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Majority of New Jerseyans Support Expanding Medicare to All U.S. Residents
Nine in 10 support idea of state-level health care program for all residents if it could be accomplished sooner than at federal level

NEW BRUNSWICK, N.J. (December 6, 2022) – New Jerseyans largely support expanding Medicare to provide basic health care coverage to every U.S. resident, regardless of age or employment status, according to a Rutgers-Eagleton Poll.

The latest poll finds:

- Seventy-one percent of New Jersey residents support to some degree (51 percent “strongly,” 20 “somewhat”) expanding Medicare to provide coverage to every U.S. resident, regardless of age or employment status.
- Ninety-three percent of residents who support program expansion would support New Jersey moving ahead with its own program to provide basic health care coverage to every state resident (68 percent “strongly,” 25 “somewhat”) if it could be accomplished sooner instead of waiting for the federal government to expand the program.
- Support for expansion is consistent across race and ethnicity, gender, income level, education, and age.

Removing “Medicare” from the question makes no significant overall difference: When phrased as a “national program” with the description of Medicare but no mention of its name, seven in 10 still “strongly support” (54 percent) or “somewhat support” (17 percent) expansion to all U.S. residents. Eight percent “somewhat oppose” expansion and 16 percent “strongly oppose.”

Among those who support expansion, 68 percent would “strongly support” New Jersey moving ahead with its own program to provide basic health care coverage to every state resident if it could be accomplished sooner than federal expansion of the program. While 25 percent would “somewhat support” this hypothetical state health care program, two percent would “somewhat oppose” and three percent would “strongly oppose.”

“Medicare expansion has taken center stage in political and social discourse in recent years, and New Jerseyans appear amenable to a major shift in health care coverage as we know it,” said [Jessica Roman](#), a research associate at [Eagleton Center for Public Interest Polling](#) (ECPIP). “A solid majority of residents support basic health care coverage for all whether it’s called Medicare or not.”

Among the roughly one-quarter of New Jerseyans who oppose Medicare expansion, the top reasons residents cite for their opposition include cost (38 percent), the belief the program should not be universal or should have restrictions (19 percent), distrust in the government to handle all health care or the belief the private sector does so better (7 percent), opposition to socialism (5 percent), and concerns about a decrease in quality (5 percent).

Views on Medicare expansion are starkly divided along party lines. Most Democrats support Medicare expansion whether the program is mentioned by name (91 percent) or not (90 percent). More Republicans, on the other hand, oppose rather than support expansion whether Medicare is mentioned by name (55 percent) or not (51 percent). Independents fall somewhere in the middle – most support Medicare expansion (64 percent when named, 69 percent when not named), though not to the extent Democrats do.

“These partisan divides are not at all surprising, given how divided we see Democrats and Republicans typically are on matters regarding health care and coverage,” said [Ashley Koning](#), an assistant research professor and director of the [Eagleton Center for Public Interest Polling](#) (ECPIP) at [Rutgers University–New Brunswick](#). “Though we do see strong opposition among Republicans decline by nine points when the politically charged label of ‘Medicare’ is taken out of the question wording.”

Non-white residents are more likely to support Medicare expansion (77 percent when Medicare is named) than non-Hispanic white residents (66 percent when Medicare is named). This trend holds consistent when Medicare is not mentioned by name (79 percent versus 64 percent, respectively).

Although men and women support Medicare expansion at the same rate when the program is mentioned by name, when it is referred to as “a national program that guarantees basic health care coverage for all senior citizens and some people with disabilities,” women are more supportive of expansion (74 percent) than men (65 percent).

A similar pattern emerges by income level – residents earning less than \$100,000 in annual household income and those earning \$100,000 or more support Medicare expansion at about the same rate when it is mentioned by name. However, when referred to as a national program with a description of Medicare’s function, the less affluent group supports expansion at a higher rate (78 percent) than the more affluent group (63 percent).

