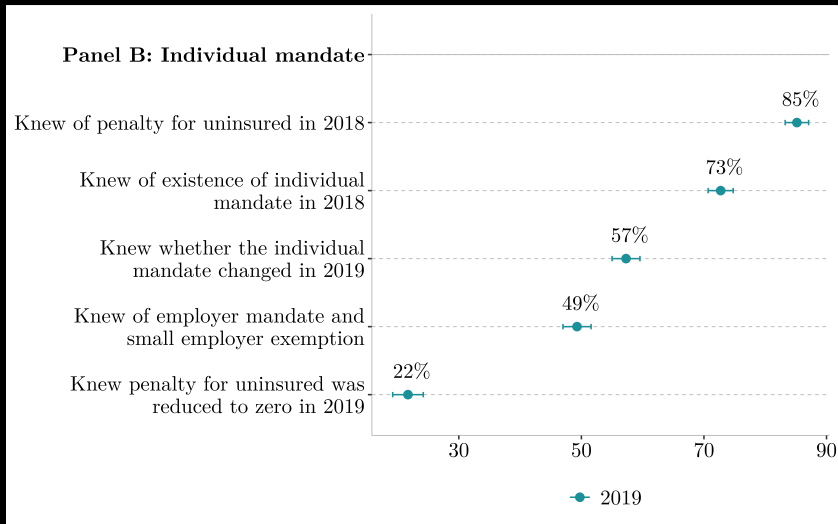
Misperceptions of Medicaid income thresholds (2025)

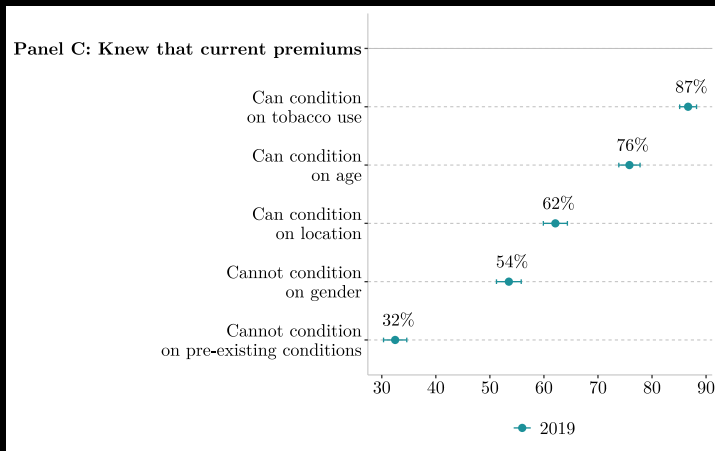## Misperceptions have somewhat declined over time

Knowledge about specific health insurance policies

Limited knowledge concerning the individual mandate

Panel B: Individual mandate

- Knew of penalty for uninsured in 2018 — 85%
- Knew of existence of individual mandate in 2018 — 73%
- Knew whether the individual mandate changed in 2019 — 57%
- Knew of employer mandate and small employer exemption — 49%
- Knew penalty for uninsured was reduced to zero in 2019 — 22%

2019

Knowledge about specific health insurance policies

## Few participants know that premiums cannot depend on gender or pre-existing conditions

Panel C: Knew that current premiums

- Can condition on tobacco use — 87%
- Can condition on age — 76%
- Can condition on location — 62%
- Cannot condition on gender — 54%
- Cannot condition on pre-existing conditions — 32%

