

# National Survey

**Method:** Online Interviews

**Universe:** Likely Voters 55-Plus

**Fielded:** April 23-30, 2023

**Sample Size:** 1,600

**Margin of Error:** +/- 2.5%

**1. ARE YOU REGISTERED TO VOTE AT YOUR CURRENT ADDRESS?**

<b>Total</b>	<b>1600</b>
<b>YES, REGISTERED</b>	<b>100.0</b>

**2. THINKING AHEAD, HOW LIKELY IS IT YOU WILL VOTE IN THE 2024 GENERAL ELECTION FOR PRESIDENT AND CONGRESS?**

<b>Total</b>	<b>1600</b>
<b>DEFINITELY</b>	<b>76.7</b>
<b>VERY/SOMEWHAT LIKELY</b>	<b>23.3</b>
Very Likely	17.1
Somewhat Likely	6.2
<b>Mean</b>	<b>2.70</b>

**3. IF THE ELECTION FOR CONGRESS WERE HELD TODAY, WHICH ONE OF THE FOLLOWING BEST DESCRIBES HOW YOU ARE LIKELY TO VOTE BETWEEN THE DEMOCRATIC CANDIDATE AND THE REPUBLICAN CANDIDATE?**

<b>Total</b>	<b>1600</b>
<b>REPUBLICAN CANDIDATE</b>	<b>50.0</b>
Definitely	30.1
Probably	13.1
Lean	6.8
<b>DEMOCRATIC CANDIDATE</b>	<b>41.5</b>
Definitely	29.5
Probably	8.0
Lean	3.9
<b>UNDECIDED</b>	<b>8.5</b>
<b>Net Diff.</b>	<b>8.5</b>
<b>Mean</b>	<b>4.15</b>

**4. GENERALLY SPEAKING, WOULD YOU SAY THINGS IN THE UNITED STATES ARE GOING IN THE RIGHT DIRECTION OR ARE THEY OFF ON THE WRONG TRACK?**

<b>Total</b>	<b>1600</b>
<b>RIGHT DIRECTION</b>	<b>21.9</b>
<b>WRONG TRACK</b>	<b>72.8</b>
<b>DON'T KNOW</b>	<b>5.3</b>
<b>Net Diff.</b>	<b>-50.9</b>

**5. WHICH OF THE FOLLOWING DAILY ECONOMIC CONCERNS IS MOST IMPORTANT TO YOU?**

<b>Total</b>	<b>1600</b>
<b>DAILY COSTS</b>	<b>62.2</b>
Cost Of Food	40.5
Cost Of Fuel/Utilities	11.5
Housing & Rentals Costs	10.2
<b>TAXES/SPENDING</b>	<b>18.4</b>
Government Spending	14.1
Increased Taxes	4.3
<b>JOB/RETIREMENT</b>	<b>10.1</b>
Retirement Savings	7.5
Unemployment/Job Loss	2.6
<b>HEALTHCARE COSTS</b>	<b>9.2</b>
Cost Of Health Insurance	6.3
Cost/Prscrptn Medicines	2.9

**6. FROM THE SAME LIST, WHICH DAILY ECONOMIC CONCERN IS THE SECOND MOST IMPORTANT TO YOU?**

<b>Total</b>	<b>1600</b>
<b>DAILY COSTS</b>	<b>60.8</b>
Cost Of Fuel/Utilities	26.9
Cost Of Food	24.2
Housing & Rentals Costs	9.7
<b>TAXES/SPENDING</b>	<b>17.0</b>
Government Spending	9.3
Increased Taxes	7.7
<b>HEALTHCARE COSTS</b>	<b>14.1</b>
Cost Of Health Insurance	9.0
Cost/Prscrptn Medicines	5.1
<b>JOB/RETIREMENT</b>	<b>8.1</b>
Retirement Savings	5.1
Unemployment/Job Loss	3.0

**ECONOMIC CONCERN ISSUE COMBO:**

<b>Total</b>	<b>1600</b>
<b>DAILY COSTS</b>	<b>84.4</b>
Cost Of Food	64.7
Cost Of Fuel/Utilities	38.4
Housing & Rentals Costs	19.9
<b>TAXES/SPENDING</b>	<b>32.5</b>
Government Spending	23.4
Increased Taxes	12.0
<b>HEALTHCARE COSTS</b>	<b>21.8</b>
Cost Of Health Insurance	15.3
Cost/Prscrptn Medicines	8.0
<b>JOB/RETIREMENT</b>	<b>17.6</b>
Retirement Savings	12.6
Unemployment/Job Loss	5.6

**7. WHICH ONE OF THE FOLLOWING HEALTHCARE AFFORDABILITY ISSUES IS MOST CONCERNING TO YOU?**

1. COST OF MONTHLY HEALTH INSURANCE PREMIUMS
2. COST OF OUT-OF-POCKET MEDICAL EXPENSES LIKE INSURANCE CO-PAYS AND DEDUCTIBLES
3. COST OF PRESCRIPTION MEDICATIONS
4. COST OF LONG-TERM CARE

<b>Total</b>	<b>1600</b>
<b>OUT-OF-POCKET EXPENSES</b>	<b>34.4</b>
<b>HEALTH INSURANCE PREMIUMS</b>	<b>24.8</b>
<b>LONG-TERM CARE</b>	<b>23.2</b>
<b>PRESCRIPTION MEDICATIONS</b>	<b>17.6</b>
<b>DON'T KNOW</b>	<b>0.1</b>

**8. FROM THE SAME LIST, WHICH ONE OF THE FOLLOWING HEALTHCARE AFFORDABILITY ISSUES IS THE SECOND MOST CONCERNING TO YOU?**

