

**The Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey:
The State Children's Health Insurance Program**
April 2007

Introduction

The Commonwealth Fund Health Care Opinion Leaders (HCOL) Survey was conducted by Harris Interactive® on behalf of The Commonwealth Fund and *Modern Healthcare*, with responses from a broad group of 170 opinion leaders in health policy and innovators in health care delivery and finance. This was the 10th in a series of surveys designed to highlight leaders' perspectives on the most timely health policy issues facing the nation. This survey focused on the State Children's Health Insurance Program (SCHIP).

Health care opinion leaders were identified by The Commonwealth Fund, *Modern Healthcare*, and Harris Interactive as individuals who are experts and influential decision makers within their respective industries.

Summary

SCHIP is a joint state-federal program enacted in 1997 to cover children in families with too much income to qualify for Medicaid that could still not afford private insurance. The program is scheduled for reauthorization this year, presenting an opportunity to reflect on its successes and challenges. Our survey asked health care opinion leaders to rate the success of SCHIP both overall and with regard to specific objectives, such as improving coverage and health care for low-income children. Sixty-one percent of health care opinion leaders think that, *overall*, SCHIP has been successful¹ in meeting its goals. Seventy-one percent think that SCHIP has been *successful in increasing access to health care for low-income children* and 65 percent view SCHIP as successful in *reducing the rate of uninsured, low-income children*. However, only 34 percent of health care leaders feel that SCHIP was successful in *stimulating state innovation in designing delivery models for children*. Also, 26 percent of the opinion leaders were unable to judge if SCHIP was *improving health outcomes for children*.

The survey also gauged health care leaders' opinions on expanding SCHIP coverage. Originally, the program targeted children younger than 19 years of age, in families with income between 100 and 200 percent of the federal poverty level. States that had already expanded their Medicaid eligibility to this level were allowed to cover children up to 50 percentage points higher than their Medicaid limit. When asked who should be covered by SCHIP moving forward, an overwhelming majority (91%) of health care opinion leaders were in favor² of making SCHIP *available to legal immigrant children if they are income-eligible*, with the academic/research institute leaders more likely than the business/insurance/other health industry leaders to be in favor of this move (95% v. 83% respectively). Health care opinion leaders are also in favor of the following initiatives: (a) covering *children up to 300 percent of the federal poverty level* (88% of health care leaders favor this), (b) allowing *families with higher incomes to buy into SCHIP* (82%), (c) *in the absence of comprehensive action on the uninsured*,

¹ "Successful" is defined as a net, or combination, of "Extremely Successful" and "Successful." This definition is used throughout the brief.

² "In Favor" is defined a net, or combination, of "Strongly Favor/Favor." This definition is used throughout the brief.

allowing states to extend coverage to include parents of children covered under SCHIP (80%), and (d) after covering low-income children, allowing states to extend SCHIP coverage to childless adults under 100 percent of poverty (73%). In all four situations, academic/research institute leaders were more likely than other health care opinion leaders to be in favor of extending SCHIP coverage.

Opinion leaders were asked their views on using SCHIP benefit design to improve quality of care and health in children. Currently, SCHIP gives the states the option of providing children's health insurance through their Medicaid program, in a standalone SCHIP program, or through a combination of the two. Under the Medicaid expansion option, the SCHIP benefit package mirrors the Medicaid benefit package. Under a standalone SCHIP program, states have more flexibility in designing the benefits package and establishing eligibility standards but must meet certain standards. States are not allowed under current law to use SCHIP benefits to "wrap around" or supplement less comprehensive benefit packages for children. Eighty-four percent of health care leaders are in favor of *allowing states to design packages that wrap around other coverage (i.e., translation services and care coordination) and establishing federal performance standards and outcome measures for all children in SCHIP (81%).* Health care delivery and business/insurance/other health industry leaders are more likely than academic/research institute leaders to be in favor of *setting aside a percentage of SCHIP funds to encourage states to adopt benefit standards to make SCHIP more responsive to public health issues such as childhood obesity (79% and 74% v. 55%).*