2019

Outline

► **Data collection, survey, and sample**

► **First-order concerns and knowledge**

► **Beliefs about the efficiency and equity aspects of health care**

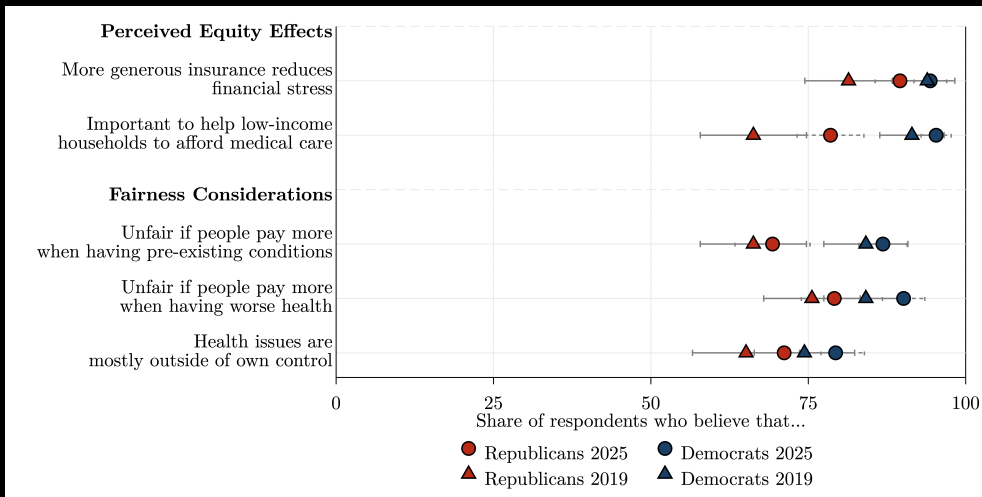► **Policy views**

► **Experimental results**

Perceived efficiency effects

Generally positive perceived efficiency effects, have increased over time; partisan gaps mostly on "spillovers"
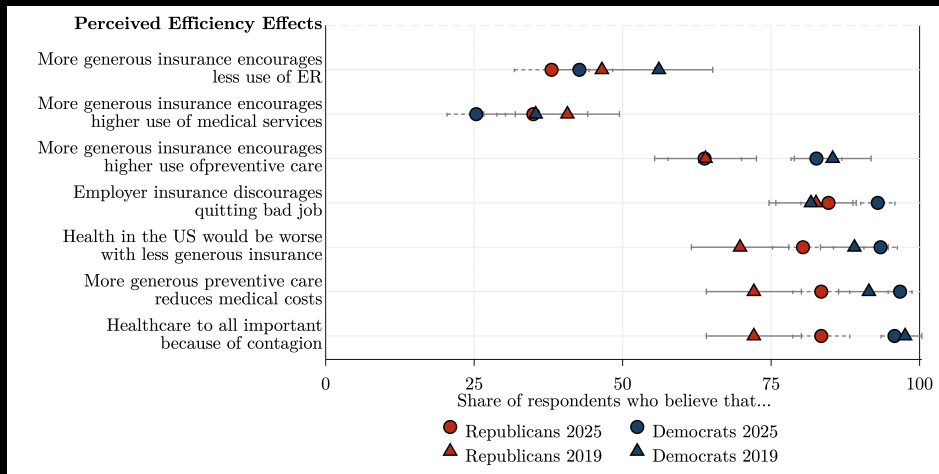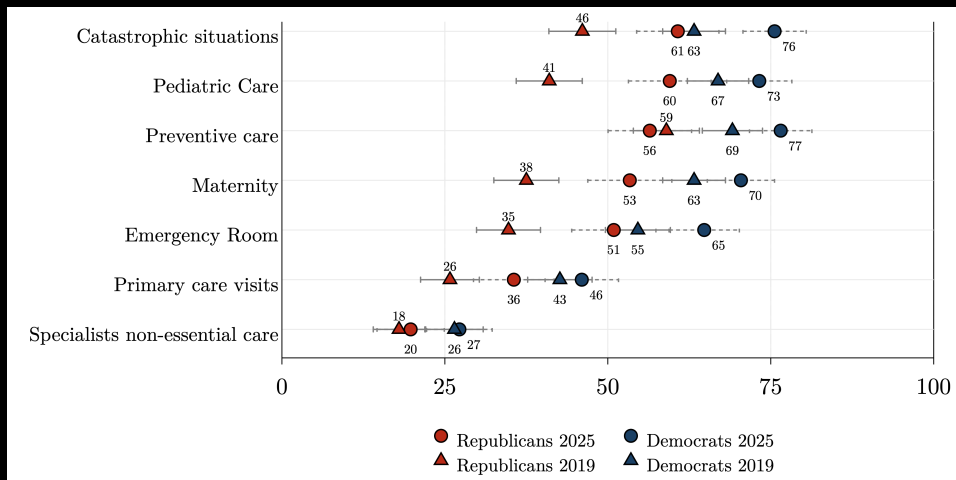
Perceived equity and fairness concerns
Broad agreement, some partisan gaps on help for low-income families