Results by age differ based on question phrasing. When Medicare is mentioned by name, young

adults ages 18 to 34 support expansion at a higher rate (85 percent) than their older counterparts. However, when Medicare isn't named, support among those ages 18 to 34 (73 percent), 35-49 (75 percent), and 65 and older (76 percent) is about equal. Instead, those aged 50 to 64, notably those approaching the current Medicare-eligible age, are less likely to support expansion (61 percent) than their counterparts. Support somewhat declines among younger residents when Medicare is not mentioned by name.

"The above poll confirms prior data indicating that voters are supportive of an alternative to our current health care system," said Lloyd Alterman of the New Jersey Healthcare Coalition (NJUHC).

Results are from a statewide poll of 1,006 adults contacted by live interviewers on landlines and cell phones from Aug. 30 to Sept. 8. The full sample has a margin of error of +/- 3.8 percentage points.

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Broadcast interviews: Rutgers University–New Brunswick has broadcast-quality TV and radio studios available for remote live or taped interviews with Rutgers experts. For more information, contact [Megan Schumann](mailto:megan.schumann@rutgers.edu) megan.schumann@rutgers.edu.

ABOUT RUTGERS UNIVERSITY–NEW BRUNSWICK

Rutgers University–New Brunswick is where Rutgers, the State University of New Jersey, began more than 250 years ago. Ranked among the world's top 60 universities, Rutgers' flagship university is a leading public research institution and a member of the prestigious Association of American Universities. It is home to internationally acclaimed faculty and has 12 degree-granting schools and a Division I Athletics program. It is the Big Ten Conference's most diverse university. Through its community of teachers, scholars, artists, scientists and healers, Rutgers is equipped as never before to transform lives.

ABOUT THE EAGLETON CENTER FOR PUBLIC INTEREST POLLING

Home of the Rutgers-Eagleton Poll, the Eagleton Center for Public Interest Polling (ECPIP) was established in 1971 and is the oldest and one of the most respected university-based statewide polling operations in the United States. Now in its 50th year and with the publication of over 200 polls, ECPIP's mission is to provide scientifically sound, non-partisan information about public opinion. To read more about ECPIP and view all of our press releases, published research and data archive, please visit our website: eagletonpoll.rutgers.edu. You can also visit our [Facebook](#) page and [Twitter](#) profile.

ABOUT THE EAGLETON INSTITUTE OF POLITICS

The Eagleton Center for Public Interest Polling is a unit of the Eagleton Institute of Politics at Rutgers University–New Brunswick. The Eagleton Institute studies how American politics and government work and change, analyzes how the democracy might improve and promotes

political participation and civic engagement. The Institute explores state and national politics through research, education and public service, linking the study of politics with its day-to-day practice. To learn more about Eagleton programs and expertise, visit eagleton.rutgers.edu.

ABOUT THE NEW JERSEY UNIVERSAL HEALTH CARE COALITION

NJUHC is a consortium of stakeholders (health professionals, labor, religious groups, and other concerned citizens) that believes strongly that single payer is both economically and morally the right approach to caring for our citizens' health.

QUESTIONS AND TABLES START ON THE FOLLOWING PAGE

Questions and Tables

The questions covered in this release are listed below. Column percentages may not add to 100% due to rounding. Respondents are New Jersey adults; all percentages are of weighted results. Interpret groups with samples sizes under 100 with extreme caution.

A1A Medicare, as it currently exists, is a national program that guarantees basic health care coverage for all senior citizens, and some people with disabilities.

Would you strongly support, somewhat support, somewhat oppose, or strongly oppose expanding Medicare to provide coverage to every U.S. resident, regardless of age or employment status?

Note: This question was part of a split sample. Half of respondents received A1A and half received A1B.