Health care opinion leaders were asked to assess the funding and costs of SCHIP. The original SCHIP legislation included a 10-year federal cap of \$39 billion for FY 1998–FY 2007 for the program, and annual allotment levels (\$5 billion in 2007) for the states. States' allocations take into account the ratio of uninsured to low-income children in the state and geographic variation in wages. When asked their opinion on SCHIP's funding structure, 84 percent of health care opinion leaders were in favor of *changing the state allocation formula to reflect the better data available on uninsured children that were not available when the original formula was developed.* Eighty percent approve of *requiring states to adopt proven use best practices for outreach and enrollment.* Academic/research institute leaders were more likely than the health care delivery and business/insurance/other health care industry sectors to be in favor of *indexing allocation with health care costs (80% v. 65% and 64%),* while health care delivery leaders were more likely than academic/research institute leaders to be in favor of *requiring parents to provide proof of their children's insurance coverage status prior to enrollment in school (65% v. 44%).*

Finally, health care opinion leaders were asked their views on the financing of SCHIP. It has been estimated that it would cost an additional \$12 billion to \$14.5 billion over five years to maintain the current level of services provided under SCHIP. Conversely, if the \$5 billion cap per year is kept in place, the Administration estimates that enrollment in SCHIP would drop from 4.4 million in FY 2006 to 2.5 million in FY 2016. Given these estimates, health care opinion leaders were asked how SCHIP should be financed. In the proposed initiatives, raising federal taxes or fees was the initiative most endorsed by the leaders. More than one-third (37%) of health care opinion leaders think that SCHIP expenditures should be financed or supported by *raising federal taxes or fees,* and 27 percent of health care opinion leaders support *redirecting funds from other programs* and 25 percent favor *making an exception to the "PAYGO" rule for coverage of children.*

Detailed findings are provided below.

Key Findings

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences.

SUCCESS OF SCHIP PROGRAM (Table 1)

Health care policy opinion leaders were asked to rate how successful has the SCHIP program has been in accomplishing seven goals. Note: "Successful" is defined as a combination of "Extremely Successful" and "Successful."

- Sixty-one percent of health care opinion leaders said that, overall, SCHIP has been successful in meeting its goals.
- Specifically, SCHIP is considered successful in: increasing access to health care for low-income children (71%), reducing the rate of uninsured, low-income children (65%), and improving preventative care and quality of services for children (56%).
- Academic/research institute leaders are more likely than business/insurance/other health industry to report that SCHIP is successful in providing working families with peace of mind knowing that their children have coverage (55% v. 34%).
- Only 34 percent of health care leaders feel that SCHIP was successful in stimulating state innovation in designing delivery models for children.
- Twenty-six percent of health care opinion leaders were not able to judge how successful SCHIP is in improving health outcomes for children.

COVERAGE OF SCHIP MOVING FORWARD (Table 2)

Health care policy opinion leaders were asked which of eight groups SCHIP should cover going forward. Note: "In Favor" is defined as a combination of "Strongly Favor" and "Favor."

- Ninety-one percent of health care opinion leaders were in favor of making SCHIP available to legal immigrant children if they are income-eligible, with the academic/research institute leaders more likely than the business/insurance/other health industry leaders to be in favor or strongly in favor of this (95% v. 83% respectively).
- Health care opinion leaders were also in favor of the following: (a) covering children up to 300 percent of the federal poverty level through SCHIP (88%), (b) allowing families with higher incomes to buy into SCHIP (82%), (c) in the absence of comprehensive action on the uninsured, allowing states to extend coverage to include parents of children covered under SCHIP (80%), and (d) after covering low-income children, allowing states to extend SCHIP coverage to childless adults under 100 percent of poverty (73%).
- In all cases above, academic/research institute leaders are more likely than any other group to report they are in favor in extending SCHIP coverage.

FUNDING, STATE ALLOCATIONS, AND PROGRAM STRUCTURE OF SCHIP

(Table 3)

Health care policy opinion leaders were asked about their overall opinion on SCHIP funding levels, state allocations, and program structure, based on seven elements. Note: "In Favor" is defined as a combination of "Strongly Favor" and "Favor."

- Eighty-four percent of health care opinion leaders were in favor of changing the state allocation formula to reflect better data available on uninsured children that were not available in developing the original formula.
- Eighty percent of health care opinion leaders were in favor of requiring states to adopt proven-use best practices for outreach and enrollment.
- Seventy-four percent of health care opinion leaders were in favor of indexing allocation with health care costs.
- Academic/research institute leaders were more likely than other groups to be in favor of indexing allocation with health care costs (80% v. 65% and 64%).
- Health care delivery leaders were more likely than academic/research institute leaders to be in favor of requiring parents to provide proof of their children's insurance coverage status prior to enrollment in school (65% v. 44%).

