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The Politics of Obamacare Kaiser Family Foundation September 9, 2014

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DREW ALTMAN: Good morning, everybody, welcome to the Barbara Jordan Conference Center, welcome to our C-SPAN viewers as well. I'm Drew Altman from Kaiser, with me is Molly Brodie, our Senior VP who, as I think most of you know, heads our polling and survey research group. And Charlie Cook from the report that bears his name, who's huffing and puffing, but we're very glad to have here. Kathie Obvadovich from *The Des Moines Register*; and Jim Morill from *The Charlotte Observer*. That's our team today.

We put together Kaiser and *The Cook Report* because we thought it would be a good idea to combine our knowledge of ACA polling and *The Cook Report's* vast knowledge of politics to address the question, what's the role of the ACA in the upcoming midterm elections and in politics generally? We juiced that up with special reports from Kathie and from Jim on Iowa and the North Carolina senate races in one of our tracking polls that we've geared to this event that you will hear about from Molly. I think it's no secret that the ACA has been the focus of a lot of hyperbole, maybe it set all-time records for hyperbole. I think that's also true of the political analysis of the ACA, which in my view was no more the election-changing event that many people said it would be, that it is the complete non-factor, maybe some people say that it is now. That's really the purpose of this briefing, to talk about the

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role that the ACA is playing in the midterms and in politics generally.

I put together just one visual to get everyone started today. It shows you some of the different stories we've all been reading, all from great people who are colleagues, about the role of the ACA in the midterm election. Let me show you some of the different takes on this just very, very quickly.

Here's one, it's terrific, from Bloomberg, "Obamacare Losing Power as a Weapon in Ad Battles." It looks at the decline in the Obamacare ads. But no, here's one from Amy Walter, there's nobody I have more respect for than Amy Walter on these issues. "Obamacare Remains a Huge Liability for Democrats," that's on the other side. But as they say in the TV ads, wait, there's more. "Obamacare has growing support, even if its name does not," this from my friend, E.J. Dionne, who by the way is from New Bedford, Massachusetts. I just thought you should learn something today that you didn't otherwise know.

Now, on the other side, this is from really great colleagues, Kyle Cheney and Sarah Wheaton, Republicans still trying to find an anti-Obamacare message, and possibly they are thinking about jobs in Brussels today. I don't know. But along comes the Upshot, "The Word on Obamacare: It's Shrinking as a Political Issue," looking at mentions of Obamacare I think in Capitol Hill press releases. By the way, that "Stop

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attacking women's health" ad on the right is entirely incidental. Along comes the GOP, of course, and says, "Are Republicans Abandoning the Obamacare Issue? Doubtful."

This is just to frame what we've all been seeing, and that's the big question for us this morning, what's the political life of Obamacare today? I thought I'd frame just a couple of questions, kind of overarching questions for everyone to think about, you, the audience to think about, the panelists alike, just to get everyone going. There's absolutely no obligation for anyone, including the panelists, to address them. My colleagues here all know the golden rule of dealing with a moderator, which is, ignore the moderator and say whatever you want to say.

There's a general sense that the ACA has been cooling as a political issue, so is it cooling? And if it is, it's not dead, so then how has its role changed? Is it just a fairly conventional Republican talking point now, like so many other issues, rather than an overarching rallying cry? What other issues are replacing the ACA to influence votes, or to influence voter turnout? That's one question, or maybe it's five or six questions.

Looking at our polling at Kaiser, and you'll see our new poll in just a couple of minutes, which since 2010 has shown no real movement in a public astonishingly, sharply divided along partisan lines on the ACA. It's looked like the

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main role of the law, political role, has been to activate the right where there is greater intensity on the issue. Is that right, or are we seeing something different, at least in the contested races? Are any Independent votes likely to turn on this issue? How much in the end, and this is something that I wonder about a lot and have some thoughts about, are these races about national issues like the ACA at all, versus just being about how voters feel about the candidates themselves? What they think about the candidates, like in a presidential election. Are there local issues which supersede the national issues in these contested races? Certainly we know there are local issues. And in that vein, is the issue of the Medicaid expansion cutting through?

What about Medicare, which is certainly a tried and true voting issue? What about contraceptive coverage, and other issues that healthcare people and health policy people think about? And finally a broader question, how much is the ACA really just a proxy or a stocking horse in electoral politics for views about the president and people's feelings about the general directions of the nation? I think that's important in interpreting the meaning of any votes that we ultimately conclude may have been ACA driven votes or ACA driven turnout. Do they really reflect a position on the ACA, or how much do they reflect a position on the ACA, or were they in the end a proxy for something much bigger?

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I obviously have my own thoughts about these issues, my own answers to these questions, but I'm here as a moderator today, so you won't know what they are. Again, no obligation at all to take on even a single one of these questions. There are many, many other questions. You will hear first from Molly who will share the new tracking poll results which we're releasing here. Then I think, I'll watch the timing, but I think we'll take just one or two questions after we present those results. Then Charlie's analysis of what's going on, which I'm anxious to hear, we'll take just a couple of questions. Then we'll hear from Kathie and Jim and we'll open it up for any question that may be on your mind. We'll turn next to the new tracking poll.

MOLLYANN BRODIE: Good morning, everyone. You have in your packets a chart pack, so if you want to follow along and write notes, you can find that, or you can just look at the screen. I want to start with the public overall and before we start talking specifically about what voters told us about the midterm elections, I want to put the ACA in context. As Drew had noted, we've been tracking the public's views on the ACA monthly for a very long time, over four years. I think probably the most striking feature of this particular chart is how horizontal the lines are. There's been a lot of very dramatic events in the ACA's history. There's been Supreme Court cases, there's been many repeal votes, there's been a

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largely acknowledged botched round one implementation of the website. But you can basically see that the public's views of the law have become very—they were set in stone early on, and they were largely set there. Certainly after the rollout, we see a bigger gap between the negatives and the positives. Orange are the negatives, blues the positive, and that gap has remained. In general, people's views of the ACA got set in stone at day one and they really haven't changed.

As Drew also mentioned, probably the most persistent and most important factor of views on the ACA is really how starkly they are shaped by partisanship. If you know someone's partisan leanings, you can basically predict everything that they think about the ACA. Republicans have disliked this from the beginning. Democrats have liked it from the beginning. You can see that here in this chart. The other thing to really take away from the chart, and it's also been a persistent feature of the views on the ACA, is the intensity gap. If you notice, 57-percent of Republicans have a very unfavorable view of the ACA, and that compares to 28-percent of the Democrats who have a very favorable view. While we see this big divide, there has been an intensity gap on the law from the beginning. That certainly plays a role in why we're even having this discussion today.