Strongly support	51%
Somewhat support	20%
Somewhat oppose	7%
Strongly oppose	20%
Don't know	2%
Unweighted N=	504

	Party ID			Gender		Race or Ethnicity		Age			
	Dem	Ind	Rep	Man	Woman	White, Non-Hispanic	Non-White	18-34	35-49	50-64	65+
Strongly support	69%	45%	24%	50%	51%	47%	56%	62%	41%	46%	53%
Somewhat support	22%	19%	18%	20%	20%	19%	21%	23%	24%	17%	14%
Somewhat oppose	4%	7%	13%	8%	6%	9%	4%	3%	8%	9%	8%
Strongly oppose	4%	26%	42%	20%	19%	22%	17%	11%	24%	23%	23%
Don't know	1%	4%	3%	2%	3%	2%	3%	1%	2%	4%	2%
Unwt N=	218	191	90	275	224	299	197	119	114	152	116

Medicare 2022
Rutgers-Eagleton Poll

	Income		Education	
	<\$100K	\$100K+	Some college or less	College grad or more
Strongly support	53%	50%	50%	52%
Somewhat support	23%	20%	20%	20%
Somewhat oppose	5%	7%	5%	10%
Strongly oppose	16%	20%	23%	16%
Don't know	2%	3%	2%	2%
Unwt N=	216	238	169	333

A1B As it currently exists, there is a national program that guarantees basic health care coverage for all senior citizens, and some people with disabilities.

Would you strongly support, somewhat support, somewhat oppose, or strongly oppose expanding the current national program to provide coverage to every U.S. resident, regardless of age or employment status?

Note: This question was part of a split sample. Half of respondents received A1A and half received A1B.

Strongly support	54%
Somewhat support	17%
Somewhat oppose	8%
Strongly oppose	16%
Don't know	6%
Unweighted N=	498

	Party ID			Gender		Race or Ethnicity		Age			
	Dem	Ind	Rep	Man	Woman	White, Non-Hispanic	Non-White	18-34	35-49	50-64	65+
Strongly support	75%	50%	28%	47%	58%	45%	66%	57%	63%	43%	53%
Somewhat support	15%	19%	13%	18%	16%	19%	13%	16%	12%	18%	23%
Somewhat oppose	3%	7%	18%	7%	9%	11%	4%	7%	7%	11%	7%
Strongly oppose	3%	18%	33%	22%	10%	18%	11%	14%	17%	19%	9%
Don't know	3%	7%	8%	5%	7%	6%	6%	7%	2%	8%	8%
Unwt N=	185	202	103	256	236	306	174	108	127	163	92

Medicare 2022
Rutgers-Eagleton Poll

	Income		Education	
	<\$100K	\$100K+	Some college or less	College grad or more
Strongly support	59%	48%	53%	54%
Somewhat support	19%	15%	15%	19%
Somewhat oppose	7%	8%	9%	7%
Strongly oppose	10%	24%	15%	16%
Don't know	6%	5%	8%	4%
Unwt N=	215	226	197	299

A2 In just a few words, please tell me the number one reason why you oppose expanding [match language from A1A or A1B: expanding Medicare/creating a national program providing health care coverage] to every U.S. resident.

Note: This question was asked only of respondents who responded with somewhat or strongly oppose in question A1A or A1B. Select cross tabs have been suppressed due to sample sizes lower than 100.

Cost	38%
Don't believe it should be universal/believe there should be restrictions	19%
Don't trust government to handle/believe private sector handles better	7%
Oppose socialism/socialist system	5%
Concerns about lower quality	5%
Concerns about people abusing system	2%
Find system inadequate as is/think it will be unsustainable	2%
Do not want non-citizen immigrants to access	1%
Oppose centralized government	1%
Other	15%
Don't know	5%