SCHIP IN IMPROVING QUALITY OF CARE AND HEALTH OF CHILDREN (Table 4)

Health care policy opinion leaders were asked for their opinion on using SCHIP benefit design to improve quality of care and health of children in 5 different ways. Note: "In Favor" is defined as a combination of "Strongly Favor" and "Favor."

- Eighty-four percent of health care leaders were in favor of allowing states to design packages that wrap around other coverage (i.e., translation services and care coordination)
- Eighty-one percent of health care leaders were in favor of establishing federal performance standards and outcome measures for all children in SCHIP.
- Seventy-eight percent of health care leaders were in favor of requiring states to reward managed care plans/providers that meet benchmark levels of performance on developmental screening, preventative care, and follow-up treatment.
- Health care delivery and business/insurance/other health industry leaders were more likely than academic/research institute leaders to be in favor of setting aside a percentage of SCHIP funds to encourage states to adopt benefit standards to make SCHIP more responsive to public health issues such as childhood obesity (79% and 74% v. 55%).

METHODS OF RAISING OR FINANCING FOR SCHIP (Table 5)

Health care policy opinion leaders were asked how additional SCHIP expenditures should be financed.

Note: "In Favor" is defined as a combination of "Strongly Favor" and "Favor."

- Thirty-seven percent of health care opinion leaders favored raising federal taxes or fees as the method for financing or raising additional support for SCHIP expenditures.
- Twenty-seven percent of health care opinion leaders were in favor of redirecting funds from other programs.
- Twenty-five percent of health care leaders were in favor of making an exception to the "PAYGO" rule for coverage of children.

About the Respondents

Respondents come from a broad range of employment positions and settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' place of employment please refer to Table 7):

- *Academic/Research Institutions* (49%)*
- *Health Care Delivery* (25%)* including medical societies or professional associations, allied health societies or professional associations or organizations, hospital or related professional associations or organizations, hospitals, nursing homes/long-term care facilities, clinics, and physician or other clinical practices.
- *Business/Insurance/Other Health Care Industry* (28%)* including health insurance, pharmaceutical, other industries/businesses, and health care improvement organizations.
- *Government/Labor/Consumer Advocacy* (13%)* including government, labor, and consumer advocacy.**

Respondents are teachers, researchers, or professors (32%) CEOs or presidents (25%), policy analysts (25%), administration/management (19%), followed by physicians (18%), consultants (10%), and foundation officers (8%). Others work as consumer advocates (6%), health care purchasers (6%), or department head/deans (4%). Most respondents agreed to be named by The Commonwealth Fund as one of the survey participants (82%).

* Percentages add up to more than 100 as respondents were able to give more than one answer.

** Because the sample sizes for these groups were so small, we decided to combine respondents who identified themselves as working for government, labor, and consumer advocacy into one group.

**TABLE 1
SUCCESS OF SCHIP PROGRAMS**

“How successful has the SCHIP program been in accomplishing the following?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
Overall in meeting its goals	Extremely Successful/Successful (net)	61	64	49	51	75
	Extremely Successful	16	24	9	2	20
	Successful	44	40	40	49	55
	Moderately Successful/Unsuccessful (net)	33	31	47	43	10
	Moderately Successful	31	29	42	43	10
	Unsuccessful	2	2	5	-	-
	Unable to Judge	6	5	5	4	15
No Response	1	-	-	2	-	
Reducing the rate of uninsured, low-income children	Extremely Successful/Successful (net)	65	65	53	57	85
	Extremely Successful	24	30	16	6	35
	Successful	42	36	37	51	50
	Moderately Successful/Unsuccessful (net)	29	30	37	36	10
	Moderately Successful	26	26	30	34	10
	Unsuccessful	3	4	7	2	-
	Unable to Judge	5	5	9	4	5
No Response	1	-	-	2	-	
Increasing access to health care for low-income children	Extremely Successful/Successful (net)	71	68	63	68	80
	Extremely Successful	22	25	26	9	25
	Successful	48	43	37	60	55
	Moderately Successful/Unsuccessful (net)	25	29	35	26	15
	Moderately Successful	24	27	33	26	15
	Unsuccessful	1	1	2	-	-
	Unable to Judge	4	4	2	4	-
No Response	1	-	-	2	5	
Improving preventive care and quality of services for children	Extremely Successful/Successful (net)	56	56	51	49	70
	Extremely Successful	9	12	14	-	5
	Successful	46	44	37	49	65
	Moderately Successful/Unsuccessful (net)	32	33	37	43	15
	Moderately Successful	28	27	30	36	15
	Unsuccessful	5	6	7	6	-
	Unable to Judge	11	11	12	6	15
No Response	1	-	-	2	-	
Stimulating state innovation in designing delivery models for children	Extremely Successful/Successful (net)	34	37	28	30	35
	Extremely Successful	8	11	7	2	-
	Successful	26	26	21	28	35
	Moderately Successful/Unsuccessful (net)	54	50	63	60	60
	Moderately Successful	43	38	42	49	50
	Unsuccessful	11	12	21	11	10
	Unable to Judge	12	13	9	9	5
No Response	1	-	-	2	-	