I just want to show you one more example of this partisan divide. This is a question about what you'd like to

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see your congressional representative do next. Do you want to see them work to improve the law, or would you rather them repeal the law and replace it with something else? You can see that more people want to see Congress work to improve it, that's the 63 versus the 33 at the top bar. But again, you see our familiar partisan divide when you look at it by party ID or by favorability, so 89-percent of Democrats want to see Congress work to improve it, 61-percent of Republicans want to see them repeal and replace it.

As we turn to really thinking about more specifically the midterm election, I want to take a moment to show you that registered voters look very similar to the public overall when you think about the ACA. On the top bar, you can see that among registered voters, a larger share have an unfavorable view of the law, that's the 49-percent in the orange, than favorable, 35-percent in the blue. Again we see a familiar partisan divide and what I'm showing you here is it broken out by their vote preference for the Senate. This is your generic horse race question on whether you'd prefer to see the Democrats stay in the majority, or prefer to see the Republicans stay in the majority. I'm going to show you those results in just a second. We find a similarly divided split as most people have found, but again you see here that that really is completely consistent. Your preference on how the Senate should look is really consistent with your views on the ACA,

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and again you see the intensity gap. Sixty-five-percent of those who prefer to see the Republicans in the majority, have a very unfavorable view of the ACA compared to 30-percent of those who want to see the Democrats in the majority.

As we move to really talking about the election more specifically, I want to start by just trying to put the ACA and healthcare issue in context with other issues. Sometimes those of us who are so focused on healthcare all the time forget that there's lots of other things going on in the country. Voters certainly reminded us of that when we asked them, what are the most important issues to your vote? You can see here that about one in eight told us that healthcare was an important issue to them in deciding how to vote for Congress. It ranks behind the economy and jobs and is clustered with a variety of other issues, foreign policy, defense, terrorism, dissatisfaction with government, immigration, education.

I want to make a couple additional notes here. When we looked at what people actually said, because these are people's verbatim responses, just 3-percent actually said the ACA or Obamacare itself. It's not so much that those are top of their minds, so when you see that healthcare number, it may all be people thinking about the ACA and Obamacare, but they're not actually saying that to us, only 3-percent are.

The other thing that's I think important to keep in mind is that this ranking of issues and healthcare issues

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doesn't differ by those who have favorable or unfavorable views of the ACA. About same share of both groups named healthcare as an important issue, so again it's not seemingly to divide.

If we look at those rankings of issues by partisan identification, you should know here that Democrats and Republicans agree on the top two issues in the election, it's economy and jobs, and it's healthcare. Also notice that healthcare ranks much further down for Independents, and we'll come back to the issue of Independents in a little bit.

I always feel that it's important whenever we look at the importance of issues and the ranking of issues, to remind everybody that, as Drew said, issues are only one of many factors that are actually going to feed into voters' calculus. They care a lot about state and local issues and issues that are coming up in the local campaigns. They care a lot about candidates' character, their experiences, the candidate's political party, a host of other factors. No matter what you put on this list, there are lots of things that feed into a voter's calculus and I just think it's worth making sure that we don't overstate the role that issues themselves play, even though we're focused on that in this particular briefing.

We know from that data that the ACA, Obamacare, as it's often referred, isn't top of mind for many voters, but it's clearly prominent among the issues that voters have told us they're hearing about from candidates. This chart is the share

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of people who say they've heard the candidates talk about all of these issues, and you can see that 32-percent say they've heard a lot from their candidates about the healthcare law, about the same as the share who say they're hearing about immigration and the economy and jobs. One of the things that's interesting here is there aren't any partisan differences on whether people reported hearing about the ACA, whether you're a Democrat or Republican. We're going to talk in a second about the ads and we've had some previous discussion about the role candidates are using the ACA in the election, but at least from voters' perspective, they're hearing equally about it from Democrats and Republicans.

What about the ads that they're seeing? About half the voters told us that they had seen a healthcare law related ad in the past 30 days. You can see that nearly three times as many told us that those ads were opposed to the law, as opposed to in favor of the law. That's that 20-percent versus the 7-percent, the orange and the blue pieces of the pie, this is very consistent with the ad tracking reports from Kantar and CMAG and other things that we've seen. But what's interesting is that when we looked at the states with the most competitive Senate races as designated by our colleagues at *The Cook Political Report*, because of course those are the designations to use, seven in ten of the voters told us that they reported seeing ads related to the law. In this case, the negative ads

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far outweigh the positive ads, so 34-percent of that group saw negative ads, 4-percent saw more ads in support, 32-percent saw about equal numbers. You clearly can see that whatever we think of where the ACA ranks in terms of voters' priorities and whether they're actually really thinking about it, whether it's top of mind to them in their own assessments, it's clearly been the assessment of the campaign environment, that the ACA is part of the fabric of any campaign.

The last thing to think about in terms of the campaign dynamics is whether voters want to be hearing more about the issue. What's interesting is, once again, we find our familiar divide. About half say that they are tired of hearing the candidates for Congress talk about the healthcare law and they think they should focus on other issues, whereas half say they think they should continue to hear about the law and continue that debate. Again, as we've seen all along, and as we've certainly seen for the last four years, looking at this kind of data, those with favorable views of the ACA and the Democrats, they're much more likely to say, I'm tired of this issue, move on to other things. Whereas the opponents and the Republicans are much more likely to say, I still want to hear about it, they should be continuing the debate.

We've heard a lot about the issue of enthusiasm in the election. It's a really important factor, particularly in a midterm when there's traditionally lower turnout to start with.

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The idea about whether enthusiasm for voting and whether an interest in the election is higher than lower than previous elections, really does matter as you're trying to figure out who's actually going to vote on election day. We find that the Republicans have a modest edge when it comes to enthusiasm. Most voters are telling us that they feel the same about this election as previous elections, that's that 57-percent in gray. Twenty-percent, one in five, say that they're more enthusiastic this time, and that rises to 27-percent among Republicans.