Unweighted N= 264

**Medicare 2022
Rutgers-Eagleton Poll**

	Party ID		Gender		Age		Education	
	Ind	Rep	Man	Woman	Under 50	50+	Some college or less	College grad or more
Cost	44%	34%	45%	29%	39%	37%	39%	35%
Don't believe it should be universal/believe there should be restrictions	15%	19%	7%	33%	17%	19%	20%	17%
Don't trust govt to handle/ believe private sector handles better	7%	7%	12%	2%	6%	8%	6%	9%
Oppose socialism/socialist system	5%	7%	6%	4%	6%	5%	5%	6%
Concerns about lower quality	3%	7%	5%	4%	3%	6%	4%	7%
Concerns about people abusing system	4%	1%	4%	1%	5%	1%	4%	1%
Find system inadequate as is/think it will be unsustainable	3%	1%	2%	3%	3%	2%	1%	4%
Do not want non-citizen immigrants to access	0%	3%	1%	2%	0%	3%	1%	2%
Oppose centralized government	0%	2%	1%	1%	1%	0%	0%	1%
Other	14%	16%	13%	16%	12%	17%	13%	18%
Don't know	6%	3%	4%	5%	8%	2%	7%	1%
Unwt N=	121	112	156	105	102	159	101	162

A3 If it could be accomplished sooner at the state level, how much would you support New Jersey moving ahead with its own program to provide basic health care coverage to every N.J. resident instead of waiting for the federal government to expand the program?

Note: This question was asked only of respondents who responded with somewhat or strongly support in question A1A or A1B. Select cross tabs have been suppressed due to sample sizes lower than 100.

Strongly support	68%
Somewhat support	25%
Somewhat oppose	2%
Strongly oppose	3%
Don't know	2%
Unweighted N=	692

	Party ID		Gender		Race or Ethnicity		Age			
	Dem	Ind	Man	Woman	White, Non-Hispanic	Non-White	18-34	35-49	50-64	65+
Strongly support	77%	64%	65%	71%	64%	74%	71%	72%	69%	60%
Somewhat support	19%	28%	27%	23%	28%	21%	24%	22%	24%	29%
Somewhat oppose	1%	3%	2%	2%	2%	2%	1%	2%	2%	4%
Strongly oppose	0%	4%	3%	3%	3%	2%	2%	3%	4%	3%
Don't know	2%	1%	2%	1%	2%	1%	1%	0%	2%	4%
Unwt N=	367	251	350	334	393	290	181	170	196	139

Medicare 2022
Rutgers-Eagleton Poll

	Income		Education	
	<\$100K	\$100K+	Some college or less	College grad or more
Strongly support	69%	67%	68%	69%
Somewhat support	24%	26%	25%	24%
Somewhat oppose	2%	2%	1%	4%
Strongly oppose	3%	4%	4%	2%
Don't know	2%	0%	2%	1%
Unwt N=	326	312	246	443

Methodology

The Rutgers-Eagleton Poll was conducted by telephone using live interviewers August 30 to September 8, 2022, with a scientifically selected random sample of 1,006 New Jersey adults, 18 or older. Persons without a telephone could not be included in the random selection process. Respondents within a household are selected by asking randomly for the youngest adult male or female currently available. If the named gender is not available, the youngest adult of the other gender is interviewed. This telephone poll included 291 adults reached on a landline phone and 715 adults reached on a cell phone, all acquired through random digit dialing; 327 of the cell phone completes were acquired through one-to-one SMS text messaging by live interviewers that led respondents to an online version of the survey. Distribution of phone use in this sample is:

Cell	39%
Text to Web	33%
Landline	29%

The data were weighted to be representative of the residential adult population of New Jersey. The weighting balances sample demographics to target population parameters. The sample is balanced, by form and overall, to match parameters for sex, age, education, race/ethnicity, region and phone use. The sex, age, education, race/ethnicity, and region parameters were derived from 2019 American Community Survey PUMS data. The phone use parameter was derived from estimates provided by the National Health Interview Survey Early Release Program.¹

Weighting was done in two stages. The first stage of weighting corrects for different probabilities of selection across the telephone samples associated with the number of adults in each household and each respondent’s telephone usage patterns. This adjustment also accounts for the overlapping landline and cell sample frames and the relative sizes of each frame and each sample.²

The final stage of weighting balances sample demographics, overall and by form, to match target population benchmarks. This weighting was accomplished using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables using the GENLOG procedure. Weights were trimmed to prevent individual interviews from having too much influence on survey estimates. The use of these weights in statistical analysis ensures that the demographic characteristics of the sample closely approximate the demographic characteristics of the target population.

