

CORPORATE HEALTH CARE POLICY FORECAST SURVEY

JUNE 2009

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Executive Summary

With the 2008 Presidential and Congressional campaigns still fresh in the minds of voters and health care reform now dominating the Capitol Hill agenda, elected officials are considering a number of issues and reforms, including proposals that would fundamentally change employer-sponsored health benefits.

In light of the critical issues involved, the second annual **Miller & Chevalier/American Benefits Council Corporate Health Care Policy Forecast Survey** was designed to measure the perspectives and attitudes of leading corporate benefits executives on the direction of health care policy in the coming months. This survey includes respondents from a broad cross-section of large U.S.-based companies, 57% of which are Fortune 500 and/or Global 100 businesses.

While there are many parallels to last year's survey, the conclusions of the 2009 survey are dramatic. Regardless of their company's size, geography, industry or even the respondent's political affiliation, corporate benefits executives say they are concerned about several crucial health care policy matters. Industry professionals:

- Support an individual mandate
- Overwhelmingly want improving quality to be a priority feature of health care reform
- Do not support the establishment of a public health care plan
- Do not want their employees taxed on the value their of employer-provided health benefits

Respondents have a significant number of covered employees in all 50 states and represent companies that range from fewer than 1,000 to more than 50,000 employees. When it comes to party affiliation, survey respondents identified themselves equally as Republican and Democrat, and 55% said they voted for Barack Obama in the last presidential election – including 24% of those who are Republicans.

Across the board, this group of professionals who supported President Obama in the 2008 election by a wider margin than the population at large has serious concerns about several features of health reform he is advocating.

Highlights of the Miller & Chevalier/American Benefits Council 2009 Corporate Health Care Policy Forecast Include:

- Employers understand that continuing to provide health care to their employees is very important. 89% of respondents think employees would prefer to receive health insurance through employers even if similarly priced options were available through the government or individual plans.
- With the taxation of employer-sponsored health benefits now squarely on the table, respondents clearly assert that altering the tax exclusion will affect employer- sponsorship of plans. 82% want to maintain the current exclusion.
- Respondents would like to see more focus on cost (51%) and quality (72%) issues.
 - In an open-ended question asking respondents to identify their company's single biggest health care burden, 85% of respondents cite cost-related concerns, compared to 47% of respondents in 2008.
- Respondents overwhelmingly point to improvements in health care quality, such as reporting of quality outcomes and wellness or chronic care programs, as the areas that could have the most positive impact on their workforce.
- Quality initiatives employers offer have not diminished since last year, despite the economic downturn. Fully 92% of respondents say their companies provide wellness or chronic care programs.
- Like last year, the question of limiting or repealing ERISA preemption received one of the strongest reactions from respondents. Corporate benefit executives overwhelmingly support maintaining ERISA standards (92%).
- Three-quarters of respondents say that their company would immediately reduce or cease altogether offering retiree health coverage if legislation were enacted that prevented employers from modifying retiree health care benefits in the future.

Verbatims

In an open forum for comment and feedback, respondents were asked to share their thoughts on the biggest health care burdens to their company. Overwhelmingly, the responses related to concerns about health care cost and quality issues. The following represent select verbatims received from survey respondents.