1. COST OF MONTHLY HEALTH INSURANCE PREMIUMS
2. COST OF OUT-OF-POCKET MEDICAL EXPENSES LIKE INSURANCE CO-PAYS AND DEDUCTIBLES
3. COST OF PRESCRIPTION MEDICATIONS
4. COST OF LONG-TERM CARE

<b>Total</b>	<b>1600</b>
<b>OUT-OF-POCKET EXPENSES</b>	<b>30.4</b>
<b>PRESCRIPTION MEDICATIONS</b>	<b>22.6</b>
<b>HEALTH INSURANCE PREMIUMS</b>	<b>22.0</b>
<b>LONG-TERM CARE</b>	<b>17.0</b>
<b>DON'T KNOW</b>	<b>8.1</b>

**9. ARE YOU CURRENTLY PARTICIPATING IN ANY TRADITIONAL OR SUPPLEMENTAL MEDICARE PLANS OR PROGRAMS?**

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>58.6</b>
<b>NO</b>	<b>41.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>17.2</b>

**10. WHICH MEDICARE PLAN ARE YOU CURRENTLY ENROLLED IN? PLEASE SELECT ALL THAT APPLY.**

<b>Total</b>	<b>938</b>
<b>YES, ENROLLED</b>	<b>94.7</b>
Traditional Medicare	35.1
Medicare Advantage	59.3
Medigap	10.0
<b>NONE OF THE ABOVE</b>	<b>5.3</b>
<b>DON'T KNOW</b>	<b>0.0</b>

**11. WHEN IT COMES TO MEDICARE, WHICH OF THE FOLLOWING IS CLOSEST TO YOUR VIEW?**

1. MEDICARE IS A BENEFIT YOU OR YOUR FAMILY RECEIVE FROM THE FEDERAL GOVERNMENT.
2. MEDICARE IS SOMETHING YOU OR YOUR FAMILY HAVE EARNED FROM WORKING AND PAYING INTO THE PROGRAM YOURSELVES.

<b>Total</b>	<b>1600</b>
<b>BENEFIT FROM FED. GOV'T</b>	<b>15.5</b>
<b>EARNED BY WORKING</b>	<b>84.4</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>68.9</b>

**12. WHEN IT COMES TO POTENTIAL CHANGES TO MEDICARE THAT COULD SIGNIFICANTLY IMPACT SENIORS' MEDICARE PLANS AND BENEFITS, DO YOU BELIEVE THAT ANY CHANGES SHOULD BE...?**

1. VOTED ON BY YOUR OWN ELECTED OFFICIALS IN CONGRESS.
2. DECIDED BY FEDERAL GOVERNMENT AGENCY EMPLOYEES.

<b>Total</b>	<b>1600</b>
<b>VOTED BY OFFICIALS</b>	<b>78.4</b>
<b>DECIDED BY FEDS</b>	<b>21.5</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>57.0</b>

**13. WOULD IT BE ACCEPTABLE IF THE MEDICARE "SAVINGS" IDENTIFIED BY CONGRESS WERE TO BE PHASED IN OVER SEVERAL YEARS FOR MEDICARE BENEFICIARIES, BUT THE TAX CUTS AND SUBSIDIES BENEFITING INDIVIDUALS AND INDUSTRIES UNRELATED TO THE MEDICARE PROGRAM WERE MADE AVAILABLE IMMEDIATELY AND IN ADVANCE OF MUCH OF THE DRUG SAVINGS GOING TO SENIORS IN MEDICARE?**

<b>Total</b>	<b>1600</b>
<b>YES, ACCEPTABLE</b>	<b>38.9</b>
<b>NO, UNACCEPTABLE</b>	<b>60.9</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>22.0</b>

**14. JUST PRIOR TO THE 2022 ELECTIONS, CONGRESS PASSED A \$740 BILLION DOLLAR SPENDING PLAN CALLED THE INFLATION REDUCTION ACT THAT MADE SIGNIFICANT CHANGES TO MEDICARE. HOW FAMILIAR ARE YOU WITH THE INFLATION REDUCTION ACT?**

<b>Total</b>	<b>1600</b>
<b>FAMILIAR</b>	<b>42.7</b>
Very	8.2
Somewhat	34.5
<b>NOT THAT FAMILIAR</b>	<b>57.3</b>
Heard About it	48.0
Never Heard of it	9.3
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>-14.6</b>
<b>Mean</b>	<b>2.42</b>

**15. ARE YOU CONCERNED OR NOT CONCERNED WITH EACH OF THE FOLLOWING ASPECTS OF THE [IRA] PLAN?**

**AN ESTIMATED \$280 BILLION IN PROJECTED MEDICARE DRUG SAVINGS WILL BE DIVERTED AWAY FROM MEDICARE TO PAY FOR OTHER UNRELATED GOVERNMENT PROGRAMS.**

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>91.6</b>
<b>NOT CONCERNED</b>	<b>8.3</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>83.4</b>

**16. MUCH OF THE MEDICARE DRUG SAVINGS WILL NOT BENEFIT SENIORS UNTIL AFTER MANY BILLIONS OF DOLLARS ARE USED TO PAY FOR OTHER UNRELATED GOVERNMENT PROGRAMS FIRST.**

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>93.6</b>
<b>NOT CONCERNED</b>	<b>6.3</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>87.4</b>

**17. FUNDS FROM MEDICARE SAVINGS WILL BE USED FOR TAX BREAKS FOR THINGS LIKE ELECTRIC VEHICLES, SOLAR PANELS, AND SUBSIDIES PAID TO LARGE HEALTH INSURANCE COMPANIES.**

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>88.3</b>
<b>NOT CONCERNED</b>	<b>11.6</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>76.7</b>

**18. THE GOVERNMENT WILL BE COLLECTING AND SPENDING MEDICARE DRUG SAVINGS ON UNRELATED PROGRAMS RATHER THAN PASSING DISCOUNTS ON MEDICINES DIRECTLY TO INDIVIDUAL SENIORS IN MEDICARE.**