Outline

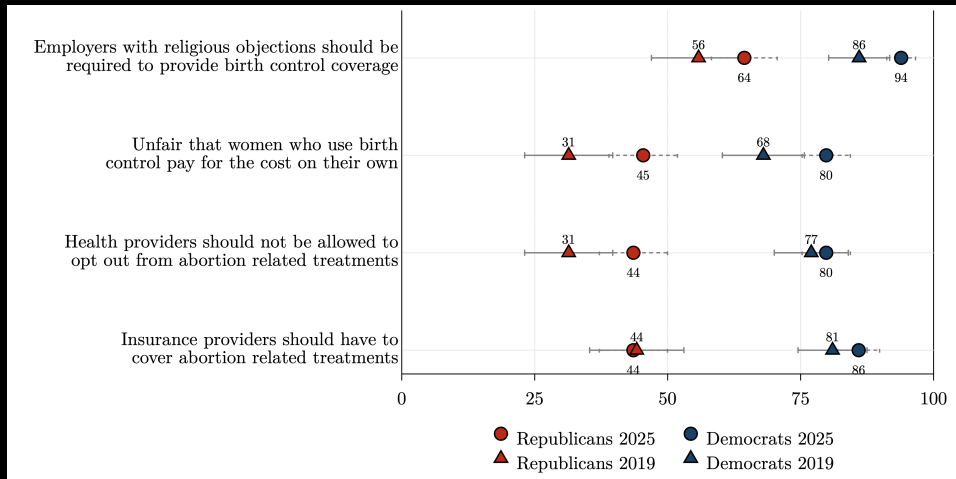► **Data collection, survey, and sample**

► **First-order concerns and knowledge**

► **Beliefs about the efficiency and equity aspects of health care**

► **Policy views**

► **Experimental results**

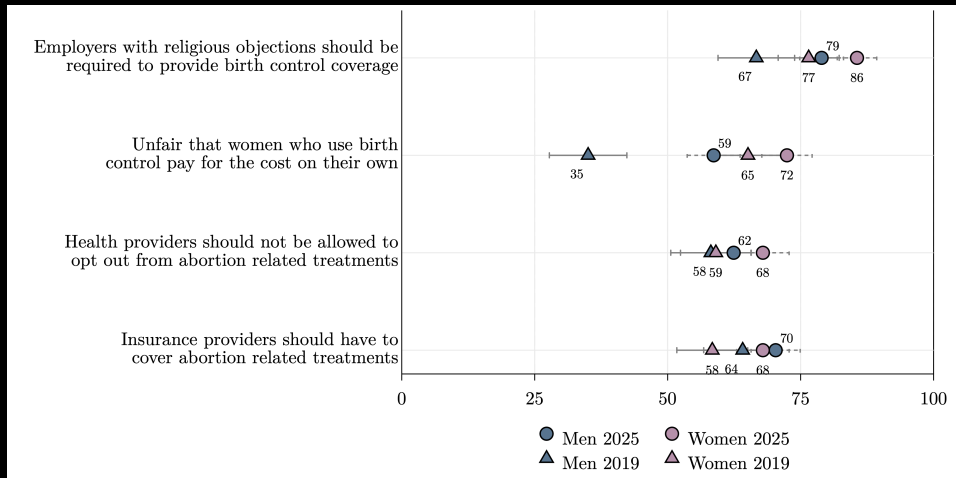# Support full coverage for the following services

Reproductive health
Partisan divisions strong and stable over time

Employers with religious objections should be required to provide birth control coverage: Republicans 2019 = 56, Republicans 2025 = 64, Democrats 2019 = 86, Democrats 2025 = 94

Unfair that women who use birth control pay for the cost on their own: Republicans 2019 = 31, Republicans 2025 = 45, Democrats 2019 = 68, Democrats 2025 = 80

Health providers should not be allowed to opt out from abortion related treatments: Republicans 2019 = 31, Republicans 2025 = 44, Democrats 2019 = 77, Democrats 2025 = 80

Insurance providers should have to cover abortion related treatments: Republicans 2019 = 44, Republicans 2025 = 44, Democrats 2019 = 81, Democrats 2025 = 86

● Republicans 2025   ● Democrats 2025
▲ Republicans 2019   ▲ Democrats 2019

Reproductive health

Gender differences in views are smaller than partisan ones

Employers with religious objections should be required to provide birth control coverage: 67, 79, 77, 86

Unfair that women who use birth control pay for the cost on their own: 35, 59, 65, 72

Health providers should not be allowed to opt out from abortion related treatments: 58, 59, 62, 68

Insurance providers should have to cover abortion related treatments: 58, 64, 68, 70