- *Let's go back to the basics -- simple, appropriate care, quality care and healthy lifestyles with risk mitigation strategy.*
- *The greatest burden is rising health care costs.*
- *Being a small employer in a small state which heavily regulates the health insurance industry, we have very limited choices and high cost for health insurance.*
- *The disease burden is very high.*
- *Cost. Keeping premiums at a level where the employer can afford to provide the health care and the employee can afford to elect it. This is particularly difficult with respect to an employer that has a large group of lower paid employees.*
- *The non-transparency of provider costs allows cost shifting with no accountability and also drives a wedge from the end-consumer not understanding the true cost of their healthcare.*
- *Medicare cost-shifting forces us to pick up an undue burden.*
- *The costs of health care services are creating the biggest financial burden. Most of my cost increase can be attributed to the costs of services going up and my catastrophic claims for which two-thirds of the claimants have chronic conditions. We need to pay a fair price for services and not pay for mistakes and medical errors. We also need health IT to stop the duplication of tests and share information to eliminate that waste in the system.*
- *Government interference. As a jumbo employer (> 25,000 employees), the greatest burdens are those expenses that are shifted to employers because of government mandates – state minimum benefit mandates as well as Medicaid and Medicare cost shift from price setting. We expect all of those to increase should ERISA preemption be curtailed, should the government start to set Rx prices, and should the Obama administration's dream of a public plan become a reality. The other area of significant government interference is the ridiculous concept/process where any design or reform effort is measured against the coverage offered to federal employees and the costs of those programs.*
- *Poor quality care: mistakes drive up cost, too much care drives up cost and too little care drives up cost.*

Corporate Health Care Policy Forecast Survey Results

Respondents were asked to complete a short questionnaire designed to measure their perspectives and attitudes on the direction of health care policy for business in the coming months. The following charts represent the collective input of 213 respondents to the survey. A full overview of the survey methodology can be found at the end of this report.

1. Assuming the cost to the employee was about the same, through what source do you think your employees would prefer to get health coverage?		
Responses	%	Percentage of total respondents
Their employer (or their spouse's employer)	88.52%	
Government-sponsored or public programs	4.31%	
The individual insurance market	7.18%	
		20% 40% 60% 80% 100%

- Most respondents (89%), regardless of their company's size, location, industry or the respondent's political affiliation, believe employees prefer to get health coverage through their employer or their spouse's employer.
- Responses were very similar to the 2008 survey. Last year, most respondents (87%), thought employees preferred to get health coverage through their employer or their spouse's employer, 9% named the individual insurance market, and 4% said government-sponsored or public programs.
- Of respondents who identify themselves as Democrats, 84% think employees prefer to get health coverage through their employer. 93% of respondents who identify themselves as Republicans agree, demonstrating unanimity among respondents with different political ideologies.

With regard to the current health care reform debate, do you think the current focus of health care reform on cost, coverage and quality is:

2(a). Rate current focus: Health Care Cost

Responses	Count	Assigned Weight	%	Percentage of total respondents
1 - Not enough	107	1	50.95%	
2 – Appropriate	91	2	43.33%	
3 - Too much	12	3	5.71%	
Weighted Score : 1.55				
Total Responses	210			

- In 2008, 58% of respondents said there was not enough focus on cost, 33% said there was appropriate focus, and 9% said there was too much.
- Of respondents who identify themselves as Democrats, 46% think there is not enough focus on health care cost. 56% of respondents who identify themselves as Republicans agree.
- In an open-ended question asking respondents to describe their company's single biggest health care burden, 85% cite cost-related concerns. Common themes included lack of transparency about cost and quality, lack of personal responsibility for lifestyle choices, managing the cost of chronic and catastrophic diseases, retiree medical issues, and government mandates.

With regard to the current health care reform debate, do you think the current focus of health care reform on cost, coverage and quality is:

2(b). Rate current focus: Health Care Coverage

Responses	Count	Assigned Weight	%	Percentage of total respondents
1 - Not enough	44	1	20.95%	
2 – Appropriate	120	2	57.14%	
3 - Too much	46	3	21.90%	
Weighted Score : 2.01				
Total Responses	210			

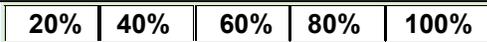
- In 2008, 33% of respondents said there was not enough focus on coverage, 41% said there was appropriate focus, and 26% said there was too much.
- Of respondents who identify themselves as Democrats, 75% think there is appropriate or too much focus on health care coverage and 87% of respondents who identify themselves as Republicans agree.

