



QALY FOCUS GROUPS & NATIONAL SURVEY

FG: PITTSBURGH, PA

FEMALE SUBURBAN SWING VOTERS

SURVEY: NATIONAL, N=800

OnMessage recently conducted an evening of focus groups made up of female suburban swing voters in Pittsburgh, PA on September 13, 2021.

Two groups were conducted, each consisting of ten female swing voters. The first group was comprised of seniors (age 65+) and the second comprised of near-seniors (ages 45-64).

Overall by registration, the groups included 6 Democrats, 7 Independents, and 7 Republicans; 11 of the women voted for Trump, 9 voted for Biden. Also, each group had a mix of education levels, occupations, and ideologies. None of the women self-identify as “Strong” partisans or “Very” ideological.

The goal of the groups is to understand opinions and reactions to healthcare proposals currently before Congress, specifically proposals to use a version of the U.K.’s Quality Adjusted Life Year (QALY) cost saving approach to rationing care.

SURVEY METHODOLOGY

The following survey was conducted by OnMessage Inc. of 800 likely general election voters across the nation with 40% cell phone sample.

Telephone interviews were conducted September 28-30, 2021.

The margin of error is +/- 3.46%.

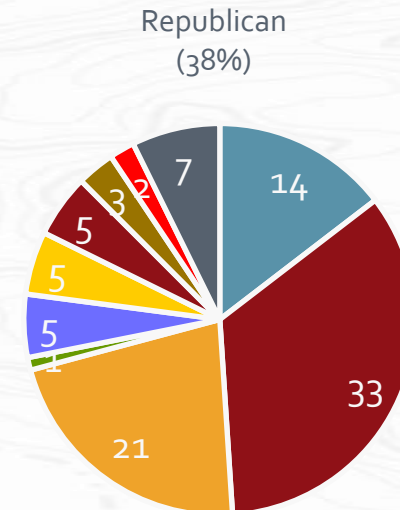
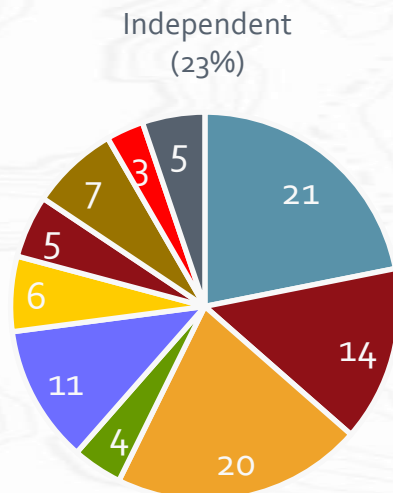
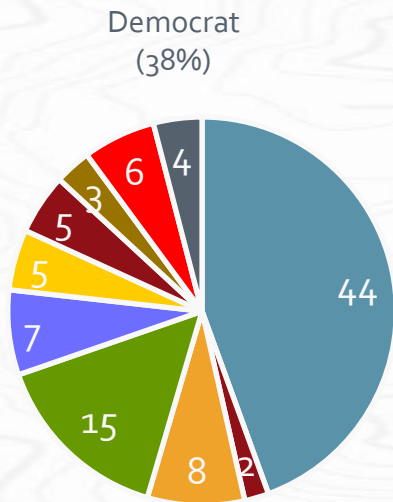
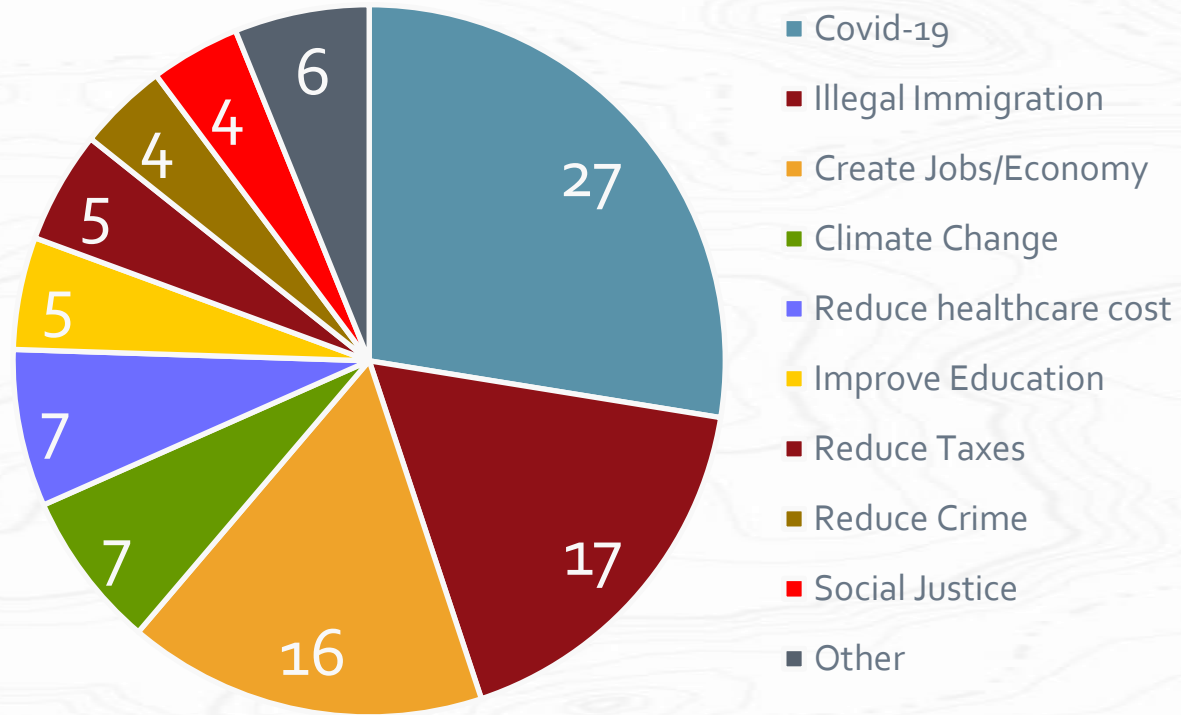