TABLE 1 (continued)
SUCCESS OF SCHIP PROGRAMS

“How successful has the SCHIP program been in accomplishing the following?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
Improving health outcomes for children	Extremely Successful/Successful (net)	42	44	40	32	60
	Extremely Successful	7	7	9	4	-
	Successful	35	37	30	28	60
	Moderately Successful/ Unsuccessful/ (net)	31	26	40	45	25
	Moderately Successful	26	24	30	38	20
	Unsuccessful	5	2	9	6	5
	Unable to Judge	26	30	21	21	15
No Response	1	-	-	2	-	
Providing working families with peace of mind knowing that their children have coverage	Extremely Successful/Successful (net)	52	55	53	34	75
	Extremely Successful	15	18	14	2	25
	Successful	37	37	40	32	50
	Moderately Successful/ Unsuccessful/ (net)	37	35	40	53	15
	Moderately Successful	32	31	33	45	10
	Unsuccessful	5	4	7	9	5
	Unable to Judge	11	11	7	11	10
No Response	1	-	-	2	-	

TABLE 2
OPINION ON WHO SCHIP SHOULD COVER

“What is your opinion about who SCHIP should cover going forward?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
SCHIP should be limited strictly to children under 200% of the federal poverty level	Strongly Favor/ Favor (net)	14	8	14	26	5
	Strongly Favor	3	1	2	4	-
	Favor	11	7	12	21	5
	Oppose/Strongly Oppose (net)	78	86	74	64	85
	Oppose	41	35	51	32	50
	Strongly Oppose	37	51	23	32	35
	Unable to Judge	7	4	9	11	10
	No Response	1	2	2	-	-
States should be allowed to cover children up to 300% of the federal poverty level under SCHIP	Strongly Favor/ Favor (net)	88	93	86	81	100
	Strongly Favor	45	54	30	36	55
	Favor	44	39	56	45	45
	Oppose/Strongly Oppose (net)	9	6	7	15	-
	Oppose	8	5	5	15	-
	Strongly Oppose	1	1	2	-	-
	Unable to Judge	3	1	7	4	-
	No Response	-	-	-	-	-
SCHIP should be open to all uninsured children regardless of income	Strongly Favor/ Favor (net)	51	64	56	45	50
	Strongly Favor	22	33	19	15	10
	Favor	29	31	37	30	40
	Oppose/Strongly Oppose (net)	45	33	42	55	40
	Oppose	36	26	40	40	35
	Strongly Oppose	9	7	2	15	5
	Unable to Judge	4	2	2	-	10
	No Response	-	-	-	-	-
In the absence of comprehensive action on the uninsured, states should be allowed to extend coverage to include parents of children covered under SCHIP	Strongly Favor/ Favor (net)	80	92	84	62	85
	Strongly Favor	38	49	26	21	50
	Favor	42	43	58	40	35
	Oppose/Strongly Oppose (net)	17	7	12	34	10
	Oppose	12	6	7	23	10
	Strongly Oppose	5	1	5	11	-
	Unable to Judge	3	1	5	4	5
	No Response	-	-	-	-	-