When we look at the generic preference on who voters want to see control the Senate, we see that this enthusiasm edge for Republicans plays out in that. Overall, among registered voters, we find 43-percent say they would prefer the Democrats stay in the majority for the Senate, 40-percent the Republicans. When you look and you narrow that screen a little tighter so it's just likely voters, it's 43, 43, a dead heat. But when we look at the vote preferences of the more enthusiastic voters, you see this gap of 38- to 50-percent.

However, importantly, when we then followed up with those voters and we asked them, why are you feeling more enthusiastic, what is driving your interest in this election? Very few actually named the ACA or Obamacare, it's only mentioned by 3-percent, that little orange bar down at the bottom of this chart. Many more say the desire to elect more Republicans and have the Republicans control the Senate, a

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desire for change, a dissatisfaction with government, is what's driving them to be more enthusiastic this time around.

Of course, the ACA has become part of the fabric of political discourse, so certainly it could have played some role in why they're dissatisfied or why they want to see the Republicans in control. At least in terms of what they're telling us off the top of their head, they're not naming this issue specifically as the one that's driving their enthusiasm. I should make one more note, that we found a very, very, very similar pattern when we looked at the share of people who say they're less enthusiastic to vote this time around. They also don't name the ACA or Obamacare as a factor, they're much more likely to say the dissatisfaction with government.

Lastly before we get to hear what everyone can make of this data, we know from what they told us that it's not necessarily top of mind and that issues are just one of many factors to their vote. But what do they say about a candidate's actual stands on the ACA or other issues and how that's going to influence their vote? That's what this chart shows us. You can see that if a candidate supports increasing the minimum wage, 48-percent say that makes them more likely to want to vote for that candidate. At the other extreme, if a candidate supports a path to citizenship for undocumented immigrants, 44-percent say that that would make them less likely to vote for those candidates. Those are the two, the

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high and the low that we get. You can see healthcare looks very similar to some of these other issues in terms of the share of people who say that their candidate's position would make them more likely or less likely to vote for that candidate. Perhaps not surprising, is that this is really, again, clearly differentiated by party identification and so we see exactly what we saw at the beginning. We see that if a candidate voted for the healthcare law, Democrats think that's good and they're more likely to vote for that candidate, whereas Republicans don't like that and they're less likely to vote for that candidate. You see virtually the mirror image on the chart on the bottom when told if the candidate had voted to repeal the healthcare law.

I think this is a good time to talk a little bit more about the Independents. You can see here that these sort of things influence them, or at least their reported influence is a little bit more mitigated. One of the points I want to make about Independents, and I know a lot of you who have followed politics for a long time know that we sort of lump Independents all together. Often, that's an inappropriate characterization because in many cases, and this has especially been true in the case of the healthcare law, Independents really, many of them look and share views that are much closer to their partisan fellows than they do to other Independents. For example, on this chart what I'm showing you is I'm taking the whole group

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of Independents and I'm breaking them apart by those who lean Democrat and those who lean Republican. What you can see is that they have sort of mirrored responses to the Democrats if they are a leaned Democrat Independent, or to the Republicans if they are an Independent who leans Republican. I think this is important to keep in mind because it further illustrates that people's views on this law have really been set in stone from the beginning. We've seen this same divide from day one, and so there's very few Independents who actually have unclear or changing views on the ACA. For the most part, they either like it or they don't like it. They either think it was a good thing that a candidate voted for the law, or a bad thing that the candidate voted for the law. They think that way based, really, on which way they lean in terms of the party they feel closer to.

The last thing I want to show you today is many observers have pointed out the views of the public on the ACA, on Obamacare really cannot be separated from the views of the public on the president himself. You can see that probably most clearly in this chart. What we're showing you here is, if a candidate voted for the healthcare law, whether that would make you more likely or less likely to vote for them. Again, you see the Democrats 53-percent say more likely, Republicans 72-percent say less likely. Similarly, if they find out that a candidate supports President Obama, you see virtually the same

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picture. So really you see that these two ideas, this idea of support for the President, idea of support for the ACA, have really gone hand in hand from the beginning.

I'm really looking forward to hearing what the rest of the panel has to make from this data. I would just say in conclusion that clearly it's not top of the mind for most voters, and it's not driving their interest in this election, but certainly it's a fabric, a part of the campaign season, and for that reason alone, it's important for us to be discussing its role here. With that, I will turn it over.

DREW ALTMAN: Thank you, great. I'm especially anxious to hear Charlie's analysis of what's going on, including the polling, but beyond the polling, so I've decided I'll call an audible [misspelled? 00:24:27], and we will not take questions quite yet, but let's hear from Charlie.

CHARLIE COOK: Drew wants to hear from me, I want to hear from Kathie and Jim, so anyway. First of all, when the idea for this forum came up, I jumped at the chance, because to me the Kaiser Family Foundation represents just really, really smart, really, really rigorous, and intellectually honest analysis of the healthcare issue. I only wish that every other major issue facing the country had the equivalent of a Kaiser Family Foundation looking at it as scrupulously honest as they do. It's just amazing stuff and obviously for what I do, the tracking poll is enormously important. Although a lot of you

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are healthcare experts and maybe you're looking at the more substantive part, but for the polling, we thought it was just so important that a couple of times a week we update a little thing that's available for free on cookpolitical.com, on our website. It's an update of the data that we think is most important in terms of watching this election, and we include several pages of graphs from the Kaiser tracking poll. And we've been known to call and say, when's your next poll? You know, crack, crack, when's the next poll coming out? It's like crack cocaine, we're just sort of addicted to it because as it turns out, there's just no point, I think, in looking at national data from anybody else because Kaiser does such a great, great, great job with this.

What I'm going to do, I like the way Drew introduced this, throwing out some of the things that various people have said about the role of the healthcare issue. It sort of speaks to the binary nature of a lot of the political discourse in this country where anything worth stating is worth overstating and oversimplifying. This is either the most important thing in the history of mankind, or it's completely irrelevant. The way I look at healthcare reform is number one, clearly it framed President Obama's first term of office. Clearly there were a lot of things that play in that 2010 midterm election, but none were more important than healthcare, but it wasn't just about healthcare.