**Overview of Attitudes
Toward:**

Healthcare & QALY



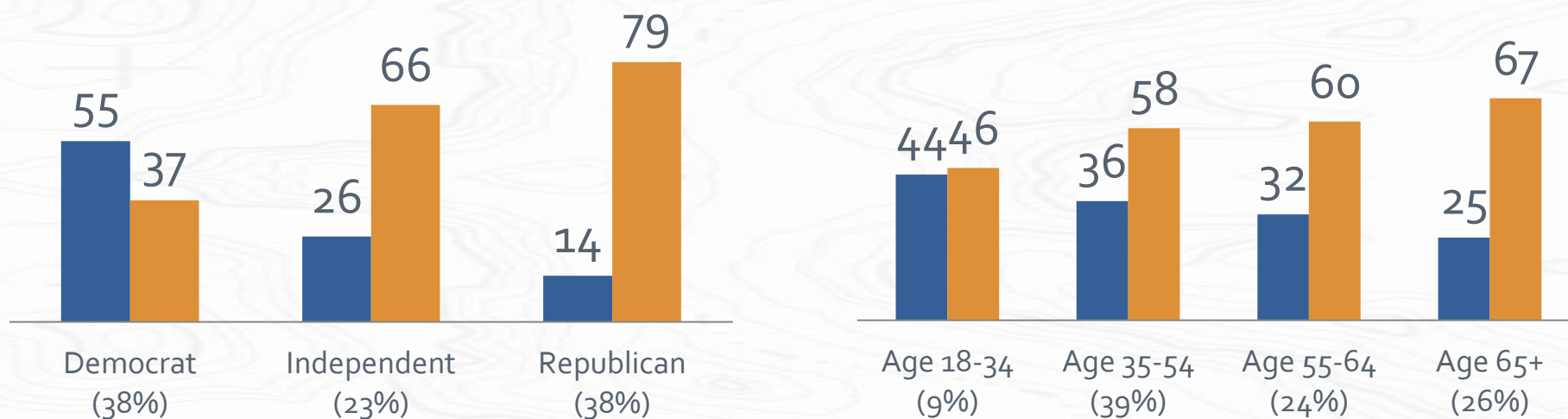
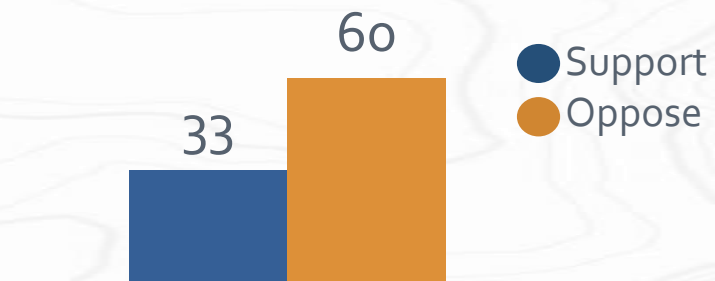
MOST IMPORTANT ISSUE