TABLE 2 (continued)
OPINION ON WHO SCHIP SHOULD COVER

“What is your opinion about who SCHIP should cover going forward?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
After covering low-income children, states should be allowed to extend coverage to childless adults under 100% of poverty	Strongly Favor/ Favor (net)	73	81	77	60	85
	Strongly Favor	34	45	26	15	40
	Favor	39	36	51	45	45
	Oppose/Strongly Oppose (net)	21	13	19	32	10
	Oppose	15	8	12	26	10
	Strongly Oppose	5	5	7	6	-
	Unable to Judge	5	4	2	6	5
	No Response	1	2	2	2	-
SCHIP should be open to legal immigrant children if they are income-eligible	Strongly Favor/ Favor (net)	91	95	91	83	95
	Strongly Favor	59	69	40	53	70
	Favor	32	26	51	30	25
	Oppose/Strongly Oppose (net)	5	1	5	11	-
	Oppose	3	-	5	4	-
	Strongly Oppose	2	1	-	6	-
	Unable to Judge	3	2	5	6	5
	No Response	1	1	-	-	-
Families with higher incomes should be allowed to buy into SCHIP	Strongly Favor/ Favor (net)	82	89	74	77	90
	Strongly Favor	32	42	16	21	35
	Favor	49	48	58	55	55
	Oppose/Strongly Oppose (net)	14	7	16	21	10
	Oppose	11	6	14	15	10
	Strongly Oppose	3	1	2	6	-
	Unable to Judge	4	4	9	2	-
	No response	-	-	-	-	-
Drop the requirement that children be uninsured to enroll if they are otherwise eligible	Strongly Favor/ Favor (net)	53	57	44	51	50
	Strongly Favor	16	18	9	17	15
	Favor	36	39	35	34	35
	Oppose/Strongly Oppose (net)	34	26	47	45	25
	Oppose	30	23	37	40	20
	Strongly Oppose	4	4	9	4	5
	Unable to Judge	12	17	9	2	25
	No Response	1	-	-	2	-

**TABLE 3
OVERALL SCHIP FUNDING**

“What is your opinion about the overall SCHIP funding level, state allocations, and program structure?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
Index allocation with health care costs	Strongly Favor/ Favor (net)	74	80	65	64	90
	Strongly Favor	17	20	7	4	40
	Favor	56	60	58	60	50
	Oppose/Strongly Oppose (net)	15	10	21	26	5
	Oppose	12	6	16	21	5
	Strongly Oppose	3	4	5	4	-
	Unable to Judge	9	8	12	11	5
No Response	2	2	2	-	-	
Keep SCHIP structured as a capped entitlement, but with sufficient funds to cover all children currently meeting the eligibility criteria	Strongly Favor/ Favor (net)	52	55	42	62	40
	Strongly Favor	8	8	5	11	5
	Favor	44	46	37	51	35
	Oppose/Strongly Oppose (net)	40	38	51	28	45
	Oppose	32	30	42	21	30
	Strongly Oppose	8	8	9	6	15
	Unable to Judge	7	7	7	9	15
No Response	1	-	-	2	-	
Change SCHIP to an entitlement with sufficient federal matching funds to cover all children meeting the eligibility requirements	Strongly Favor/ Favor (net)	67	68	70	66	90
	Strongly Favor	35	37	33	26	60
	Favor	32	31	37	40	30
	Oppose/Strongly Oppose (net)	22	23	16	28	5
	Oppose	16	15	14	19	5
	Strongly Oppose	6	7	2	9	-
	Unable to Judge	8	8	12	4	5
No Response	2	1	2	2	-	
Change state allocation formula to reflect better data available on uninsured children that were not available in developing the original formula	Strongly Favor/ Favor (net)	84	83	86	87	80
	Strongly Favor	22	25	16	21	25
	Favor	62	58	70	66	55
	Oppose/Strongly Oppose (net)	2	2	-	4	-
	Oppose	2	2	-	4	-
	Strongly Oppose	-	-	-	-	-
	Unable to Judge	12	14	12	9	15
No Response	2	-	2	-	5	