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When I look at sort of the explosion that occurred in 2010 where, for example, Republicans picked up 63 seats in the House of Representatives, the most that either party's picked up in any election since 1948, the most either party's picked up in a midterm election since 1938, what went into that, and the rise of the Tea Party movement and all that. To me there's a lot of TARP, I think the Troubled Asset Relief Program, probably the world was on the financial abyss about going over the edge, I think it saved us from going over the edge. The thing is, the American people will never fully understand or appreciate the key role it played in terms of saving the U.S. and the world economy from going over the side. Yet it was, I think, one of the things that led to the creation of the Tea Party movement. Then the economic stimulus package outraged a bunch of conservatives, then briefly you had climate change, and then everything sort of turned the corner in August/September of 2009 and healthcare became the dominant issue and maybe even the straw that broke the camel's back.

Basically, healthcare's been pretty much the dominant issue one way or another for five years. When Molly was going through some of the polling data and she read the question, I'm tired of hearing candidates for Congress talk about the healthcare law and I think they should focus more on other issues, I think it could have probably just said, I'm tired of hearing the candidates for Congress, period.

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Jim, I spent three days last week in Greensboro and watching some of the advertising there. You know, it's a wonder people aren't throwing bricks at television sets and I'm sure the same thing is true, Kathie, in Iowa. I think that to the extent that some people say it's diminished, I think it's just sort of evolved. About six months ago, one of the things that we like to do at *The Cook Political Report* is take out key strategists for dinner, usually with some fine wine and sort of lubricate the relationship and get lips going and stuff. We started hearing Republican strategists say, well, we're telling our candidates, we're telling our campaigns that you've milked the healthcare cow for all there is. There's no point in beating on Democrats anymore on healthcare reform because we've chipped away, we've won all the votes we can possibly get on this issue, it's just not a productive exercise anymore. You need to diversify your message, we need to be something other than the party attacking healthcare reform.

I think you've seen a lot of campaigns have started moving over. Some still like to beat that drum, part of it out of habit, part of it because the base loves it, part of it just so nobody will forget it, not that anybody's going to forget it. The thing is, the focus has shifted somewhat elsewhere, but it still has sort of framed where the Democratic Party is for the first six years, certainly more than anything else. If you think about it, we turned the corner into focus on

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healthcare, I would say September of 2009, sort of August/September. This is five years, and so is there a bit of healthcare, ACA, Obamacare fatigue with voters? I mean, I think that a lot of voters, they think, they may not, and look at the favorable/unfavorable numbers in the Kaiser poll. The thing is, more often than not, they don't like it, but they think this has already been litigated. This thing's not going to get repealed anytime soon, and so let's move on and start working to fix it. I think that among political figures on each side, there's a real disincentive to follow the lead that these voters, 63-percent of voters want to sort of move on. On the Republican side, any Republican that says, well, we ought to just roll our sleeves up and try to fix this thing, they get just beat over the head and shoulders by Tea Party types who say, trying to modify it is accepting it, and we don't want to accept it. So there's pressure against Republicans to want to move there. Then you've got certain Democratic leaders who feel like the Affordable Care Act was the product of an immaculate conception, and is absolutely infallible and not to be touched in any way. Well, no, that's not true either.

There's a disincentive for political figures at this point to try to fine tune it, to try to work out some of the problems, even though precisely that's where the American people are. I suspect that 2015, 2016, I don't think that's going to change a whole lot. I think we're probably going to

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be into 2017 before we're likely to see Congress starting to intellectually turn the corner and start saying, okay, what can we do with this? I think it's going to require some faces changing and just get a little further away from 2009, 2010 before people can start tackling it in a honest and responsible way. We just need the wounds from 2009/2010 to heal a little bit more.

When we were talking about putting together the panel, it was my suggestion to add reporters. When we were talking about adding some local reporters, columnists, influential political analysts in key states, I recommended pick two states where you've got either an incumbent Democratic senator or a Democratic house member who did vote for the Affordable Care Act and is having to deal with that. In an open seat race where nobody voted for or against it, it's not as big a deal. Or if it's a Republican incumbent, it's not as big a deal. I think that this is sort of weird, the battle's going to be won or lost and you look at Alaska, you look at Arkansas, you look at Louisiana, these are red state incumbents that are having to deal with it. Then in Iowa's case, you've got Bruce Braley who supported it, who's having to deal with it as well. These would be the races to really, really, really focus on to get a bead on what impact is this really having?

I would sum up my assessment, it was huge, it did play a central role in framing everything, but voters have moved on,

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to a certain extent. A lot of them see it as sort of water under the bridge, they still, obviously, have opinions about it. They still, obviously, more than not, don't like it, but overwhelmingly realize that this thing's not going to get repealed, it's not going anywhere anytime soon. First of all, I think they're absolutely right, and it strikes me as positive that they realize that it's not going anywhere anytime soon. It is what it is.

Anyway, I'm in the middle, it was huge but it's lost a little bit of its oomph, but it still is more important in setting things up than any other issue was over the last six years.

DREW ALTMAN: Wow, thank you, in so many respects. I want to announce our merger with *The Cook Political Report*. It probably is a problem that even I'm getting tired of hearing about it.

CHARLIE COOK: There was a time when we were a non-profit organization, too. Thankfully we're past that.

[Laughter]

DREW ALTMAN: You know what, I'm going with Charlie's plan. I would also like very much just to move on and hear from Kathie and Jim, so let's do that. The real world.

KATHIE OBVADOVICH: Alright, great. First of all, thank you very much for having me. You can see me here scribbling notes from your really smart comments, and

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absolutely, this is informing the debate in Iowa. In Iowa, of course, we never have just one election at a time. Right now the 2016 race has begun in Iowa, in the context of a really interesting generational election for 2014. The retirement of Senator Tom Harkin in Iowa set off a scramble. It's the most active political season at the top of the ticket that we have had in 40 years. It's been since 1976, I think, that we had an open Senate seat, and two open House seats. That was back when Iowa had seven Congressional Districts, we only have four now.

Our Senate race between Bruce Braley, as Charlie mentioned, and Joni Ernst is the Republic candidate, is a dead heat. *USA Today* just had a poll last week that literally showed this as a tied race. The candidates are really looking for any advantage they can, and the way they have framed the healthcare debate has been interesting, not just in this race, but across the board. Charlie mentioned people looking for ways to diversify their message, and healthcare is still part of that message, but I think the candidates have changed the way they talk about it. Republicans in Iowa have started talking about healthcare, Obamacare in particular, as an example of the overreach of the President, and the President overreaching his authority. They talk about the NSA, they talk about the various foreign policy issues, and then they talk about healthcare and they talk about the contraceptive

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coverage, they talk about unilaterally changing the rules to delay the mandates.