KEY FINDINGS

- American healthcare is the best in the world and should not move toward a Canadian/U.K. model.
- Medicare, as currently structured, should be protected. And, given the choice, all 20 respondents would prefer Medicare over a Veterans Administration-type system.
- Government negotiating drug pricing directly is met with broad derision and dismissal.
- The idea of QALY immediately strikes these women as distasteful and dehumanizing. The “mathematical calculation” reduces human beings to a number, and all foresee a reduction in quality and availability of care.
- Government should not “play God.”
- For all twenty women, this issue is a deal breaker on supporting proposed legislation AND on voting for politicians who do.

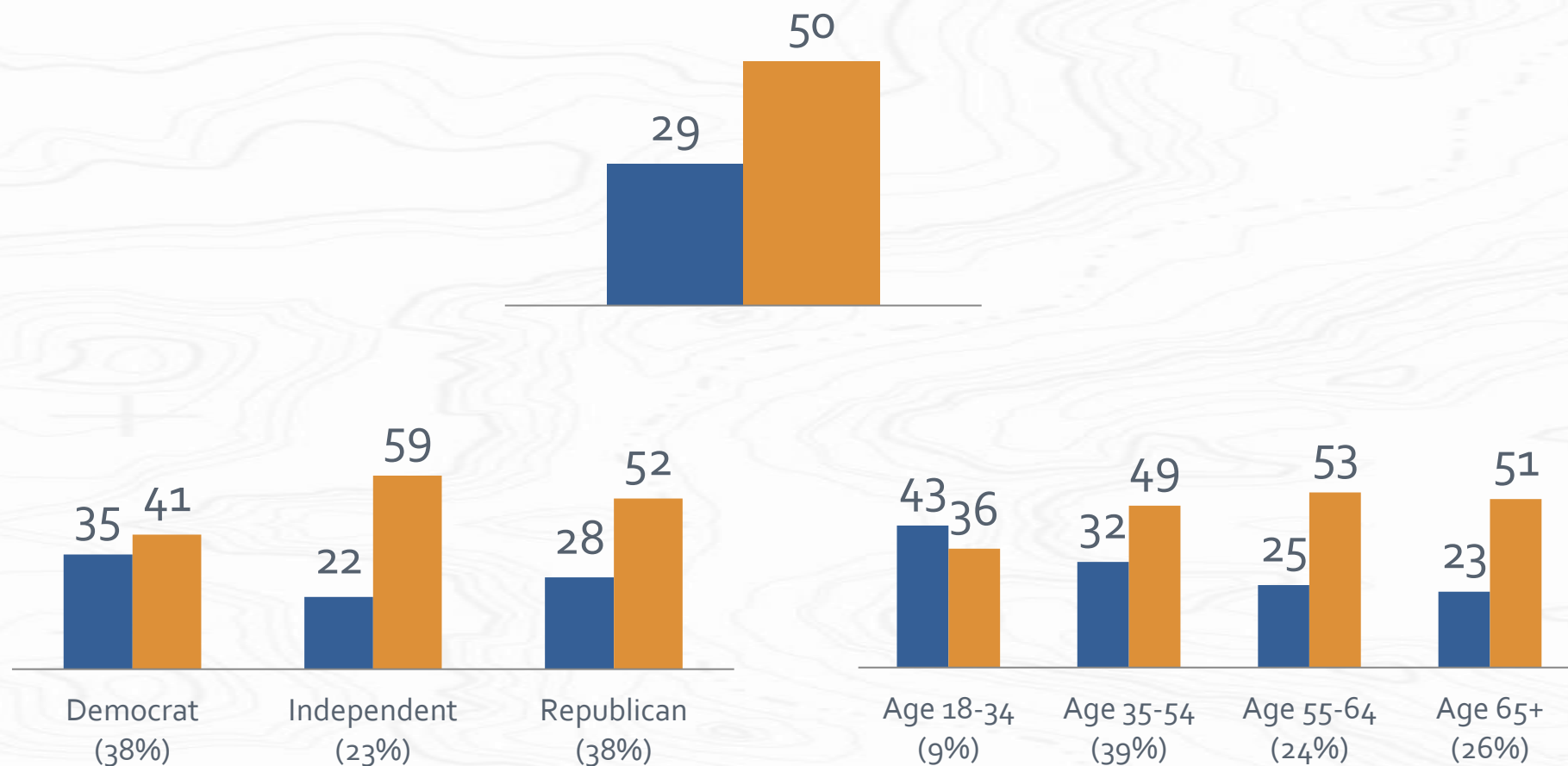
One proposal in Congress is to base our drug pricing on systems used in Canada and European countries where government officials, not doctors, decide which drugs the government will pay for and which patients will qualify for them. Do you support or oppose changing programs like Medicare to be more like health care systems in Canada and Europe?