TABLE 3 (continued)
OVERALL SCHIP FUNDING

“What is your opinion about the overall SCHIP funding level, state allocations, and program structure?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
Create one federal matching rate for children under Medicaid and SCHIP and allow the program to grow based on need	Strongly Favor/ Favor (net)	66	70	70	64	75
	Strongly Favor	19	23	7	19	30
	Favor	47	48	63	45	45
	Oppose/Strongly Oppose (net)	20	18	16	26	15
	Oppose	17	12	12	23	15
	Strongly Oppose	3	6	5	2	-
	Unable to Judge	12	12	12	9	10
	No Response	2	-	2	2	-
Require states to adopt proven use best practices for outreach and enrollment	Strongly Favor/Favor (net)	80	80	84	81	55
	Strongly Favor	29	29	33	30	25
	Favor	51	51	51	51	30
	Oppose/Strongly Oppose (net)	9	10	9	11	15
	Oppose	8	10	9	9	15
	Strongly Oppose	1	-	-	2	-
	Unable to Judge	11	11	7	9	30
	No Response	1	-	-	-	-
Require parents to provide proof of their children’s insurance coverage status prior to enrollment in school	Strongly Favor/Favor (net)	50	44	65	60	40
	Strongly Favor	8	7	7	13	5
	Favor	42	37	58	47	35
	Oppose/Strongly Oppose (net)	38	42	26	32	45
	Oppose	30	32	16	26	35
	Strongly Oppose	8	10	9	6	10
	Unable to Judge	11	14	9	9	15
	No Response	1	-	-	-	-

TABLE 4
USING SCHIP TO IMPROVE QUALITY OF CARE AND HEALTH OF CHILDREN

“What is your opinion about using SCHIP benefit design to improve quality of care and health of children in each of the following ways?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 170 Respondents

		Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
		%	%	%	%	%
Establish federal performance standards and outcome measures for all children in SCHIP	Strongly Favor/ Favor (net)	81	76	77	85	85
	Strongly Favor	28	30	23	30	20
	Favor	52	46	53	55	65
	Oppose/Strongly Oppose (net)	11	13	14	11	10
	Oppose	9	11	9	9	10
	Strongly Oppose	1	2	5	2	-
	Unable to Judge	8	11	9	4	5
No Response	1	-	-	-	-	
Require states to reward managed care plans/providers that meet benchmark levels of performance on developmental screening, preventive care, and follow-up treatment	Strongly Favor/ Favor (net)	78	74	84	81	70
	Strongly Favor	21	18	23	23	10
	Favor	58	56	60	57	60
	Oppose/Strongly Oppose (net)	15	19	12	17	15
	Oppose	13	14	9	15	15
	Strongly Oppose	2	5	2	2	-
	Unable to Judge	6	7	5	2	15
No Response	1	-	-	-	-	
Measure and report on the frequency and quality of developmental screening and growth and development counseling to parents in child health practices that cover SCHIP children	Strongly Favor/ Favor (net)	69	69	70	72	50
	Strongly Favor	19	21	19	19	5
	Favor	51	48	51	53	45
	Oppose/Strongly Oppose (net)	15	20	21	13	20
	Oppose	13	17	19	11	15
	Strongly Oppose	2	4	2	2	5
	Unable to Judge	15	11	9	15	30
No Response	1	-	-	-	-	
Set aside a percentage of SCHIP funds to encourage states to adopt benefit standards to make SCHIP more responsive to public health issues such as childhood obesity	Strongly Favor/ Favor (net)	65	55	79	74	60
	Strongly Favor	18	18	16	21	-
	Favor	47	37	63	53	60
	Oppose/Strongly Oppose (net)	18	25	12	15	15
	Oppose	15	20	9	11	15
	Strongly Oppose	3	5	2	4	-
	Unable to Judge	16	20	9	11	25
No Response	1	-	-	-	-	
Allow states to design packages that wrap around other coverage (i.e., translation services and care coordination)	Strongly Favor/ Favor (net)	84	87	79	85	85
	Strongly Favor	27	36	26	17	30
	Favor	56	51	53	68	55
	Oppose/Strongly Oppose (net)	4	1	7	4	5
	Oppose	2	1	2	2	5
	Strongly Oppose	2	-	5	2	-
	Unable to Judge	11	12	14	9	10
No Response	1	-	-	2	-	

TABLE 5
METHODS OF RAISING MONEY OR FINANCING FOR SCHIP

“How should the money to support additional SCHIP expenditures be financed or raised?”

Base: 170 Respondents

	Total (n=170)	Academic/ Research Inst. (n=84)	Health Care Delivery (n=43)	Business/ Insurance/ Other Health Care Industry (n=47)	Government/ Labor/ Consumer Advocacy (n=20)
	%	%	%	%	%
Don't raise allocation	3	4	2	2	-
Redirect funds from other programs	27	26	28	28	20
Raise federal taxes or fees	37	42	33	32	45
Make an exception to the “PAYGO” rule for coverage of children	25	23	26	30	30
Other	4	5	7	6	5
Don't know	1	-	2	-	-
No response	3	1	2	2	-

TABLE 6
TYPE OF EMPLOYMENT

"How would you describe your current employment position?"