Those types of things are building up into an argument that the President is essentially throwing out the Constitution and overstepping his authority. That is probably a pretty effective message in Iowa because Iowa is a purple state, people are very concerned about the balance of power. I talked to our state Republican Party chairman, and he said, absolutely this is happening, this is a good way to frame it. You're not really talking to necessarily people who have already made up their minds about the healthcare act, instead you're talking about this is a symptom of something that you really do care about, which is the balance of power in our country.

We are seeing ads in the Senate race, almost all of them funded by super PACs, Koch Brothers have a lot of money in Iowa and they are talking about essentially healthcare as the thing that's going to explode the budget and drive us all to ruin. Democrats have not picked up the opportunity to look for—the way they would do this was look for personal stories of people who have been helped and run ads featuring those personal stories, and they have not been doing that. The way that the Democrats are framing this is, Obamacare is an example of the reason for gridlock in Congress. We say, yes, this is a good law, yes, it's not a perfect law, we want to fix it, but because the Republicans have gridlocked Congress and they will

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not vote on anything except repealing, nothing is going to happen in Congress. What Bruce Braley is doing is talking a lot about how he is the guy who's going to work across the aisle and break gridlock and get some of these things fixed.

Yes, they're framing the healthcare as a symptom of a larger problem, of dysfunction in Washington. How much they're talking about it varies. We have a surprisingly competitive looking race in Iowa's second Congressional district. Congressman Dave Loebsack is being challenged for the third time by a Republican physician, an ophthalmologist Mariannette Miller-Meeks, in one of the most Democratic leaning districts in Iowa. In a debate two weeks ago I think it was, or maybe last week, she wouldn't say whether she would repeal the Affordable Care Act, she talked around it and around it and around it. She never did say whether she would repeal it. She had a list of the usual Republican solutions to fix it, like tort reform, some of those things, but she would never actually say she would repeal it. I was not on the panel for that one, I was home shouting at my television, will you repeal it or not? I thought it was really interesting that she would not say that.

In Iowa, we also have Congressman Steve King who would be at the other end of the spectrum. If you don't know Steve King, he is on the side of gleefully repealing Obamacare, and he does not care at all whether it gets replaced with anything.

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In fact, he told me, I think it was last week, that if you are going to complain about insurance companies discriminating against people with pre-existing conditions, then you should also be complaining about insurance companies refusing to sell insurance to a property owner whose house is burning down. Everybody likes the part about covering people with pre-existing conditions. He says, no, and doesn't really care about that. That's kind of the spectrum that we have in Iowa. By the way, Steve King probably doesn't have much of a challenge in his race, he'll get re-elected pretty handily in Iowa.

I venture to say though, he doesn't probably speak for the majority in his party. I think that Republicans in Iowa, Democrats in Iowa, Independents in Iowa, probably shake out pretty close to what we found in the poll here. Also, we didn't break it down, but Iowans generally don't like Obamacare when you ask about it. Generally Independents lean negative on Obamacare, but when you break out the components, pre-existing conditions, for example, keeping kids on mom and dad's health insurance until they're 26, those components, they're all very popular. It is a very small group of people who hate everything about Obamacare. When you break those things down, it becomes a more popular thing, which I think makes it more complicated for candidates to generally just attack the law.

I think I'll turn it over to Jim at this point.

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JIM MORILL: Thank you. Let me tell you a little bit about the candidates in North Carolina. Kay Hagan is a Democrat, she got elected in 2008. That was the first year that a Democratic presidential candidate carried North Carolina since Jimmy Carter in 1976, so it was a good year for Democrats, she beat Elizabeth Dole. It's a very close race, her opponent is a Republican named Thom Tillis who won a contested primary in May over a Tea Party challenger and a couple other people. He's the Speaker of the North Carolina House, and a week later he started a session, which dragged out until late August, so he has been pretty much off the campaign trail even as a candidate for awhile.

They had their first debate last week, and it didn't take Tillis long to remind people that Kay Hagan had said 24 times that if you like your insurance plan, under Obamacare you can keep it. Well obviously, that didn't turn out to be the case. She accused Tillis of trying to take us back to a broken system, so that was the debate about the Affordable Care Act.

They spent as much or more time talking about contraception. Thom Tillis became the latest in a string of Republican Senate candidates who have favored over-the-counter birth control. I don't know how much it's done for Tillis, but it's animated Kay Hagan's side and the women's groups who support her, by talking about things like Thom Tillis as

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Speaker, pushing to defund Planned Parenthood and things like that.

Let me go back to Obamacare for a minute. That seemed to sort of animate the campaign at the beginning. A year ago it was all over the airwaves in North Carolina. Americans for Prosperity spent a million and a half dollars, it was their biggest buy to date, I think in any state, criticizing Senator Hagan. The Senate Majority PAC associated with Majority Leader Reid came out with an ad on Hagan's behalf, also about the Affordable Care Act without mentioning the Act or calling it Obamacare. It just defended her effort to keep people covered with pre-existing conditions and be tough on insurance companies. It said that Tillis sided with insurance companies.

Those ads have pretty much disappeared from the airwaves in North Carolina. Just parenthetically, North Carolina had, I think, the fifth highest sign up under the Affordable Care Act. We've had like 350,000 people sign up under the Act. Like I said, healthcare has generally disappeared from the airwaves, even though it hasn't completely receded. Even though polls continue to show that Obamacare's not popular in North Carolina, the biggest issue has become a general issue of Obama and Washington versus Thom Tillis and Raleigh and the General Assembly. Our General Assembly has done some pretty dramatic things in the last couple of years in North Carolina, including turning down Medicaid, voter ID laws,

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tougher laws on abortion. Republicans took over the General Assembly in 2010, they kept it in 2012, and got a governor to go with it.

The latest fight is over education. I know that Molly said that education was not one of those issues that gets a lot of play generally, across the country, but in North Carolina it certainly is. Democratic Senate committees on TV with ads supporting Hagan, criticizing what Tillis and the Republican General Assembly have done about education. Senate Majority funds on TV with the same thing, and so is the Hagan campaign. Tillis also has an ad up about education in which he criticizes Hagan's numbers over supporting the federal deficit, or deficit spending, and defending what he has done about education in North Carolina. There's been another group on air about that, too.