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>93.3</b>
<b>NOT CONCERNED</b>	<b>6.7</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>86.6</b>

**19. WITH BILLIONS OF DOLLARS IN PROJECTED MEDICARE SAVINGS FROM THE [IRA] PLAN BEING USED TO PAY FOR SPENDING PROGRAMS UNRELATED TO MEDICARE, WHICH COMES CLOSER TO YOUR VIEW?**

- 1. CONGRESS SHOULD NOT DIVERT MEDICARE REVENUES MEANT TO LOWER PRESCRIPTION DRUG COSTS FOR SENIORS TO PAY FOR SPENDING PROGRAMS UNRELATED TO MEDICARE.**
- 2. CONGRESS SHOULD BE ABLE TO DIVERT MEDICARE REVENUES MEANT TO LOWER PRESCRIPTION DRUG COSTS FOR SENIORS IN MEDICARE TO PAY FOR OTHER SPENDING PROGRAMS UNRELATED TO MEDICARE.**

<b>Total</b>	<b>1600</b>
<b>NOT DIVERT REVENUE</b>	<b>84.3</b>
<b>SHOULD BE ABLE TO DIVERT</b>	<b>15.7</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>68.6</b>

**20. CRITICS OF THE [IRA] PLAN HAVE WARNED THAT PLACING THE GOVERNMENT IN CHARGE OF NEGOTIATING PRICES FOR MEDICINES IN MEDICARE BY USING THE THREAT OF A 95% TAX ON DRUGMAKERS COULD LEAD TO FEWER LIFESAVING DRUGS BEING MADE AVAILABLE TO PATIENTS.**

**HOW CONCERNED ARE YOU THAT THE [IRA] PLAN COULD LEAD TO PATIENT ACCESS RESTRICTIONS TO NEWER CUTTING-EDGE MEDICINES?**

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>81.9</b>
Very	49.5
Somewhat	32.4
<b>NOT CONCERNED</b>	<b>18.1</b>
Not That	13.6
Not at All	4.5
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>63.9</b>
<b>Mean</b>	<b>3.27</b>

**21. DESPITE GOVERNMENT REPORTS ACKNOWLEDGING THAT THE [IRA] PLAN WOULD LEAD TO FEWER NEW MEDICINES AND CURES BEING DEVELOPED DUE TO DIMINISHED RESEARCH AND DEVELOPMENT INVESTMENTS, SUPPORTERS OF THE [IRA] PLAN LARGELY DISMISSED THESE CONCERNS. HOWEVER, FOLLOWING THE PASSAGE OF THE [IRA] PLAN, SEVERAL DRUG DEVELOPERS HAVE ALREADY ANNOUNCED THEY ARE CUTTING BACK RESEARCH AND DEVELOPMENT INVESTMENTS IN SEVERAL DISEASE AREAS OR FOR NEW THERAPIES. HOW CONCERNED ARE YOU THAT THE [IRA] PLAN COULD LEAD TO A SIGNIFICANT LOSS IN NEW CUTTING-EDGE MEDICINES AND CURES TO TREAT CHRONIC AND RARE DISEASES?**

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>84.5</b>
Very	52.6
Somewhat	31.9
<b>NOT CONCERNED</b>	<b>15.5</b>
Not That	12.4
Not at All	3.1
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>69.0</b>
<b>Mean</b>	<b>3.34</b>

**22. FOLLOWING THE PASSAGE OF THE [IRA] PLAN, WHICH DO YOU PERSONALLY BELIEVE AMERICAN SENIORS ARE MOST LIKELY TO SEE WITH RESPECT TO THEIR INDIVIDUAL DRUG COSTS IN THE NEAR FUTURE?**

- 1. PRESCRIPTION DRUG COSTS FOR SENIORS WILL LIKELY END UP INCREASING**
- 2. PRESCRIPTION DRUG COSTS FOR SENIORS WILL LIKELY END UP STAYING ABOUT THE SAME**
- 3. PRESCRIPTION DRUG COSTS FOR SENIORS WILL LIKELY END UP DECREASING**

<b>Total</b>	<b>1600</b>
<b>INCREASING</b>	<b>55.1</b>
<b>STAYING ABOUT THE SAME</b>	<b>31.1</b>
<b>DECREASING</b>	<b>13.8</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>41.3</b>

**23. IN YOUR OPINION, WHO IS MOST LIKELY TO BENEFIT UNDER THE [IRA] PLAN'S CHANGES TO MEDICARE?**

- 1. SENIORS AND PATIENTS BENEFITING THROUGH LOWER DRUG COSTS.**
- 2. POLITICIANS WHO WANT TO USE MEDICARE FUNDS TO PAY FOR UNRELATED GOVERNMENT SPENDING.**
- 3. BIG HEALTH INSURANCE AND MIDDLEMEN CORPORATIONS WHO'LL EARN MORE PROFITS.**
- 4. INDIVIDUALS NOT ENROLLED IN MEDICARE BENEFITING FROM LARGE TAX BREAKS FOR ELECTRIC VEHICLES, PRIVATE HEALTH CARE, OR OTHER UNRELATED SPENDING PROGRAMS.**

<b>Total</b>	<b>1600</b>
<b>POLITICIAN DIVERT MEDICARE</b>	<b>49.5</b>
<b>LOWER DRUG COSTS</b>	<b>19.6</b>
<b>BIG HEALTH INSR.</b>	<b>15.8</b>
<b>NOT MEDICARE BENEFITING</b>	<b>15.1</b>
<b>DON'T KNOW</b>	<b>0.0</b>

**24. IN YOUR OPINION, SHOULD ORGANIZATIONS THAT CLAIM TO REPRESENT THE INTERESTS OF SENIORS AND ALL OTHER MEDICARE BENEFICIARIES, INCLUDING THE AARP, HAVE SUPPORTED OR NOT SUPPORTED THIS [IRA] PLAN AND ITS CHANGES TO MEDICARE**