With regard to the current health care reform debate, do you think the current focus of health care reform on cost, coverage and quality is:

2(c). Rate current focus: Health Care Quality

Responses	Count	Assigned Weight	%	Percentage of total respondents					
1 - Not enough	152	1	72.04%						
2 – Appropriate	51	2	24.17%						
3 - Too much	8	3	3.79%						
Weighted Score : 1.32									
Total Responses	211	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20%; text-align: center;">20%</td> <td style="width: 20%; text-align: center;">40%</td> <td style="width: 20%; text-align: center;">60%</td> <td style="width: 20%; text-align: center;">80%</td> <td style="width: 20%; text-align: center;">100%</td> </tr> </table>			20%	40%	60%	80%	100%
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- In 2008, 74% of respondents said there was not enough focus on quality, 24% said there was appropriate focus, and 2% said there was too much.
- Of respondents who identify themselves as Democrats, 68% think there is not enough focus on health care quality. 75% of respondents who identify themselves as Republicans agree.
- Responses about the attention paid to cost, quality and coverage are generally comparable to 2008. However, while respondents indicate there has been some improvement on the cost and coverage side, still a majority believe there is not enough focus on cost. And an even greater majority believe discussion of health care quality issues is inadequate – virtually unchanged from last year.
 - A number of later survey questions asking about health care priorities for employers show that quality is of top importance to industry executives, so this data indicates the current debate is not being responsive to the top priorities of employer health plan sponsors.

3. Which of the following national policies, if enacted, would have a strong positive impact on your workforce? (check all that apply)		
Responses	%	Percentage of total respondents
Require employers to "play or pay" (i.e., provide health coverage or pay an additional tax)	19.14%	
Adopt medical liability reform (e.g., place limits on damage awards, expand use of alternative dispute procedures)	60.29%	
Require all individuals to have health coverage through their employers, the individual market, or otherwise	46.41%	
Allow state or local governments to regulate employer-sponsored health plans (e.g., limit or repeal ERISA preemption)	0.48%	
Establish a public plan in which your employees would be eligible to enroll	21.05%	
Replace the employee tax exclusion for health coverage with a limited tax deduction or credit	4.31%	
Improve health care quality (e.g. promote workplace wellness programs, expand chronic disease management programs, expand health information technology)	79.90%	
None of the above	3.83%	
Other (please specify)	11.96%	
		

- There is broad consensus among respondents (80%) that initiatives to improve health care quality will have a strong positive impact on their workforce.
- 60% support medical liability reform.
- Even though all the survey respondents work for companies that already provide health coverage to their own workers, fully 46% of the benefits professionals believe that a requirement that all Americans have coverage would nonetheless also have a positive affect on their own workforce.
- Other policies suggested by respondents include:
 - *Impose financial discipline on providers*
 - *Require cost and quality information be available on a national basis*
 - *A true free market is the solution*
 - *Stronger federal preemption, less administrative complexity*
 - *Create incentives, mechanisms for long-term care coordination*
 - *Help drive unnecessary costs out of the system*

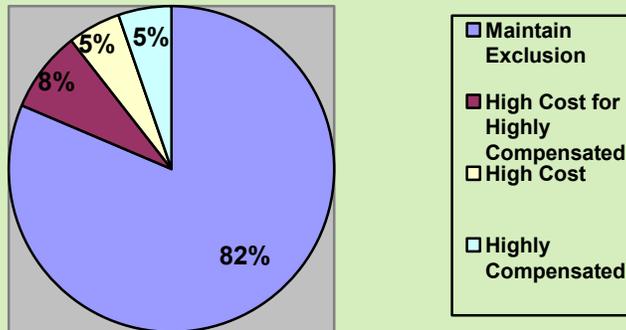
- Of those respondents who voted for McCain in the last election, 75% think adopting medical liability reform would have a strong positive impact on their workforce.
- Of those respondents who voted for Obama in the last election, 88% think improving health care quality would have a strong positive impact on their workforce.