DRUG PRICING

In order to help lower prescription drug prices, some politicians have proposed changing Medicare so it works more like the Veterans Health Administration, sometimes called the V.A. Do you support or oppose changing the Medicare program to be more like the V.A.?

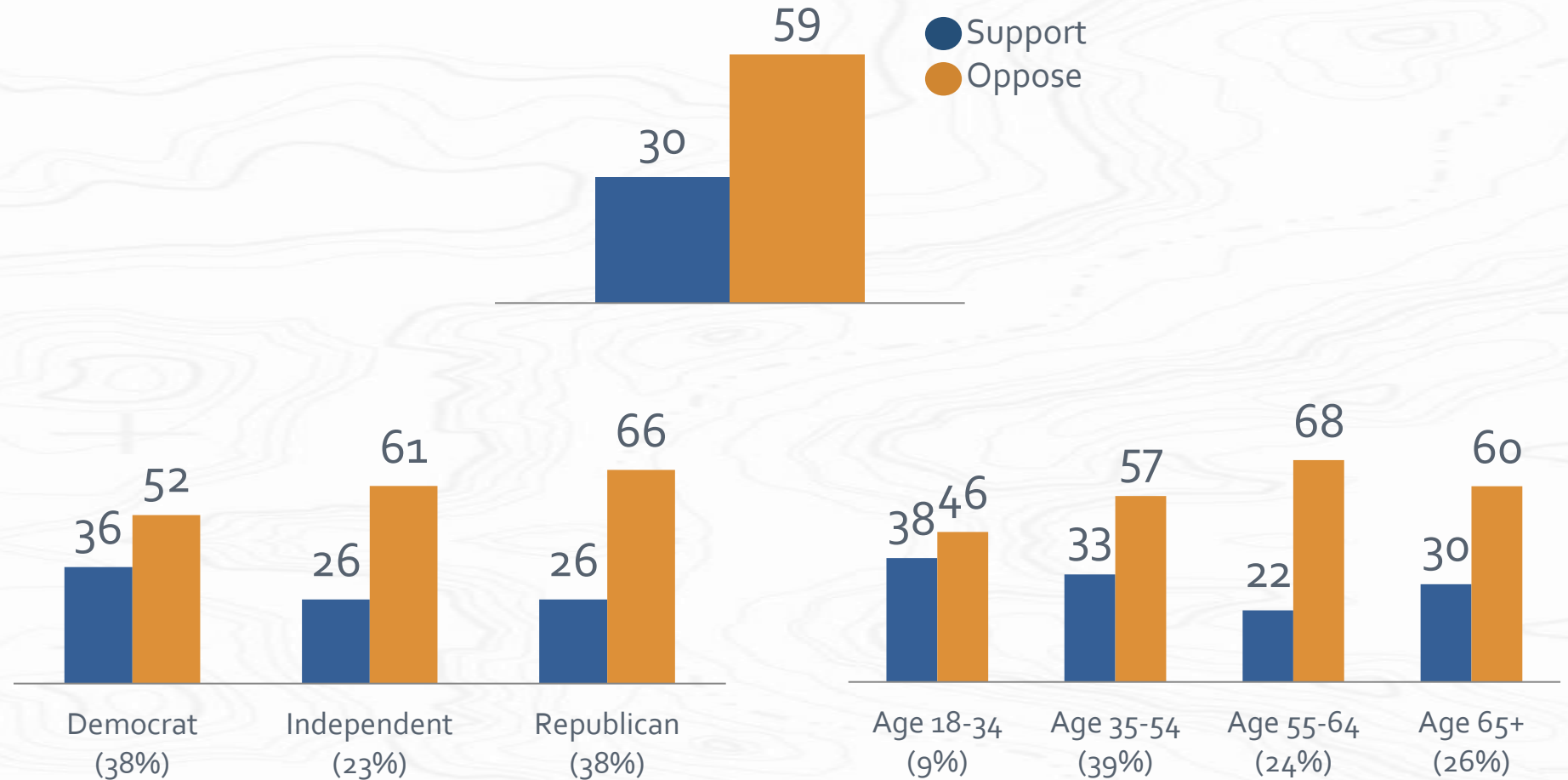
● Support
● Oppose



MEDICARE & VETERANS HEALTH ADMINISTRATION