- 1. YES, ORGANIZATIONS REPRESENTING SENIORS SHOULD HAVE SUPPORTED IT.**
- 2. NO, ORGANIZATIONS REPRESENTING SENIORS SHOULD NOT HAVE SUPPORTED IT.**

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>46.4</b>
<b>NO</b>	<b>53.4</b>
<b>DON'T KNOW</b>	<b>0.3</b>
<b>Net Diff.</b>	<b>7.0</b>

**25. MANY IN CONGRESS ARE NOW CALLING FOR A BAN ON WHAT THEY CALL "JUNK FEES" OR ADDED FEES TO PURCHASES AND EXPENSES ON SUCH THINGS AS CONCERT TICKETS, HOTEL BILLS, CHECKING ACCOUNTS AND OTHER ITEMS. DO YOU SUPPORT OR OPPOSE BANNING SUCH FEES?**

<b>Total</b>	<b>1600</b>
<b>SUPPORT</b>	<b>76.6</b>
Strongly	49.9
Somewhat	26.7
<b>OPPOSE</b>	<b>23.4</b>
Somewhat	10.3
Strongly	13.1
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>53.2</b>
<b>Mean</b>	<b>3.13</b>

**26. DO YOU HAVE A FAVORABLE OR UNFAVORABLE OPINION OF AARP, THE AMERICAN ASSOCIATION OF RETIRED PERSONS? IF YOU HAVE NO OPINION OR HAVE NEVER HEARD OF AARP, JUST SAY SO.**

<b>Total</b>	<b>1600</b>
<b>FAVORABLE</b>	<b>60.4</b>
Very	24.4
Somewhat	36.0
<b>UNFAVORABLE</b>	<b>21.5</b>
Somewhat	12.0
Very	9.5
<b>NO OPINION</b>	<b>17.4</b>
<b>NEVER HEARD OF</b>	<b>0.7</b>
<b>Net Diff</b>	<b>38.9</b>
<b>Mean</b>	<b>3.54</b>

**27. ARE YOU OR YOUR SPOUSE A MEMBER OF AARP?**

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>43.6</b>
<b>NO</b>	<b>55.5</b>
<b>DON'T KNOW</b>	<b>0.9</b>
<b>Net Diff.</b>	<b>-11.9</b>

**28. WHETHER YOU ARE A MEMBER OR NOT, HOW FAMILIAR ARE YOU WITH THE AARP, ALSO KNOWN AS THE AMERICAN ASSOCIATION OF RETIRED PERSONS?**

<b>Total</b>	<b>1600</b>
<b>FAMILIAR</b>	<b>92.6</b>
Very	37.7
Somewhat	54.9
<b>NOT FAMILIAR AT ALL</b>	<b>7.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>

29. WHILE AARP HAS LONG PRESENTED ITSELF AS AN ADVOCATE FOR OLDER AMERICANS, TODAY IT ALSO HAS SIGNIFICANT FINANCIAL RELATIONSHIPS WITH MANY LARGE CORPORATIONS. IN FACT, AARP IS NOW PAID OVER ONE BILLION DOLLARS A YEAR IN CORPORATE ROYALTIES. THESE PAYMENTS MAKE UP MORE THAN HALF OF AARP'S ANNUAL OPERATING REVENUES AND EXCEED MORE THAN THREE TIMES WHAT THEY EARN IN DUES FROM THEIR OWN MEMBERS. MOST OF THIS CORPORATE REVENUE – TOTALING OVER \$6 BILLION OVER THE LAST DECADE – COMES FROM A SINGLE CORPORATION, UNITEDHEALTHCARE, ONE OF AMERICA'S LARGEST HEALTH INSURANCE AND PHARMACY BENEFIT MANAGER COMPANIES. THIS IS LARGELY DERIVED FROM A ROYALTY EQUAL TO NEARLY 5 PERCENT OF WHAT AARP IS PAID FROM MONTHLY PREMIUMS FROM CERTAIN AARP-BRANDED UNITEDHEALTHCARE MEDICARE POLICIES.

<b>Total</b>	<b>1600</b>
<b>CONCERNING</b>	<b>88.9</b>
Very	52.0
Somewhat	36.9
<b>NOT CONCERNING</b>	<b>11.1</b>
Not That	8.7
Not at All	2.3
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>77.9</b>
<b>Mean</b>	<b>3.39</b>

30. ARE YOU CONCERNED THAT OVER HALF OF AARP'S OPERATING REVENUE – OVER \$1 BILLION – COMES FROM CORPORATE ROYALTIES, WITH MOST OF THAT COMING FROM A SINGLE CORPORATION, UNITEDHEALTHCARE?

<b>Total</b>	<b>1600</b>
<b>CONCERNED</b>	<b>84.5</b>
Very	50.3
Somewhat	34.2
<b>NOT CONCERNED</b>	<b>15.5</b>
Not That	13.0
Not at All	2.5
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>69.0</b>
<b>Mean</b>	<b>3.32</b>

31. DO YOU PERSONALLY BELIEVE THE AMOUNT OF MONEY PAID TO AARP IN CORPORATE ROYALTIES FROM HEALTH INSURERS LIKE UNITEDHEALTHCARE CREATES A CONFLICT OF INTEREST THAT COULD IMPACT AARP'S ABILITY TO BEST REPRESENT THE INTERESTS OF THEIR MEMBERS AND OTHER OLDER AMERICANS THAT RELY ON MEDICARE?