Scale: 0, 25, 50, 75, 100

Legend:
- Men 2025
- Women 2025
- Men 2019
- Women 2019

Policy preferences for health insurance
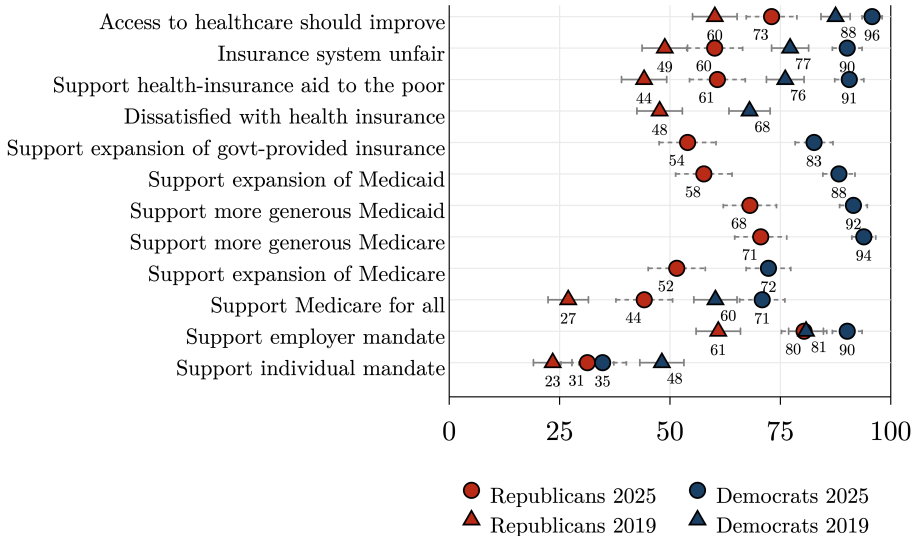
Partisan gaps in policy views are large relative to underlying perception gaps

Recall: perceptions of efficiency and equity largely shared, but nevertheless some partisan gaps in perceived broader spillovers (efficiency) and fairness concerns related to low-incomes.

If we correlate policy views with i) efficiency considerations, ii) equity considerations, and iii) views on government, all are predictive but equity and views in government matter most.

Small divergences in equity views plus large divergences in views on government (and its involvement in health insurance) can explain large partisan gaps in policy views.

Outline

▶ **Data collection, survey, and sample**

▶ **First-order concerns and knowledge**

▶ **Beliefs about the efficiency and equity aspects of health care**

▶ **Policy views**

▶ **Experimental results**

Two types of treatments

2019: Pedagogical "Econ 101" on health insurance.

- ▸ Efficiency treatment
- ▸ Equity/redistribution treatment
- ▸ Economist treatment

2025: Concrete information about two major government health insurance programs

- ▸ Medicaid treatment
- ▸ Medicare treatment
- ▸ Emphasize research findings. Show concrete numbers

All treatments are positive, highlighting benefits from health insurance.

- ▸ This is a design choice to ensure effects are all in the same direction (monotonicity in an "IV" setting).

Equity/Redistribution treatment

With health insurance, people **can afford medical care** when needed.

Health insurance ensures that when these bad things happen, people don't need to **worry about their financial security** in addition to everything else.

It can also **help poor families afford health care** by providing them with more generous insurance with **less out-of-pocket costs.**

Efficiency treatment

Making sure that everyone has health insurance can, perhaps surprisingly, **lower total health costs in the U.S.**

HEALTH COSTS

With more insured, fewer people get untreated contagious diseases, which can be transmitted to others.

This also **lowers total health care costs.**

Health Insurance

As a single payer, **the government can economize on all the overhead costs** of many private insurers.

2019 Pedagogical Treatments on Health Insurance

Overall: Minimal impact on perceptions/policy views; *Efficiency* framing slightly more persuasive than *Equity*.

Perceptions (vs. control mean):

- Efficiency ↑ belief that more generous insurance increases overall medical use by **28%**.
- Efficiency ↓ belief in inefficient ER use by **40%**.
- Economist video ↓ inefficient ER use by **27%**.

Policy support (vs. control mean):

- Efficiency ↑ support for the **individual mandate** by **24%**.
- ↑ support for **full coverage** of non-essential specialist care and preventive care.

No detectable effects on: broader access to care, *Medicare-for-all* single-payer, or more help for low-income families.

Does polarization limit effects of general information?

- Democrats: already see role for government in health: videos reinforce priors.
- Republicans: more skeptical of spillovers and role of government; videos insufficient to shift views.

Medicare treatment

Expanding Medicare doesn't just help people stay healthier – it also boosts the economy.

Research shows that if all Americans had access to Medicare, GDP would increase by 16%. Americans become more productive and can save more.

Did you know that the U.S. government runs one of the largest healthcare programs in the world?

It is called **Medicare**. This program covers the cost of medical care for more than 66 millions of Americans who are over the age of 65 and some people with disabilities.

If a government program is already saving and improving lives,

why not do more of what works?

Research shows that Medicare, quite literally, saves lives:

When people qualify for Medicare, they can afford life-saving treatments.

Having coverage at the right time makes all the difference...

and Medicare does just that!

Medicaid treatment

Medicaid is a program run by the U.S. government that allows low-income individuals, people with disabilities, and many families with children to access healthcare for free.

But Medicaid does not just save lives.