4. Which of the following national policies, if enacted, would have a strong negative impact on your workforce? (check all that apply)							
Responses	%	Percentage of total respondents					
Require employers to "play or pay" (i.e., provide health coverage or pay an additional tax)	38.10%						
Adopt medical liability reform (e.g., place limits on damage awards, expand use of alternative dispute procedures)	2.86%						
Require all individuals to have health coverage through their employers, the individual market, or otherwise	10.48%						
Allow state or local governments to regulate employer-sponsored health plans (e.g., limit or repeal ERISA preemption)	89.05%						
Establish a public plan in which your employees would be eligible to enroll	39.52%						
Replace the employee tax exclusion for health coverage with a limited tax deduction or credit	66.19%						
Improve health care quality (e.g. promote workplace wellness programs, expand chronic disease management programs, expand health information technology)	0.95%						
None of the above	0.48%						
Other (please specify)	2.38%						
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20%	40%	60%	80%	100%			

- Respondents overwhelmingly believe (89%) that changes to ERISA preemption would have a significant negative effect on their workforce. Two-thirds are concerned about the potential replacement of the employee tax exclusion for health coverage with a limited tax deduction or credit.
- Looking at Questions 3 and 4 together, it is clear that twice as many respondents believe an employer “pay or play” mandate, or the establishment of a public plan would have a strong negative impact on their workforce as those who believe those changes would have a strong positive impact.

5. Lawmakers are considering amending the tax treatment of employer-sponsored health plans. Currently, employees' health insurance is excluded for purposes of federal income tax. Lawmakers may choose to apply income tax to high-cost health care coverage, or highly compensated individuals or a combination of both. Do you think Congress should: (rank first choice 1, last choice 4)

First Choices of Executives: Tax Treatment of Employer-Sponsored Health Plans



Responses	Rank 1	Rank 2	Rank 3	Rank 4	Weighted Rank (Score)
Maintain the current employee tax exclusion	169	17	11	11	1 (760)
Tax high-cost coverage for highly compensated individuals	19	99	65	25	2 (528)
Tax high cost coverage	16	60	54	78	3 (430)
Tax coverage for highly compensated individuals	4	32	78	94	4 (362)
Total Responses					208

- Earlier this month, President Obama said he is willing to consider taxing employer-sponsored health benefits to help pay for a broad expansion of coverage. However, a vast majority of corporate benefits executives surveyed (82%) want to maintain the current exclusion.
 - Any of the other variations of the change that are being discussed pale in comparison to maintaining the exclusion.

- While respondents overwhelmingly oppose changing the tax exclusion, there is no difference in the very small number (5%) of those who believe in taxing high income individuals as those who believe in taxing high cost plans.

- Last year, a similar question asked respondents to rank how important maintaining the current employee tax exclusion was to continuing employer-provided health care coverage. At that time, 82% said it was very important.

- We asked, if the current employee tax exclusion were capped based on income or the cost of coverage, what changes would companies consider making with respect to their health care design and/or total compensation package. Responses make clear that corporate benefits professionals are very concerned that the result would be lower benefits or more cost (or both) for their employees:
- *We would create a plan that wasn't as comprehensive to fall under the exclusion. Just adds lots of cost to employee.*
 - *It would be extremely unfair to base the exclusion on cost of coverage as not everyone has the same coverage available to them.*
 - *We can't take on extra cost - the employee would bear the burden.*
 - *Because of the legacy benefits which are very high cost to union members, should high cost become a factor, we would probably offer union members a lower cost option, lest they have to pay taxes on the coverage, which they would not be very happy about.*
 - *If the cap was based on income, we would have to subsidize more of the premium or provide additional compensation to those losing the exclusion to attract necessary high potential talent and build our business for the future. Alternatively, if the cap was on the cost of coverage, we might choose to provide some basic level to all employees at no cost and have the dependent or buy-up coverage taxable. Either way will make it difficult to offer a compelling package to anyone.*
 - *My plans are value based designs and focus on quality. We are not looking at the aspects of quality health plan delivery, just looking at cost points which is leading us down the wrong road. The financial burden, depending upon the tax impact could have unintended consequences which would further burden the public system if the appropriate coverage based on our company's ability to provide it is put in jeopardy or is taxed to the point where we can no longer afford to offer it or employees can't afford to pay for it. We could actually create further erosion of the US economy and create an even bigger population of underinsured or those who can't afford, due to plan and pricing designs, appropriate care. If I had to change my plan, I'd increase the cost to employees before I changed my benefits strategy promoting value based benefits.*
 - *If necessary, reduce the core benefit or cost of the core benefit to comply with federal mandates and allow people to buy up to richer coverage depending on where the limitation is set. If a huge gap exists, would consider replacing the gap with some other "reward" that is eligible for tax deductibility to compensate for the loss.*