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>80.4</b>
<b>NO</b>	<b>19.5</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>60.9</b>

32. HOW FAMILIAR ARE YOU WITH UNITEDHEALTHCARE, AARP'S LARGEST CORPORATE PARTNER, AND OTHER LARGE INSURANCE COMPANIES, BEING THE SUBJECT OF WELL-PUBLICIZED ALLEGATIONS, CONGRESSIONAL HEARINGS AND STATE ATTORNEYS GENERAL INVESTIGATIONS RELATED TO OVERCHARGING GOVERNMENT HEALTHCARE PROGRAMS LIKE MEDICARE AND MEDICAID MULTIPLE MILLIONS OF DOLLARS IN RECENT YEARS?

<b>Total</b>	<b>1600</b>
<b>FAMILIAR</b>	<b>41.3</b>
Very	11.4
Somewhat	29.9
<b>NOT THAT FAMILIAR</b>	<b>58.7</b>
Heard About it	36.6
Never Heard of it	22.1
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>-17.3</b>
<b>Mean</b>	<b>2.31</b>



**33. HOW CONCERNING IS IT THAT AARP MAINTAINS SUCH A SIGNIFICANT FINANCIAL RELATIONSHIP WITH UNITEDHEALTHCARE CONSIDERING THE ALLEGATIONS THAT THEY AND OTHER INSURANCE COMPANIES HAVE POSSIBLY OVERCHARGED MEDICARE AND OTHER GOVERNMENT PROGRAMS MILLIONS OF DOLLARS?**

<b>Total</b>	<b>1600</b>
<b>CONCERNING</b>	<b>91.6</b>
Very	55.1
Somewhat	36.5
<b>NOT CONCERNING</b>	<b>8.4</b>
Not That	6.9
Not at All	1.5
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>83.2</b>
<b>Mean</b>	<b>3.45</b>

**34. WITH RESPECT TO THE ROYALTY EQUAL TO NEARLY 5% OF MONTHLY PREMIUMS AARP RECEIVES ON MANY UNITEDHEALTHCARE MEDICARE PREMIUMS AS A RESULT OF AARP'S FINANCIAL PARTNERSHIP WITH UNITEDHEALTHCARE, WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR VIEW?**

**1. THE NEARLY 5% ROYALTY AARP RECEIVES FROM AARP-BRANDED UNITEDHEALTHCARE POLICIES IS AN UNNECESSARY "JUNK FEE."**

**2. THE NEARLY 5% ROYALTY AARP RECEIVES FROM AARP-BRANDED UNITEDHEALTHCARE POLICIES IS AN APPROPRIATE LICENSING FEE.**

<b>Total</b>	<b>1600</b>
<b>JUNK FEE</b>	<b>73.5</b>
<b>APPROPRIATE FEE</b>	<b>26.1</b>
<b>DON'T KNOW</b>	<b>0.4</b>
<b>Net Diff.</b>	<b>47.5</b>

**35. ARE YOU AWARE OR UNAWARE THAT AARP ENDORSED AND SUPPORTED THE [IRA] SPENDING PLAN PASSED BY CONGRESS THAT COSTS \$740 BILLION AND MAKES SIGNIFICANT CHANGES TO MEDICARE? IF YOU ARE UNAWARE, JUST SAY SO.**

<b>Total</b>	<b>1600</b>
<b>AWARE</b>	<b>19.6</b>
<b>UNAWARE</b>	<b>80.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>-60.9</b>

**36. KNOWING THE [IRA] PLAN ALLOWED FUNDS FROM PROJECTED MEDICARE DRUG SAVINGS TO BE USED FOR SPENDING PROGRAMS AND TAX BREAKS UNRELATED TO MEDICARE. WHAT DO YOU BELIEVE AARP SHOULD HAVE DONE?**

**1. AARP SHOULD HAVE SUPPORTED USING THOSE MEDICARE FUNDS FOR UNRELATED SPENDING AND TAX BREAKS.**

**2. AARP SHOULD HAVE OPPOSED USING THOSE MEDICARE FUNDS FOR UNRELATED SPENDING AND TAX BREAKS.**

<b>Total</b>	<b>1600</b>
<b>SHOULD HAVE SUPPORTED</b>	<b>11.6</b>
<b>SHOULD HAVE OPPOSED</b>	<b>88.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>76.7</b>

**37. KNOWING THE [IRA] PLAN ALLOWED BILLIONS OF FUNDS FROM PROJECTED MEDICARE DRUG SAVINGS TO BE USED FOR UNRELATED SPENDING PROGRAMS AND TAX BREAKS IN ADVANCE OF THOSE FUNDS BEING USED TO LOWER SENIORS' DRUG COSTS. WHAT DO YOU BELIEVE AARP SHOULD HAVE DONE?**

- 1. AARP SHOULD HAVE SUPPORTED USING THOSE MEDICARE FUNDS FOR UNRELATED SPENDING AND TAX BREAKS IN ADVANCE OF THOSE FUNDS BEING USED TO LOWER SENIORS' DRUG COSTS.**
- 2. AARP SHOULD HAVE OPPOSED USING THOSE MEDICARE FUNDS FOR UNRELATED SPENDING AND TAX BREAKS IN ADVANCE OF THOSE FUNDS BEING USED TO LOWER SENIORS' DRUG COSTS.**

<b>Total</b>	<b>1600</b>
<b>SHOULD HAVE SUPPORTED</b>	<b>17.2</b>
<b>SHOULD HAVE OPPOSED</b>	<b>82.8</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>65.5</b>