Research shows that because people with Medicaid can access care more easily, Medicaid improves mental health and wellbeing...

Research shows that Medicaid works. It saves lives, reduces hardship, and helps people thrive.

Expanding Medicare could allow more Americans to enjoy these health and financial benefits.

And these benefits last!

Children with Medicaid coverage are more likely to go to college, earn more as adults, and live longer!

Treatment Effects:
Information on Medicaid and Medicare

Both treatment ↑ perceived fairness of the U.S. health system, consistent with learning about benefits & extent of public coverage.

Medicaid treatment (broad impact):
- Large ↑ in support for *Medicaid expansion*. (≈ 27% of baseline partisan gap)
- ↑ spillover to *expanding Medicare* (50% of partisan gap)
- No change on *Medicare-for-all*.
- Likely highlights *general* value of insurance (since program not age-specific).

Medicare treatment (positive but more narrow impact):
- Primarily ↑ support for *expanding Medicare* (40% of partisan gap).
- Little/no spillover to *Medicaid expansion*.
- Viewed as more *age-targeted*.
- Among Republican respondents: support for *more generous Medicare benefits* by 57% of baseline gap (but not wider eligibility).

Across partisanship: Effects visible among Dems & Rep (despite lower GOP baselines).

Treatment Effects: Taking Stock

Concrete info on *existing programs* (e.g., Medicaid/Medicare) and their demonstrated, real-world outcomes ⇒ higher support.

Abstract pedagogical arguments about insurance benefits (efficiency or equity frames) move views little (amid large partisan gaps on policy views?)

Mechanism: Tangible examples of improved access & outcomes help respondents grasp benefits?

- ▸ Recall that views of government strongly correlate with policy views

- ▸ Specifically talking about (the successes of) government programs is likely addressing this.

Regression results

	Insurance system unfair (1)	Support transfers to low-inc. (2)	Support Individual mandate (3)	Support Employer mandate (4)	Support Medicare expansion (5)	Support Medicare more gen. (6)	Support Medicaid expansion (7)	Support Medicaid more gen. (8)	Support Govt. prov. expansion (9)	Medicare for all: Support (10)	Medicare for all: Don't know enough (11)
Video treatment effects											
Medicaid T	-0.08***	-0.02	-0.01	0.02	0.10***	0.02	0.08***	0.03	0.03	0.06	-0.06**
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)	(0.03)
Medicare T	-0.10***	-0.01	-0.04	-0.01	0.08**	0.01	0.04	0.01	0.04	0.05	-0.00
	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.03)	(0.04)	(0.03)
Medicaid T	-0.09*	-0.03	-0.04	0.04	0.06	-0.00	0.05	0.05	0.04	0.04	-0.04
	(0.05)	(0.05)	(0.05)	(0.05)	(0.06)	(0.04)	(0.05)	(0.05)	(0.05)	(0.06)	(0.04)
Medicare T	-0.14***	0.02	-0.04	-0.02	0.05	-0.05	0.02	0.01	0.06	0.09	-0.05
	(0.05)	(0.05)	(0.05)	(0.04)	(0.05)	(0.04)	(0.05)	(0.04)	(0.05)	(0.05)	(0.04)
Republican	-0.28***	-0.30***	-0.06	-0.10**	-0.20***	-0.22***	-0.30***	-0.23***	-0.29***	-0.30***	-0.03
	(0.04)	(0.04)	(0.05)	(0.04)	(0.05)	(0.04)	(0.04)	(0.04)	(0.04)	(0.05)	(0.04)
Medicaid T × Republican	0.06	0.01	0.06	-0.03	0.07	0.05	0.02	-0.06	-0.01	0.00	0.02
	(0.07)	(0.08)	(0.08)	(0.07)	(0.08)	(0.06)	(0.07)	(0.07)	(0.08)	(0.09)	(0.06)
Medicare T × Republican	0.13*	-0.01	0.02	-0.00	0.07	0.13**	0.05	-0.01	0.02	-0.01	0.09
	(0.07)	(0.07)	(0.08)	(0.07)	(0.08)	(0.06)	(0.07)	(0.06)	(0.08)	(0.08)	(0.06)

Conclusion

Broad agreements on efficiency and equity impacts of health insurance, with some partisan differences related to spillovers and redistribution.

Disagreement about role of government $\Rightarrow$ large partisan gaps in policy support related to government involvement in health insurance.

Concrete information about existing government programs (Medicaid and Medicare) can shift policy views.

    but abstract information does not shift views significantly.

More to explore: these views have changed over time, perhaps due to pandemic.

THANK YOU!

SOCIAL
ECONOMICS
LAB