6. How important is it to your company to maintain ERISA's national standards (as opposed to allowing state or local governments to also regulate ERISA plans)?		
Responses	%	Percentage of total respondents
Very important	91.90%	
Somewhat important	6.67%	
Of little or no importance	1.43%	

- Respondents overwhelmingly (92%) support maintaining ERISA's national standards.
- In 2008, 91% of respondents said it was very important to maintain ERISA's national standards.
- 88% of respondents who identify themselves as Democrats, and 95% who identify themselves as Republicans agree that maintaining ERISA standards is very important.
- Employers weighed in more strongly on this question than on any other issue: benefits professionals know that ERISA's federal framework makes it possible for multi-state employers to provide uniform benefits to their employees and consistently administer these essential benefits without being subject to conflicting state or local regulation.

Provide your opinion on the following approaches to the federal government's role in a reformed health care system:

7. Health care reform options

		Support	Neutral	Oppose
(a)	Establish a government-administered program where individuals and small businesses can purchase from among multiple private options (like Medicare Part D or the Massachusetts connector)	56.19% 	24.76% 	19.05% 
(b)	Expand Medicaid and SCHIP to serve a larger number of low income individuals	41.71% 	34.60% 	23.70% 
(c)	Establish a new government-run health plan that would be available to all Americans (like the Canadian system or Medicare-for-All)	10.95% 	21.43% 	67.62% 

- The more that health care reform is based on a government-run – and government risk-bearing – solution, the less corporate benefits executives support the proposal. 56% support the government helping with choices among private plans, 42% support expanding the government safety net, and just 11% support the government establishing a plan that would compete directly with the private marketplace.
- Republicans and Democrats alike believe there is a positive role for the government to play as a connector for programs and they support expansion of programs to help the poor, but they overwhelmingly oppose creating a new government plan.

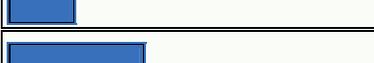
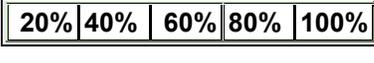
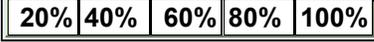
8. What initiatives are you currently using to improve health care quality for your health plan participants? (check all that apply)							
Responses	2009 %	2008 %	2009 Percentage of total respondents				
Adopt high performance network strategies that encourage plan participants to use providers with the highest quality and the lowest cost	49.04%	41.99%					
Use provider incentive and reward programs, such as direct financial incentives, for providers who demonstrate superior performance	16.83%	20.99%					
Wellness or chronic care programs	92.31%	91.71%					
Request that health insurers, third party administrators and/or providers use and publicly report measures of provider quality	42.31%	45.86%					
Offer a consumer-directed health plan with a health savings account or health reimbursement arrangement	64.42%	54.14%					
Request health insurers, third party administrators and/or providers to adopt health IT (e.g., e-prescribing and electronic medical records)	31.25%	38.12%					
Participate in regional or national public-private collaboratives to establish and support uniform standards for measuring and reporting cost or price information	37.02%	45.30%					
Other (please specify)	4.33%	6.08%					
			20%	40%	60%	80%	100%

Note: 2008 figures included above for ease of comparison.