**38. CRITICS OF THE INFLATION REDUCTION ACT HAVE ARGUED THAT BIG HEALTH INSURERS STAND TO DIRECTLY BENEFIT FOLLOWING ITS PASSAGE – FIRST, BECAUSE IT DIVERTS SOME OF THE PROJECTED MEDICARE DRUG SAVINGS TO SUBSIDIZE PREMIUMS PAID TO HEALTH INSURANCE COMPANIES FOR PEOPLE NOT ENROLLED IN MEDICARE, AND SECOND, BECAUSE NEW GOVERNMENT DRUG PRICING CONTROLS IN MEDICARE COULD SAVE INSURERS SIGNIFICANT MONEY IF THE GOVERNMENT IMPOSES LOWER PRICES AND INSURERS DO NOT PASS THE SAVINGS ON TO PATIENTS. CONSIDERING THE POTENTIAL FINANCIAL BENEFIT UNITEDHEALTHCARE AND OTHER HEALTH INSURERS MAY RECEIVE AS A RESULT OF THE AARP SUPPORTING THE [IRA] PLAN, HOW CONCERNING IS IT TO YOU THAT THE AARP USED ITS INFLUENCE WITH LEGISLATORS AND FINANCIAL RESOURCES TO HELP PASS THIS LEGISLATION IN VIEW OF ITS FINANCIAL RELATIONSHIP WITH UNITEDHEALTHCARE?**

<b>Total</b>	<b>1600</b>
<b>CONCERNING</b>	<b>90.4</b>
Very	53.3
Somewhat	37.1
<b>NOT CONCERNING</b>	<b>9.6</b>
Not That	8.0
Not at All	1.7
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>80.7</b>
<b>Mean</b>	<b>3.42</b>

**39. DO YOU BELIEVE AARP SHOULD BE REQUIRED TO PUBLICLY DISCLOSE ITS FINANCIAL RELATIONSHIPS WITH COMPANIES IN AARP'S ADVERTISING, LOBBYING OF LEGISLATORS, AND COMMUNICATIONS WITH ITS MEMBERSHIP RELATED TO PENDING LEGISLATION AND OTHER PUBLIC POLICY DEBATES WHEN THOSE COMPANIES STAND TO BE IMPACTED BY THE OUTCOME OF THOSE DECISIONS?**

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>95.1</b>
<b>NO</b>	<b>4.9</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>90.3</b>

**40. DO YOU PERSONALLY BELIEVE AARP'S FINANCIAL RELATIONSHIP WITH UNITEDHEALTHCARE POSITIVELY OR NEGATIVELY IMPACTS ITS ABILITY TO SERVE THE BEST INTERESTS OF OLDER AMERICANS?**

- 1. POSITIVELY IMPACTS AARP'S ABILITY TO SERVE OLDER AMERICANS**
- 2. NEGATIVELY IMPACTS AARP'S ABILITY TO SERVE OLDER AMERICANS**

<b>Total</b>	<b>1600</b>
<b>POSITIVE IMPACTS</b>	<b>27.9</b>
<b>NEGATIVE IMPACTS</b>	<b>72.0</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>-44.1</b>

**41. AARP HAS BEEN QUITE VOCAL ON PRESCRIPTION DRUG PRICING ISSUES. FOR EACH OF THE FOLLOWING, DO YOU BELIEVE AARP SHOULD BE EQUALLY VOCAL WITH LEGISLATORS, GOVERNMENT OFFICIALS, AND THE MEDIA ON THE NEED TO ADDRESS INSURER- AND PHARMACY BENEFIT MANAGER-GENERATED COSTS AND OBSTACLES IMPACTING OLDER AMERICANS? LOWERING MEDICARE ADVANTAGE & MEDIGAP INSURANCE PREMIUMS.**

<b>Total</b>	<b>1600</b>
<b>YES/AARP SHOULD BE VOCAL</b>	<b>93.5</b>
<b>NO/AARP SHLDN'T BE VOCAL</b>	<b>6.5</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>87.1</b>

**42. LOWERING OUT OF POCKET EXPENSES LIKE INSURANCE DEDUCTIBLES AND CO-PAYS.**

<b>Total</b>	<b>1600</b>
<b>YES/AARP SHOULD BE VOCAL</b>	<b>94.6</b>
<b>NO/AARP SHLDN'T BE VOCAL</b>	<b>5.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>89.2</b>

**43. PROVIDING GREATER ACCESS TO PREFERRED DOCTORS AND SPECIALISTS.**

<b>Total</b>	<b>1600</b>
<b>YES/AARP SHOULD BE VOCAL</b>	<b>92.6</b>
<b>NO/AARP SHLDN'T BE VOCAL</b>	<b>7.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>85.2</b>

**44. ADDRESSING INSURANCE COVERAGE DENIALS FOR TREATMENTS.**

<b>Total</b>	<b>1600</b>
<b>YES/AARP SHOULD BE VOCAL</b>	<b>91.5</b>
<b>NO/AARP SHLDN'T BE VOCAL</b>	<b>8.5</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>83.1</b>

**45. FIGHTING AGAINST MEDICARE OVERCHARGES FROM HEALTH INSURERS AND PHARMACY BENEFIT MANAGERS.**

<b>Total</b>	<b>1600</b>
<b>YES/AARP SHOULD BE VOCAL</b>	<b>94.6</b>
<b>NO/AARP SHLDN'T BE VOCAL</b>	<b>5.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>89.2</b>

**46. ENSURING SENIORS CAN UTILIZE LOCAL INDEPENDENT PHARMACIES AT THE SAME COST AS HEALTH INSURANCE COMPANIES' PREFERRED PHARMACIES.**

<b>Total</b>	<b>1600</b>
<b>YES/AARP SHOULD BE VOCAL</b>	<b>94.1</b>
<b>NO/AARP SHLDN'T BE VOCAL</b>	<b>5.9</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>88.1</b>

**47. MUCH LIKE AARP HAS FOCUSED ON PRESCRIPTION DRUG PRICING, DO YOU BELIEVE AARP SHOULD ENGAGE MORE PUBLICLY TO ADDRESS THE IMPACT OF COSTS AND OTHER CORPORATE PRACTICES ASSOCIATED WITH LARGE HEALTH INSURANCE COMPANIES AND PHARMACY BENEFIT MANAGERS?**

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>93.6</b>
<b>NO</b>	<b>6.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>87.2</b>