Obamacare is still a factor according to the polls, although it's not as much of a factor. It's still an issue among Independents. A Suffolk University poll, *USA Today* poll, last month showed that Independents thought Obamacare was bad for North Carolina, 49 to 42. It didn't drill down to the extent that your poll did, so we don't know who was leaning which way. Other polls have also found that Obamacare is not particularly popular among Independents.

What Republicans are using it for, and this has been mentioned, is less an issue to drive a lot of people out, but

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it's to get their base up and to drill down on their base. You hear this from the campaign. Thom Tillis' strategist, who may have been one of the people that was lubricated by Charlie and his people, said that they're using Obamacare to move Independents. They have a very sophisticated micro targeting effort, like a lot of campaigns do, and they can identify the people for whom Obamacare is the main issue and make sure that they get out to vote. The guy who's the North Carolina director for Americans for Prosperity, basically said the same thing. They're mobilizing a big turnout effort and Obamacare is one of the means by which they do that.

Let me just mention one issue that's gotten less attention than the Affordable Care Act but related, is Medicaid. North Carolina is one of what, 24 states, 23, 24 states that have refused to extend Medicaid coverage. Without Medicaid expansion, there's like 500,000 people in North Carolina who would otherwise qualify for Medicaid and get it, who aren't. I don't know if anybody remembers or followed a story a couple months ago now. There was a mayor from a small town in eastern North Carolina on the Intracoastal Waterway, town of Belhaven. There was a small, rural hospital nearby that closed because of not getting any Medicaid money. He walked all the way from Belhaven to Washington, 273 miles, to protest that fact. Dana Milbank wrote about it in *The Post*, and let me just read you a little bit about what Dana Milbank

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wrote. "He said on July first the hospital in rural Belhaven closed, a victim in part of the decision by the state's governor and legislature to reject expansion of Medicaid under Obamacare. Six days later, a woman had a heart attack and the medevac to take her to the nearest hospital, which was many miles away, didn't get her there on time and she died. For O'Neal, the mayor, any ideological doubts about Obamacare had dwarfed by the disgrace of a young working mother unable to get cancer treatment."

I talked to the mayor the other day, he's a Republican who is against Republicans on this particular issue, said it's a loser issue for Republicans, the decision not to expand Medicaid. He said, I don't understand what they're doing. I hope Tillis wins, but I don't agree with him on this. I don't think you turn away healthcare for 500,000 people to prove a point. He said, you're not going to defeat Obamacare by depriving 500,000 poor people of insurance that's already been paid for. The decision not to expand Medicaid, Senator Hagan calls a double whammy on hospitals, primarily rural, poor hospitals, but others, too because not only do they not get Medicaid, but they don't get the DSH payments from the federal government that go to hospitals that cover that. Anyway, thank you.

DREW ALTMAN: Thank you, and I think you addressed every one of my questions and it had nothing to do with wanting

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to do what the moderator asked. That's just great. We would love to have your questions, any questions that you have about any of this or related issues. The only rules are just the usual rules. Please tell us who you are and where you're from, and there are microphones going around.

MARY AGNES CAREY: Thank you, I'm Mary Agnes Carey with *Kaiser Health News*. I wanted to start the question with Charlie, but others jump in. When you talk about it's going to be 2017 before Congress sort of turns the corner on the ACA, I wonder if you could talk a little bit about how you think it's going to play in the 2016 elections and what factors you'll be looking at to make that determination.

CHARLIE COOK: That's a great question. I think listening to the panelists, I was struck, Molly was saying how much the healthcare numbers looked like other numbers in reflecting partisan divides, and hearing Kathie and Jim. It struck me that, you know, what is the big division in American politics right now? It's role of government, and that healthcare reform is a metaphor for the larger, what's the role of government, more expansion, less invasive, extension of Medicaid, same thing, climate change. All these things are role of government issues that, and it was just sort of the biggest and most immediate. I'm kind of a pessimist. To me if Democrats hold onto a majority in the Senate, you know, 50/50, 51/49, something like that, or I think more likely, Republicans

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get a net gain of six or seven or something like that. The thing is, the Senate is going to be in a zone of—I can't imagine either party having more than 53 seats. I think it's more likely that the majority party will have 52, 51, or Democrats with 50. But the thing about it is, given the nature of the Senate, given the rules of the Senate, given the fact that you've got majority and minority leaders that despise each other, that barely speak to each other, that are both very smart, very skillful at sabotaging the other and the other's side, I have some degree of difficulty imagining anything really big happening, no matter which scenario, in 2015 and 2016. I'm just sort of having a hard time getting there. The suggestion that well, some moderate Democrats might switch over and support Republicans, well the thing is, if Republicans get a majority, it's going to be on the backs of moderate Democrats, it means they're not there anymore. I just think we're going to be sort of floundering around for another couple of years until the faces, the personalities change, some of the wounds from 2009, 2010 heal.

One other thing, a lot of times when Congress has had just one of these knockdown, drag out, Armageddon like fights, they're reticent to actually take that up again for awhile. Their hands got burned on the stove, no matter which side they were on, and they're just not looking forward to embracing that fight yet again. So I'm sort of a short-term pessimist and

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long-term optimist that healthcare reform will be revisited, fine-tuned. I mean anything, these guys are the experts, but anytime you have a huge and enormously complicated piece of legislation, there's always going to be amendments, there's always going to be adjustments made, there're always going to be defects that maybe not have been recognized at the time it went through. Or maybe they were and were underestimated. I think we're going to be a little while longer before we get there.

DREW ALTMAN: We really should merge, that's exactly my view, so the action will be in the states. Next question.

KENYON FARROW: Hi, my name is Kenyon Farrow, I'm with the Treatment Action Group. I guess my question is, I think what's been absent from this conversation is really the role of race, and the debate around healthcare reform and in this particular election. We're sort of assuming that Democrats and Republicans are kind of equally weighted demographically across the society, right? Which we know isn't true. The Republican Party has become much older and whiter, and part of the way in which the debate around healthcare reform has happened, has been partly because of a 40 year track of kind of racializing the social safety net, welfare, food stamps, and Medicaid. What seems to be on the surface, I think, is sort of conversations about the role of government, which I agree is part of it, but what is often underneath that is, and in some

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of the debates around even Medicaid expansion, what we hear is, the messaging has been the government is trying to push everybody onto government programs, as if to say, with basically poor black people, for which you don't deserve. Even the way polling, I think, looks at some of the other aspects of the Affordable Care Act, are the things that speak to most of white middle class who see themselves as part of the private insurance market. We have a very racialized kind of discussion, and clearly in the way the Supreme Court decision played out around the Affordable Care Act, we see what states are expanding and which aren't. I'm just interested in some thinking about where race is playing out in terms of how—and even though I agree with you that the Affordable Care Act may not be the primary driver of how people are voting this season, but it's in the way it's being discussed is in the midst of a conversation that's very racialized.