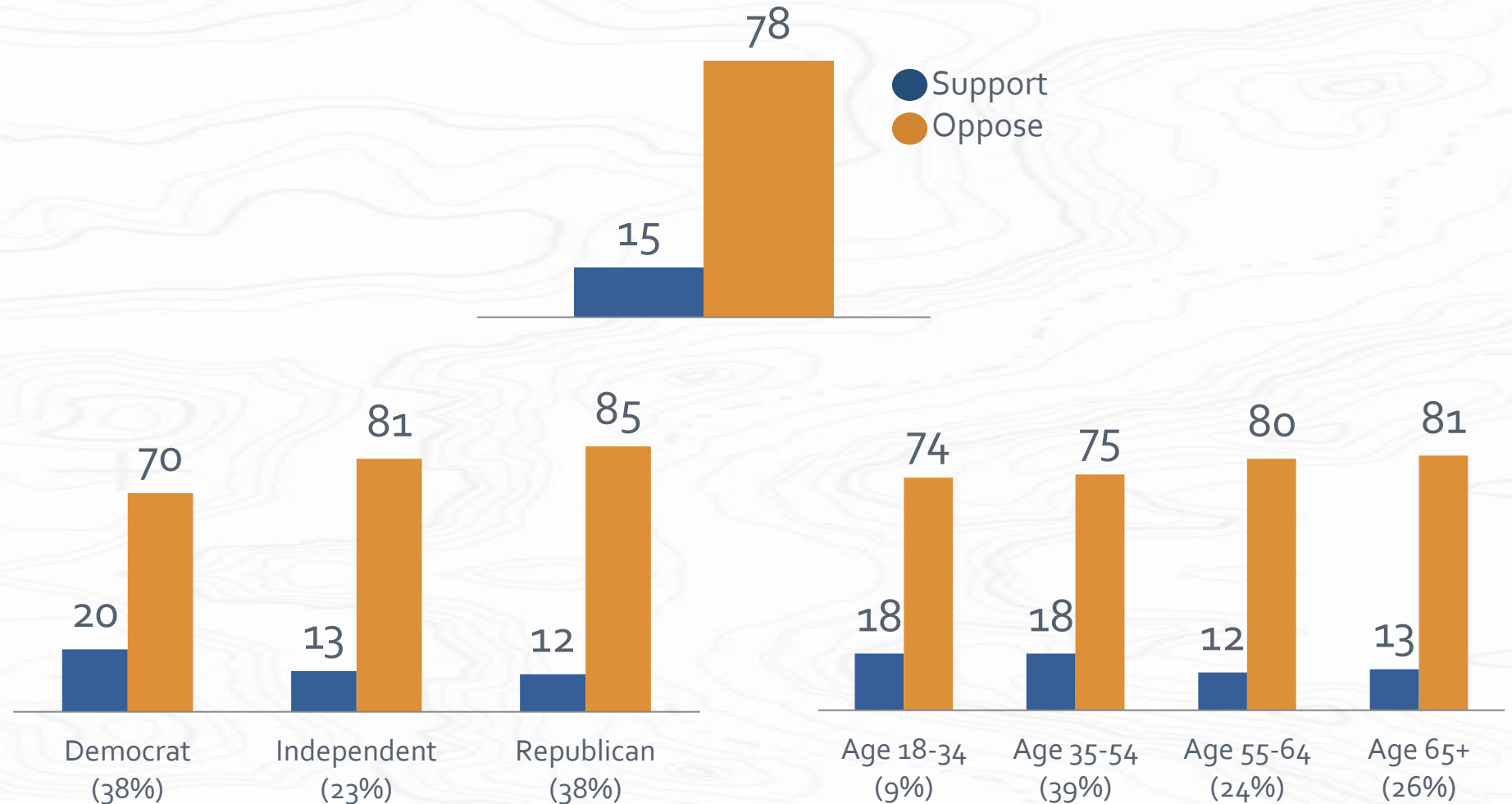
The Veterans Health Administration pays lower prices for prescription drugs than Medicare prescription drug plans do. But that means veterans have access to many fewer drugs, especially new medicines, than seniors do today. Knowing this, do you support or oppose changing the Medicare program to be more like the V.A.?