- One individual said: *“The cost of the chronically ill is a significant burden. It is estimated that over 50% of health conditions are preventable with appropriate diet, exercise and other healthy behaviors. Capturing the attention of the ‘moderate’ risk before they become ‘high risk,’ as well as behavior modification for those who are already at high risk and chronically ill is a large challenge.”*
 - 92% of the respondent’s peers agree, reporting that their companies have adopted wellness or chronic care programs.
 - Other widely-used initiatives include offering consumer-directed health plans, adopting high performance network strategies and participation in public-private collaboratives.

- Responses were consistent with 2008 in the areas of wellness, chronic care, and transparency programs, demonstrating that the top priorities for quality have maintained their positions on the agendas of corporate benefits professionals.
 - Consumer-directed plans had the greatest increase year-over-year (10%), demonstrating the extent to which such programs are taking hold. While opponents of such plans often claim they are just a cost-shifting mechanism, corporate benefits professionals say they are important because they help improve quality.

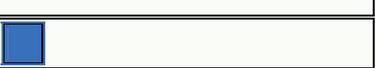
- There is a 7% decline over 2008 in the number of respondents who say they request providers use health IT. The recent federal stimulus package included partial funding for health IT, and as a result, some benefits professionals may now be focusing their attention in other areas.

9. Regardless of how national health care reform is structured, having Congress promote which one of the following would most help your company improve health care quality?			
Responses	2009 %	2008 %	2009 Percentage of total respondents
Incentive-based provider reimbursements	4.76%	4.30%	
Reporting of medical errors	1.90%	3.76%	
Wellness or chronic care programs	19.52%	12.90%	
Reporting of quality outcomes and cost transparency	38.57%	38.17%	
Consumer-driven health plans	6.67%	6.99%	
Health IT (e.g., e-prescribing and electronic medical records)	10.00%	20.97%	
Establish a national center for comparative effectiveness research	10.00%	11.29%	
Nonpayment for serious, preventable medical errors	6.19%	n/a	
Other (please specify)	2.38%	1.61%	
			

Note: 2008 figures included above for ease of comparison.

- Although employers have already taken a number of steps to reduce their health care costs, they would most like to see some help from the government in the reporting of health care quality outcomes and cost transparency (39%) and health information technology (20%).
- Reporting of quality outcomes and wellness programs are the top two choices of both Republican and Democrat respondents.
- Some respondents said:
 - *We need a national center for COST effectiveness, not just comparative effectiveness. Can't manage cost without measuring it!*
 - *Congress seems to be focused on revenue, rather than on bringing down the cost of health care by emphasizing changes in overuse and misuse.*
 - *Congress should address lack of personal responsibility and accountability for individual behaviors and lifestyle choices with stress management, tobacco use, nutrition and exercise that lead to overweight, obesity and all the associated maladies. This is not unique to our company but is reflective of the overarching primary driver of avoidable health care cost and completely avoidable health care treatment in America today. Prevention and wellness "with teeth" needs to be front and center to any health care reform.*

10. How would your company respond if legislation were enacted that, beginning with the coverage in effect one year from now, prevented employers from modifying retiree health care benefits?

Responses	%	Percentage of total respondents
We would reduce/curtail the level of retiree health benefits in the future	44.30%	
We would cease offering retiree health benefits in the future	26.17%	
We would reduce or cease other non-health benefits for active workers and/or retirees in the future	4.03%	
We would not make any changes	12.08%	
Other (please specify)	13.42%	
		

Note: Question 10 was only offered to respondents who said that their company provides health benefits to retirees.