**48. EVERY YEAR, THE FEDERAL GOVERNMENT LOSES BILLIONS OF DOLLARS TO IMPROPER PAYMENTS, FRAUD, AND OVERCHARGES BILLED TO MEDICARE AND OTHER PUBLIC HEALTH PROGRAMS. WOULD YOU SUPPORT OR OPPOSE A DEDICATED CONGRESSIONAL INVESTIGATION TO EXPLORE WAYS TO RECOUP THAT MONEY AND PENALIZE THOSE FOUND TO HAVE ABUSED THE SYSTEM TO HELP MAKE THE MEDICARE PROGRAM MORE SECURE LONG-TERM?**

<b>Total</b>	<b>1600</b>
<b>SUPPORT</b>	<b>95.4</b>
Strongly	67.9
Somewhat	27.5
<b>OPPOSE</b>	<b>4.6</b>
Somewhat	2.9
Strongly	1.7
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>90.7</b>
<b>Mean</b>	<b>3.62</b>

**49. DO YOU PERSONALLY BELIEVE AARP IS MORE OR LESS VOCAL ON ISSUES OF MEDICARE OVERCHARGES AND THE BILLING PRACTICES OF INSURANCE COMPANIES AND PHARMACY BENEFIT MANAGERS BECAUSE OF ITS FINANCIAL RELATIONSHIP WITH THE UNITEDHEALTHCARE CORPORATION?**

<b>Total</b>	<b>1600</b>
<b>MORE VOCAL</b>	<b>34.4</b>
<b>LESS VOCAL</b>	<b>65.6</b>
<b>DON'T KNOW</b>	<b>0.1</b>
<b>Net Diff.</b>	<b>-31.2</b>

**50. DOES KNOWING THAT AARP HELD MULTIPLE DOZENS OF EVENTS AND PETITION DRIVES RELATED TO DRUG PRICING POLICIES AND THE INFLATION REDUCTION ACT ALMOST EXCLUSIVELY FOR DEMOCRATS – BOTH BEFORE AND AFTER THE VOTE ON THE LEGISLATION – CONCERN YOU CONSIDERING AARP'S STATUS AS A NONPARTISAN ORGANIZATION?**

<b>Total</b>	<b>1600</b>
<b>YES, CONCERNS ME</b>	<b>76.5</b>
<b>NO, DSN'T CONCERN ME</b>	<b>23.5</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>53.0</b>

**51. WHICH COMES CLOSEST TO YOUR VIEW AS TO WHY YOU PERSONALLY BELIEVE AARP'S LEADERSHIP SUPPORTED THE RECENT SPENDING BILL – THE INFLATION REDUCTION ACT?**

- 1. THE SPENDING BILL WAS IN THE BEST INTEREST OF SENIORS IN MEDICARE.**
- 2. THE SPENDING BILL WAS BENEFICIAL TO AARP'S CORPORATE PARTNERS AND ITS OWN FINANCIAL INTERESTS.**
- 3. THE SPENDING BILL WAS A LEGISLATIVE AND POLITICAL PRIORITY OF DEMOCRAT LEADERS IN CONGRESS.**

<b>Total</b>	<b>1600</b>
<b>BEST INTEREST/SENIORS</b>	<b>21.5</b>
<b>BENEFITS CORP. PARTNERS</b>	<b>49.4</b>
<b>POLITICAL PRIORITY/DEMS</b>	<b>29.0</b>
<b>DON'T KNOW</b>	<b>0.0</b>

**52. MOVING FORWARD, ARE YOU MORE OR LESS LIKELY TO TRUST AARP HAS THE BEST INTEREST OF OLDER AMERICANS WHEN IT ADVOCATES FOR CERTAIN PUBLIC POLICIES RELATED TO MEDICARE, OR ABOUT THE SAME?**

1. MORE LIKELY TO TRUST AARP ACTING IN THE BEST INTEREST OF OLDER AMERICANS
2. LESS LIKELY TO TRUST AARP ACTING IN THE BEST INTEREST OF OLDER AMERICANS

<b>Total</b>	<b>1600</b>
<b>MORE LIKELY TO TRUST AARP</b>	<b>9.9</b>
<b>LESS LIKELY TO TRUST AARP</b>	<b>59.7</b>
<b>ABOUT THE SAME</b>	<b>30.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>-49.8</b>

**53. DO YOU BELIEVE IT IS APPROPRIATE TO UTILIZE BILLIONS OF DOLLARS IN PROJECTED MEDICARE DRUG SAVINGS TO PROVIDE SUBSIDIES AND TAX BREAKS FOR HIGHER-INCOME EARNERS OUTSIDE OF THE MEDICARE PROGRAM FOR THINGS LIKE ELECTRIC VEHICLES, SOLAR PANELS, AND PRIVATE INSURANCE?**

1. YES, SAVINGS FROM CHANGES TO MEDICARE SHOULD BE USED TO PROVIDE SUBSIDIES FOR HIGHER-INCOME EARNERS OUTSIDE OF THE MEDICARE PROGRAM.
2. NO, ALL SAVINGS FROM CHANGES TO MEDICARE SHOULD BE APPLIED ONLY TO MEDICARE AND THOSE ENROLLED IN THE PROGRAM.

