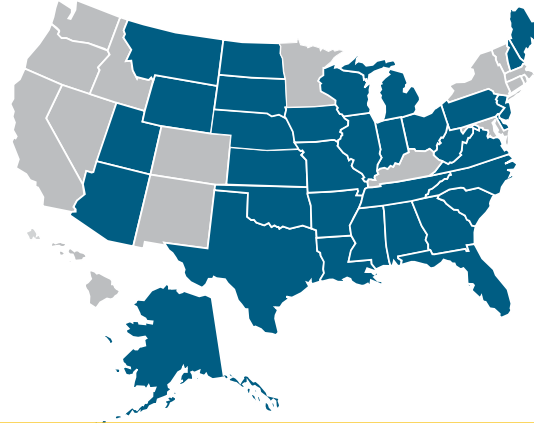




What Should Happen After King v. Burwell



1,564 Voters in Federal Exchange States*

March 9-13, 2015

MOE +/- 2.5%

What Shouldn't Happen:

More State Exchanges

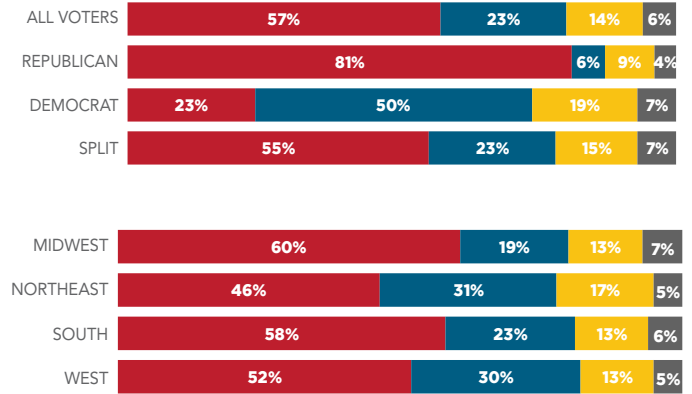
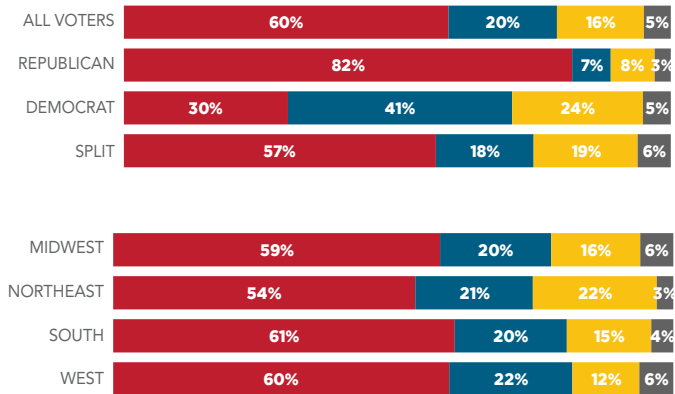
Voters don't want to pay for more ObamaCare.

Would you be more or less likely to support setting up state-funded ObamaCare exchanges if you knew that state taxpayers would have to pay for the cost of operating the exchanges?

Voters don't want more ObamaCare business mandates.

Would you be more or less likely to support setting up state-funded ObamaCare exchanges if you knew that creating exchanges could cause 375,000 businesses and 86 million employees to be subject to ObamaCare's employer mandate?

■ Less likely ■ More likely ■ No impact ■ Don't know





What Should Happen After King v. Burwell

What Should Happen:

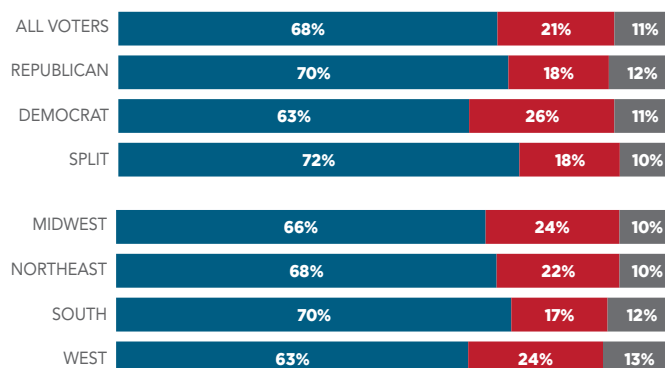
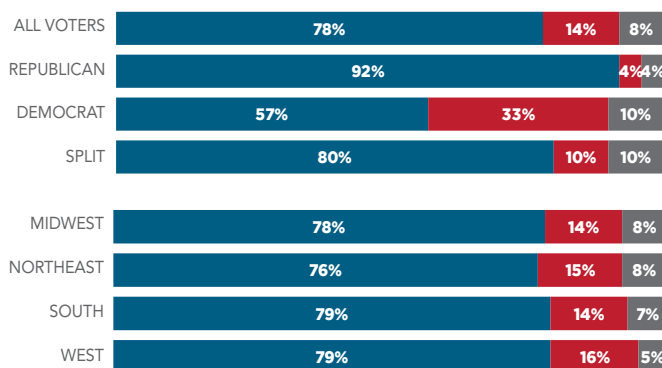
More State Exchanges

1. More choices.

ObamaCare outlawed many health insurance plans that were available before 2014. If Congress re-opens the law, should they allow people to buy the types of plans that used to be sold before 2014?

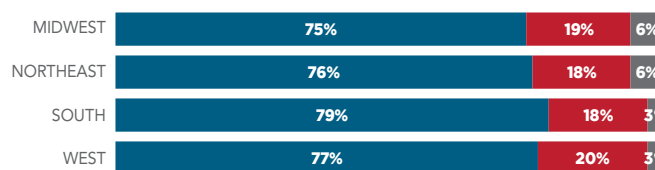
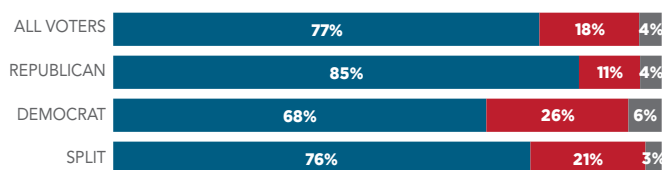
2. Subsidies that follow people, not just exchange plans.

Currently, ObamaCare only allows subsidies for certain government-approved plans sold on the ObamaCare exchange. If Congress re-opens the law, should they allow people to receive tax credits or subsidies for all types of health insurance plans, including those not sold on the ObamaCare exchange?



3. The ability to buy insurance any time.

Before ObamaCare, people could buy insurance any time throughout the year. But under ObamaCare, most people can only buy insurance during a small 3-month open enrollment period each year. If Congress re-opens the law, should they allow people to buy insurance during the entire year or only during the current 3-month open enrollment periods?



Results for this poll are based on live telephone interviews conducted among a multi-state sample of 1,564 adults who voted in the November 2014 general election. The multi-state sample was limited to voters in the 34 states that have not established health insurance exchanges. Data for this survey research was collected by Advantage, Inc.

Interviews were conducted via a computer-assisted telephone interviewing system by professional interviewers who are extensively trained in interviewing practices, including techniques designed to achieve the highest possible respondent cooperation.

The surveys were conducted March 9-13, 2015. The margin of sampling error is plus or minus 2.48 percentage points. The margin of sampling error may be higher for certain subgroups.

Data is sampled using weighted demographic information from the U.S. Census Bureau's Current Population Survey Voting and Registration Supplement. Demographic information for actual voters in prior Congressional elections was used to construct sample target weights.

The Foundation for Government Accountability paid for all costs associated with this survey.