DREW ALTMAN: Thank you for that question. There's certainly been an effort from all corners to paint the ACA as a program for working people of moderate means, and not so much a program for low income people and minorities. It's very much a program also for low income people and minorities for reasons that you implied. Who wants to take the political question?

CHARLIE COOK: Too often, there's sort of a short hand and for example, I mean, obviously the only issue that Latinos are possibly concerned about is immigration. Well, that's

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baloney, and that was actually one of the problems that Republicans had back in 2012, was in terms of going after Latino vote, is Latinos are some of the strongest supporters of the Affordable Care Act. It wasn't just a matter of Latinos getting slighted on immigration or anything like that. It was, hey, it's part of the role of government fight, and they're clearly, a lot of Latinos are concerned about more than just one thing, more than just immigration, and they were enormously supportive of this and that was one of the challenges for Republicans, trying to kind of crack through.

Listening to you, it occurred to me in terms of the Medicaid expansion and where the debate's going, that 2015/2016 could be kind of interesting in that the Republican governor that I think really broke ranks, and I think there's a fair chance John Kasich in Ohio may end up running for president. The question is, how will his decision to go for Medicaid expansion against the wishes of the Republican base, and sort of around the legislature, if you will, does that hurt him among Republican primary voters? To me, you could say, John Kasich was a pragmatic governor who looked at some and said, this is good for my state, and it may not be ideologically correct for conservatives, and it may not help me politically win a Republican nomination, but hey, I think this is pretty good, this is an important thing for our state. Does he get

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punished for that? I don't know? It'll be kind of interesting to see.

We're not seeing a whole lot of that kind of thing going on in terms of people breaking out of their ideological comfort zone and taking risks. We're not seeing a whole lot of that anymore, and I think it will be interesting to watch that play out.

DREW ALTMAN: When I was in state government, states were always more pragmatic, Washington was more ideological, and then we saw a shift in state legislatures and the governorships. That may be cycling back again, which Charlie just described.

CHARLIE COOK: Oh, you're hard wired.

DREW ALTMAN: I'm hard wired, but it's not working.
Next question.

SUZANNE MINTZ: Suzanne Mintz, Family Caregiver Advocacy. My question's for Kathie. I was interested in your saying that the Democrats are not appealing to the heart with stories regarding the Affordable Care Act, and it's always seemed to me that data proves that there's an issue, but it's the stories that bend the heart and a lot of votes. I was wondering why you think they're not playing that card and what it is they are going to do to make their case?

KATHIE OBVADOVICH: I think the reason they're not playing that card is because they don't want to talk about it,

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generally speaking. They will talk about it when they're asked, but you look at the stump speeches and the things that they are saying voluntarily to voters, and the Affordable Care Act is not generally on their list. It is part of the message of how people want Washington to work together. I would say one exception to that is when Democrats are working to appeal to women, the healthcare discussion and the Affordable Care Act is a part of that, but the bigger message, of course, is Republicans don't want Obamacare, but they do want to control women's healthcare. They are able to set up a contrast there with the women's reproductive issues and how Obamacare plays into that. I think we will see more of that. We haven't seen it so far, I think we probably will before the end of the year, that will be part of the rhetoric. That is part of what Democratic candidates and I do talk about is, sort of, a gender divide dealing with healthcare.

CHARLIE COOK: Let me ask Kathie and Jim, I know with Mark Pryor, he did address it, using an example with his son, right? Who else in the last week or two, Democrat, invoked a family member?

DREW ALTMAN: It was just Pryor.

MOLLYANN BRODIE: No, there was another.

CHARLIE COOK: No, there was a daughter or—somebody else in the last week did it. The question is, are some Democrats, healthcare is the elephant in the room, you can't

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ignore it. How can we spin any aspect of this in a positive way, which is sort of, I think, what Mark Pryor and, I'm having a senior moment, who the other one was, versus just pretend it will go away. To me, it's an interesting calculation, and maybe in Iowa the opposition is not so overwhelming that maybe Braley's campaign feels like they can ignore it versus in Arkansas, maybe he didn't have any choice, he had to deal with it. I don't know, is Hagan?

JIM MORILL: I don't know that she's had to deal with it personally, but I'd be surprised if she brings it up. I think it's just raising an issue that fires up the other side. It's not the overwhelming issue, but it certainly plays to the base, and as long as she can play the game on her turf, which right now is education because of what the General Assembly's done, I think she would do that.

KATHIE OBVADOVICH: I think that in Iowa, too, just the divided partisanship, the other way that healthcare is coming up in the debate more voluntarily and more frequently is as it relates to veterans, and the Veteran's Administration. Of course, veterans' issues are one of those very few issues that both parties generally agree, they want to talk about and generally agree it's worthwhile. For example, Joni Ernst, our Republican candidate for Senate, is a military veteran, and so she can use that to talk about that issue in a way that general

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election voters are willing to hear, and you don't immediately get peoples' backs up over Obamacare.

DREW ALTMAN: I'm glad you brought that up. In our Health News Index where we track the health stories that get through the public, that's really the one in recent times. It's understandable that will have gotten through. You mentioned, of course, the ACA and contraception and Medicaid. What about Medicare? Have you heard anything about Medicare in the two races, either about Republican plans to privatize it or the cuts in the ACA, any of it?

KATHIE OBVADOVICH: Medicare is big in Iowa. Iowa's a very elderly state, generally speaking. Iowa before the ACA had a very low uninsured rate, and that was mainly because of Medicare and Medicaid. That has just, really in the last couple of weeks, bubbled up as being a big issue, combined with Social Security. Joni Ernst made some comments during the primary, generally sort of favorably disposed toward private accounts for Social Security. Also, she is raising the idea that Bruce Braley would be willing to raise the retirement age for Medicare to 70. A lot of back and forth about that, neither attack is quite true. We have a lot of candidates dancing around these issues, raising options. They say, well, these are options that we can talk about, but I'm not necessarily for them, we all have to get together and discuss

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this and agree on it and hold hands and then skip into the sunset. And of course, none of that is going to happen.