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>8.0</b>
<b>NO</b>	<b>92.0</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>-84.0</b>

**54. THINKING BACK, FOR WHOM DID YOU VOTE IN THE NOVEMBER 2020 PRESIDENTIAL ELECTION?**

<b>Total</b>	<b>1600</b>
<b>DONALD TRUMP</b>	<b>49.8</b>
<b>JOE BIDEN</b>	<b>45.4</b>
<b>ANOTHER CANDIDATE</b>	<b>2.9</b>
<b>DID NOT VOTE</b>	<b>1.9</b>
<b>DON'T KNOW</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>4.4</b>

**55. THINKING ABOUT A POLITICAL PARTY, WOULD YOU CONSIDER YOURSELF A...?**

<b>Total</b>	<b>1600</b>
<b>REPUBLICAN</b>	<b>43.2</b>
<b>DEMOCRAT</b>	<b>35.9</b>
<b>INDEPENDENT/OTHER</b>	<b>20.9</b>
<b>Net Diff.</b>	<b>7.3</b>

**56. IF YOU WERE TO LABEL YOURSELF, WOULD YOU SAY YOU ARE A LIBERAL, A MODERATE, OR A CONSERVATIVE IN YOUR POLITICAL BELIEFS?**

<b>Total</b>	<b>1600</b>
<b>LIBERAL</b>	<b>23.5</b>
Very	7.7
Somewhat	15.9
<b>MODERATE</b>	<b>33.0</b>
<b>CONSERVATIVE</b>	<b>43.5</b>
Somewhat	24.0
Very	19.5
<b>DK/REFUSED</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>19.9</b>
<b>Mean</b>	<b>3.32</b>

**57. WHAT IS YOUR RELIGION?**

<b>Total</b>	<b>1600</b>
<b>PROTESTANT</b>	<b>50.4</b>
<b>CATHOLIC</b>	<b>26.9</b>
<b>AGNOSTIC</b>	<b>3.5</b>
<b>JEWISH</b>	<b>2.8</b>
<b>ATHEIST</b>	<b>2.6</b>
<b>MORMON/LDS</b>	<b>0.7</b>
<b>SECULAR</b>	<b>0.6</b>
<b>MUSLIM/ISLAMIC</b>	<b>0.3</b>
<b>OTHER</b>	<b>1.7</b>
<b>NONE</b>	<b>10.4</b>
<b>DON'T KNOW</b>	<b>0.0</b>

**58. WHAT IS YOUR CURRENT MARITAL STATUS?**

<b>Total</b>	<b>1600</b>
<b>SINGLE</b>	<b>17.0</b>
<b>MARRIED</b>	<b>47.1</b>
<b>SEPARATED</b>	<b>2.3</b>
<b>DIVORCED</b>	<b>20.9</b>
<b>WIDOWED</b>	<b>12.6</b>

**59. WHAT IS THE LAST GRADE OF FORMAL EDUCATION YOU HAVE COMPLETED?**

<b>Total</b>	<b>1600</b>
<b>LESS/COLLEGE GRAD</b>	<b>77.9</b>
Less/H.S. Diploma	1.7
High School Grad.	22.6
Some College/Trade	36.4
Associates Degree	17.2
<b>COLLEGE GRADUATE</b>	<b>22.1</b>
Bachelors Degree	13.2
Post-Graduate Degree	8.9
<b>DK/REFUSED</b>	<b>0.0</b>
<b>Net Diff.</b>	<b>55.9</b>

**60. WOULD YOU CONSIDER WHERE YOU LIVE TO BE A URBAN, SUBURBAN OR RURAL AREA?**

<b>Total</b>	<b>1600</b>
<b>URBAN AREA</b>	<b>24.1</b>
<b>SUBURBAN AREA</b>	<b>50.0</b>
<b>RURAL AREA</b>	<b>25.9</b>
<b>DON'T KNOW</b>	<b>0.0</b>

**61. ARE YOU OR IS A MEMBER OF YOUR IMMEDIATE FAMILY FROM A LATINO, HISPANIC OR SPANISH SPEAKING BACKGROUND?**

<b>Total</b>	<b>1600</b>
<b>YES</b>	<b>10.3</b>
<b>NO</b>	<b>89.7</b>

**62. WHAT IS YOUR MAIN RACIAL BACKGROUND?**

<b>Total</b>	<b>1600</b>
<b>HISPANIC</b>	<b>10.3</b>
<b>AFRICAN AMERICAN</b>	<b>10.1</b>
<b>ASIAN</b>	<b>3.2</b>
<b>WHITE</b>	<b>75.4</b>
<b>OTHER</b>	<b>1.0</b>

**63. WHAT IS YOUR AGE? ARE YOU BETWEEN...**

<b>Total</b>	<b>1600</b>
<b>55-59</b>	<b>25.0</b>
<b>60-64</b>	<b>20.4</b>
<b>65-69</b>	<b>18.9</b>
<b>70-74</b>	<b>15.2</b>
<b>75 AND OVER</b>	<b>20.4</b>
<b>Mean</b>	<b>66.08</b>

**64. GENDER:**

<b>Total</b>	<b>1600</b>
<b>MALE</b>	<b>46.0</b>
<b>FEMALE</b>	<b>54.0</b>

**65. REGION:**

<b>Total</b>	<b>1600</b>
<b>NEW ENGLAND</b>	<b>4.9</b>
<b>MIDDLE ATLANTIC</b>	<b>13.2</b>
<b>EAST NORTH CENTRAL</b>	<b>16.4</b>
<b>WEST NORTH CENTRAL</b>	<b>6.6</b>
<b>SOUTH ATLANTIC</b>	<b>21.5</b>
<b>EAST SOUTH CENTRAL</b>	<b>6.4</b>
<b>WEST SOUTH CENTRAL</b>	<b>10.4</b>
<b>MOUNTAIN</b>	<b>7.1</b>
<b>PACIFIC</b>	<b>13.5</b>

**66. AREA:**

<b>Total</b>	<b>1600</b>
<b>EAST</b>	<b>18.1</b>
<b>MIDWEST</b>	<b>23.0</b>
<b>SOUTH</b>	<b>38.2</b>
<b>WEST</b>	<b>20.6</b>

**67. BATTLEGROUND STATES:**

<b>Total Answering</b>	<b>1600</b>
<b>BGS STATE</b>	<b>49.0</b>
<b>NON-BGS STATE</b>	<b>51.0</b>