- Nearly three-quarters of respondents say that their company would immediately reduce or cease altogether offering retiree health coverage if legislation were enacted that prevented employers from modifying retiree health care benefits in the future.
- If the legislation described above were enacted, some respondents said their organization would:
 - *Reduce benefits as quickly as possible.*
 - *Seriously consider and possibly decide to reduce or cease retiree health benefits in the future.*
 - *Cap liability at current level.*
 - *Possibly look to modify (i.e. reduce) benefit levels provided to current retirees and/or future retirees. Have already curtailed employee eligibility for retiree health benefits.*

11. Which of the following, if enacted, would cause your company to offer or expand retiree health coverage? (check all that apply)						
Responses	%	Percentage of total respondents				
Permit pre-tax payments of retiree health premiums from a defined benefit or defined contribution retirement plan	41.14%					
Permit employees age 50 or older to designate a limited amount of their 401(k) catch-up contributions to a retiree medical sub-account for future pre-tax payments for retiree health coverage	41.77%					
Lower the Health Savings Account (HSA) catch-up contribution age from 55 to 50 and permit tax-free distributions from these accounts for retiree health premiums before age 65	32.28%					
Allow employers to pre-fund retiree health costs using VEBAs under rules that permit contributions to be based on reasonable projections of future increases in retiree health costs and not taxing VEBA earnings	38.61%					
Other (please specify)	19.62%					
		20%	40%	60%	80%	100%

- Contrary to responses in Question 10, respondents say that if the government offers incentives, more than a third expect their companies would expand options for retiree health care benefits. Employers would consider a number of different options in this space.
- If the government is hoping to expand health care benefits for retirees, it would seem the “carrot” approaches offered in Question 11 would be more effective than the “stick” approach of Question 10.
 - A mandate approach to retiree health would result in reduction or loss of coverage for retirees versus an incentive approach which employers say would enable them to continue or expand coverage.
- Some respondents said:
 - *We provide meaningful benefits for financial security, but cannot afford to provide meaningful healthcare benefits for retired employees.*
 - *Congress must end Medicare cost-shifting so we only pay our fair-share.*
 - *Congress should allow retirees to “buy in” to Medicare at age 55, with an employer subsidy.*
 - *We would offer coverage if there was a tax-exempt funding vehicle for retiree health.*
 - *The government needs to reduce FASB106 requirements.*

Methodology

In May of 2009, Miller & Chevalier and the American Benefits Council distributed a survey via e-mail to 3,017 leading corporate benefits executives at a broad cross-section of U.S.-based corporations including Fortune 100, Fortune 500, and Global 100 businesses. The survey was completed by 213 respondents, representing a 7.09 percent response rate. The demographic make-up of respondents includes:

- HR Professional (61%)
- Legal Counsel (13%)
- Tax Professional (9%)
- Government Affairs Professional (6%)
- Other (11%)

The other category included such titles as: Senior Management, CEO, Benefit Administrator, etc.

70% of respondents work at companies with U.S. health plans that cover more than 10,000 individuals. 26% are at companies covering more than 50,000 individuals. Respondents have a significant number of covered employees in all 50 states.

Respondents were from a variety of industries, however the top six reported industries were:

- Financial Institution/Banking/Insurance (21%)
- Manufacturing (11%)
- Accounting (7%)
- Utilities (7%)
- Retail/Wholesale Trade (6%)
- Transportation/Distribution (6%)

38% of respondents identified themselves as Republicans, 37% identified themselves as Democrats and 25% identified themselves as Other.

44% of respondents said they voted for John McCain in the last presidential election and 55% said they voted for Barack Obama. 76% of respondents identifying themselves as Republicans said they voted for John McCain. 93% of respondents identifying themselves as Democrats said they voted for Barack Obama.

Due to rounding, all percentages used in all questions may not add to 100 percent. A few small edits were made to select verbatim responses to correct spelling and verb tense.

Percentages added may exceed 100 on questions 3, 4, 8 and 11 since a participant could select more than one answer for those questions.