I think we're hearing a lot of talk about the need to discuss it and whether we need to discuss it now or whether we have time and I don't think it's going to be resolved.

CHARLIE COOK: I always liked the bumper sticker, "keep government's hands off my Medicare." I always just thought that was priceless.

MOLLYANN BRODIE: I would just say we saw how rarely people actually mentioned the ACA or Obamacare, but in that same healthcare number is anybody who mentioned Medicare. It was so low this cycle. Usually in past cycles, particularly in the midterm election which does turn out older voters, you usually see more of a blip for the Medicare issue, and it's just not there this time.

DREW ALTMAN: What about in North Carolina?

JIM MORILL: There really hasn't been a lot of talk about it yet between the Senate candidates. You heard early on that Republicans say that Obamacare was going to result in Medicare cuts, which Democrats tried to debunk. I think others did as well, but you just don't hear about that much anymore. Right now it's all education all the time.

DREW ALTMAN: Kathie, I think you described the entire history of entitlement debates. Options, and we're going to talk about it.

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KATHIE OBVADOVICH: Yes, exactly.

DREW ALTMAN: Any other questions? Yes.

SARAH WHEATON: Thank you, it's Sarah Wheaton with POLITICO. Piggy backing on some of the earlier questions about Medicaid and expansion, we've seen in the state houses, in Arizona there was an effort to punish the Republicans who supported Medicaid expansion. In North Carolina they had a lot of discussion about it and it didn't happen. Iowa did do an alternative expansion. Have you seen among state legislators any political consequences, any action by the hospitals and chambers to try to affect those debates in those states?

JIM MORILL: That's a good question. I think the hospital associations have lobbied for expansion, but they haven't made a lot of noise about it. It's a pretty partisan issue in North Carolina and with the legislature, both houses having veto approved super majorities of Republicans and a Republican governor, we just haven't heard much about it.

KATHIE OBVADOVICH: In Iowa, the legislature did vote to expand Medicare, but it was through a waiver from HHS that included some health and wellness types of programs and it did include a premium, which, after the legislature all approved it, HHS refused that part of the waiver. That gave everybody a lot of cover that they were able to vote for something that ultimately isn't part of the law. Because Iowa divided legislature, Republicans controlling the House, the Senate

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controlled by Democrats, but just really by a very small majority, so both parties had to participate in this and the Republican governor had to participate in it. I would have anticipated that being, perhaps, more of an issue in the primary for legislative races, and there may have been a few individual ones, but not anything that really became widespread. We haven't seen it this fall yet.

MOLLYANN BRODIE: I would just add from the public's perspective, when we've been polling on what people think about the various provisions of the law, nationally we certainly know most of the provisions are much, much more popular, including the Medicaid expansion. We did some polls in some of the southern states and we found the same thing, that there's not nearly the same negative feeling about Medicaid expansion as there is about the ACA overall. In fact, Medicaid's quite popular amongst a broad swath of the public, some of that might be a familiarity with it. In a lot of cases, it is familiarity with it. We know that large shares of the American public say that they either know somebody, a friend or family member, who has touched the program. I do think that this is more of the big government issue, an ideological issue among the legislators than it really is from the public's perspective.

DREW ALTMAN: Okay, we're going to take one more. Do we have another question?

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ERIC ROBERTS: Hi, Eric Roberts, Johns Hopkins University. Do you think that the opposition to Medicaid is primarily because it's fused inexorably to the label of Obamacare, or do you think there are technical issues that are actually being debated in state legislatures? For example, over the long run, states will be responsible for 10-percent of the expansion's costs. Just on a related note, Arkansas has this model for premium assistance based Medicaid expansion. Do you think that will be palatable to states that are objecting to the current Medicaid expansion and might consider that as an alternative if the Arkansas experience proves viable?

DREW ALTMAN: I can give you a general answer, but let's answer in the context of the two states we've got here.

CHARLIE COOK: Let me put a twist on before you go. And how much of this is Medicaid perceived by Republicans as a program for Democratic voters? Just to throw that little twist in.

KATHIE OBVADOVICH: In Iowa, the debate was not necessarily over opposition to Medicaid per se, it was over trust of the federal government. What politicians in Iowa like to do is, they point to our state house and say, well, look at how well Iowa works together with a divided government and how terrible Washington, D.C. is. A lot of the concern about Medicaid expansion was that no matter what the federal government says, Iowa is going to end up having to foot the

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bill for this. It became very much a budget argument, as opposed to really not about who is going to get Medicaid and whether they deserve it or not. It was really more of a macro argument, I think, about the budget.

JIM MORILL: In North Carolina, I think first it was a partisan decision, just like it was with a lot of state governments that are led by Republican governors and have legislatures. But in North Carolina, the state Medicaid system is widely seen as pretty broke, and at least what the governor and lawmakers say. There's that issue, and the state health and human service department has been pretty controversial for the last couple of years. One thing the legislature did not do this year was to get a long term fix for the Medicaid problem.

DREW ALTMAN: Okay.

CHARLIE COOK: Can I ask Molly and Drew one short little question? I hear physician groups talking about limits being on Medicare Advantage, limits on coverage. Are you seeing that pop up in the polling numbers of people no longer getting coverage for things that they used to under Medicare Advantage? Or are you not seeing it?

DREW ALTMAN: I have not seen it. We have the world's experts on Medicare Advantage here if they want to add anything.

FEMALE SPEAKER: I don't think we've been polling at that level of detail in the Medicare program. We have been

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tracking what's been going on with Medicare Advantage and we have been hearing from reporters that say this is an issue that is kind of popping up in local areas. What the allegation is, is that the reductions in payments that were included in the ACA, are resulting in changes that have yet to be documented. What's actually happening is that enrollment has grown considerably, it has tripled over the past, I don't know, decade? While CBO and others had projected the enrollment would actually decline between 2010 and 2014, enrollment has actually been increasing steadily. In fact, this year is six million people higher than CBO had projected when the ACA passed. We're hearing stuff, but the program is growing rapidly.

DREW ALTMAN: We always like to end with facts of Kaiser. Thank the two of you very much for traveling. Charlie, thank you so much. Molly. Thank you all for coming, we'll do this again.

[END RECORDING]

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