MEDICARE & VETERANS HEALTH ADMINISTRATION



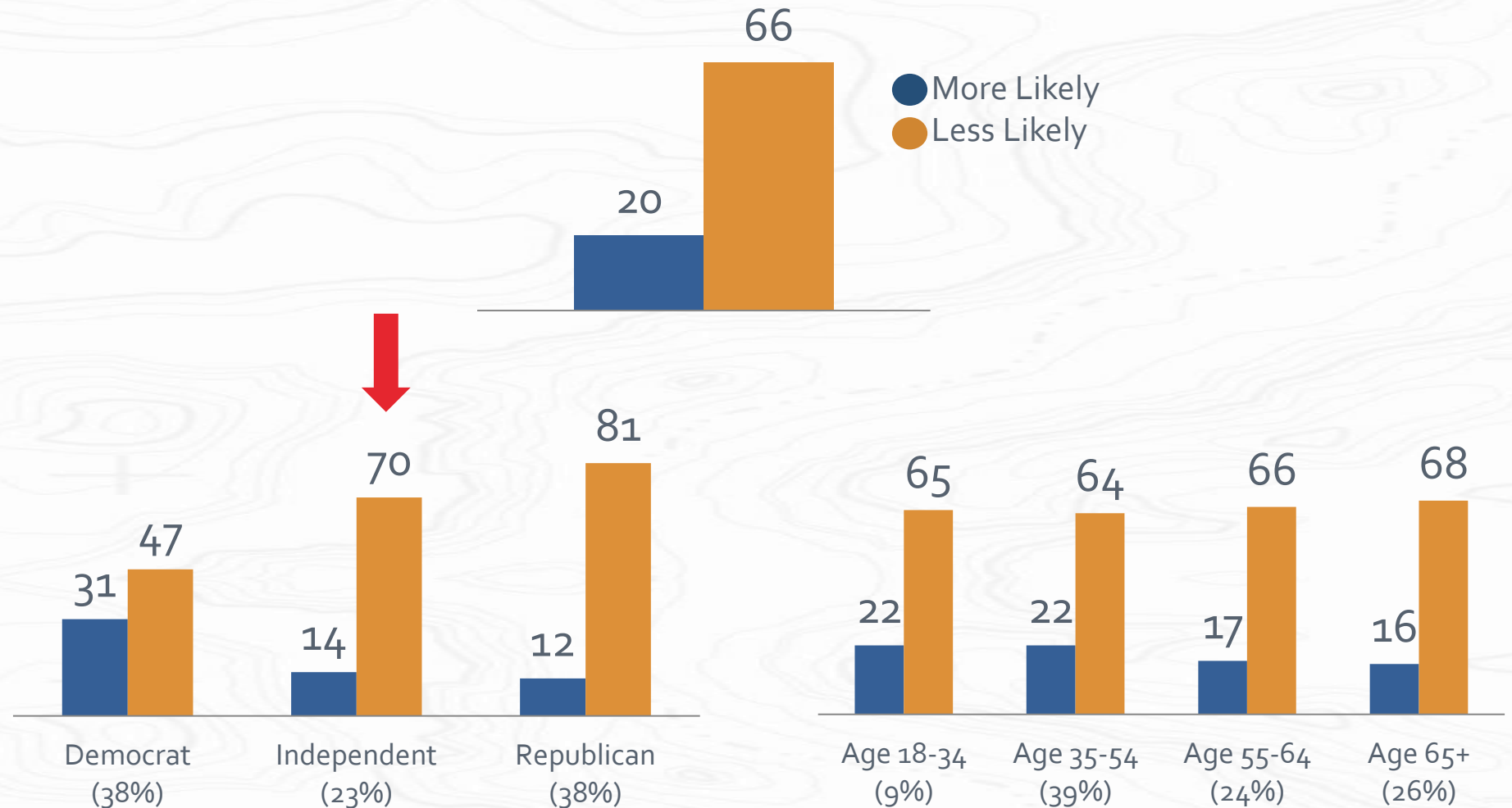
DRUG PRICING

Another proposal in Congress would have the U.S. government set prices for prescription drugs based on a mathematical calculation of the value of a patient's life. This mechanism is known as a QALY. Do you support or oppose using the mathematical value of a person's life to determine what drug and treatment options the patient qualifies to receive?



DRUG PRICING

If you learned your candidate for Congress or Senate supported this proposed Medicare drug pricing plan, would you be more likely or less likely to vote for them for Congress or Senate?





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