Base: 170 Respondents

	%
Teacher, Researcher, Professor	32
CEO/President	25
Policy Analyst	25
Administration/Management	19
Physician	18
Consultant	10
Foundation officer	8
Health care purchaser	6
Consumer advocate	6
Department head/Dean	4
Other	4
Retired	4
Lobbyist	3
Other health care provider (not physician)	2
Policymaker or policy staff (state)	2
Policymaker or policy staff (federal)	1
Regulator	-
Investment analyst	-

**TABLE 7
PLACE OF EMPLOYMENT**

"Which of the following best describes the type of place or institution for which you work?"

Base: 170 Respondents

	%
Academic and Research Institutions	48
Medical, public health, nursing, or other health professional school	24
Think tank/Health care institute/Policy research institution	12
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	7
Medical publisher	1
Business/Insurance/Other Health Industry	33
Health insurance and business association or organization	6
Pharmaceutical/Medical device trade association organization	-
Financial services industry	-
Health insurance/Managed care industry	8
Drug manufacturer	3
Device company	-
Biotech company	1
CEO, CFO, Benefits Manager	5
Polling organization	*
Health care consulting firm	6
Health care improvement organization	8
Accrediting body and organization (non-governmental)	1
Health Care Delivery	33
Medical society or professional association or organization	8
Hospital	13
Physician practice/Other clinical practice (patient care)	7
Hospital or related professional association or organization	5
Clinic	4
Nursing home/Long-term care facility	2
Allied health society or professional association or organization	2
Government/ Labor/ Consumer Advocacy	13
Labor/Consumers/Seniors' advocacy group	4
Staff for a federal elected official or federal legislative committee	-
Non-elected federal executive branch official	1
Staff for non-elected federal executive branch official	1
Non-elected state executive branch official	1
Staff for a state elected official or state legislative committee	1
Staff for non-elected state executive branch official	1
Other	4

Appendix A

Methodology

This survey was conducted online by Harris Interactive on behalf of The Commonwealth Fund among 170 opinion leaders in health policy and innovators in health care delivery and finance within the United States between March 12, 2007 and April 6, 2007. No weighting was applied to these results.

The initial sample for this survey was developed using a two-step process. Initially, The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different sectors and professional sectors with a range of perspectives, based on their affiliations and involvement in various organizations and institutions. Harris Interactive then conducted an online survey with these experts asking them to nominate others within and outside their own fields whom they consider to be leaders and innovators in health care. Based on the result of the survey and after careful review by Harris Interactive, The Commonwealth Fund, and a selected group of health care experts the sample for this poll was created. Then in 2006, The Commonwealth Fund and Harris Interactive joined forces with *Modern Healthcare* to add new members to the panel. The Fund and Harris were able to gain access to *Modern Healthcare's* database of readers. The Fund, Harris, and *Modern Healthcare* identified readers in the database considered opinion leaders and invited them to participate in the survey. The final list included 1,467 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Data collection took place between March 12, 2007 and April 6, 2007. A total of four reminder emails was sent to anyone who had not responded. A total of 170 respondents completed the survey.

With a pure probability sample of 170 adults one could say with a 95 percent probability that the overall results have a sampling error of +/- 7.5 percentage points. However, that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

About Harris Interactive

Harris Interactive is the 13th largest and fastest-growing market research firm in the world. The company provides research-driven insights and strategic advice to help its clients make more confident decisions which lead to measurable and enduring improvements in performance. Harris Interactive is widely known for *The Harris Poll*, one of the longest-running, independent opinion polls and for pioneering online market research methods. The company has built what could conceivably be the world's largest panel of survey respondents, the Harris Poll Online. Harris Interactive serves clients worldwide through its offices in the United States, Europe, and Asia; its wholly-owned subsidiary Novatris in France; and through a global network of independent market research firms. The service bureau HISB provides its market research industry clients with mixed-mode data collection, panel development services as well as syndicated and tracking research consultation. More information about Harris Interactive may be obtained at www.harrisinteractive.com.

To become a member of the Harris Poll Online, visit www.harrispollonline.com.