A series of weight variables was computed. One weight for estimates based on the total sample (“weight”), plus separate weights for each of the split samples.

Post-data collection statistical adjustments require analysis procedures that reflect departures from simple random sampling. We calculate the effects of these design features so that an appropriate adjustment can be incorporated into tests of statistical significance when using these data.

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling

¹ NCHS, National Health Interview Survey, 2017–2019; U.S. Census Bureau, American Community Survey, 2017–2019.

² Buskirk, T. D., & Best, J. (2012). Venn Diagrams, Probability 101 and Sampling Weights Computed for Dual Frame Telephone RDD Designs. *Journal of Statistics and Mathematics*, 15, 3696-3710.

error should be adjusted to recognize the effect of weighting the data to better match the population. In this poll, the simple sampling error for 1,006 New Jersey adults is +/-3.1 percentage points at a 95 percent confidence interval. The design effect³ is 1.52, making the adjusted margin of error +/- 3.8 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 46.2 and 53.8 percent (50 +/- 3.8) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not consider other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

This Rutgers-Eagleton Poll was fielded by Braun Research, Inc. with sample from Dynata. The questionnaire was developed and all data analyses were completed in house by the Eagleton Center for Public Interest Polling (ECPIP). The Rutgers-Eagleton Poll is paid for and sponsored by the Eagleton Institute of Politics at Rutgers, The State University of New Jersey, a non-partisan academic center for the study of politics and the political process. These questions were paid for and sponsored by the New Jersey United Healthcare Coalition (NJUHC). Full questionnaires are available on request and can also be accessed through our archives at eagletonpoll.rutgers.edu. For more information, please contact poll@eagleton.rutgers.edu.

**Weighted Demographics
1,006 New Jersey adults 18+**

Overall Margin of Error = +/- 3.8 percentage points

Please note: Totals may equal slightly more or less than 100% due to rounding.

		deff	MOE			deff	MOE
Man	48%	1.54	+/- 5.3%	White	57%	1.52	+/- 4.9%
Woman	52%	1.47	+/- 5.5%	Black	12%	1.48	+/- 11.6%
				Hispanic	19%	1.45	+/- 9.2%
18-34	27%	1.40	+/- 7.7%	Other	12%	1.51	+/- 11.8%
35-49	23%	1.41	+/- 7.5%				
50-64	29%	1.58	+/- 6.9%	<50K	22%	1.45	+/- 9.8%
65+	21%	1.64	+/- 8.7%	50K-<100K	35%	1.44	+/- 6.9%
				100K-<150K	18%	1.53	+/- 9.0%
Democrat	38%	1.51	+/- 6.0%	150K+	24%	1.44	+/- 7.0%
Independent	42%	1.52	+/- 6.1%				
Republican	20%	1.48	+/- 8.5%	Urban	17%	1.46	+/- 9.3%
				Suburb	36%	1.53	+/- 6.4%
HS or Less	30%	1.10	+/- 8.9%	Exurban	14%	1.52	+/- 10.3%
Some College	29%	1.24	+/- 7.1%	Phil/South	18%	1.55	+/- 9.2%
College Grad	24%	1.17	+/- 5.5%	Shore	17%	1.52	+/- 9.1%
Grad Work	17%	1.15	+/- 6.4%				

³ Post-data collection statistical adjustments require analysis procedures that reflect departures from simple random sampling. We calculate the effects of these design features so that an appropriate adjustment can be incorporated into tests of statistical significance when using these data. The so-called "design effect" or *deff* represents the loss in statistical efficiency that results from a disproportionate sample design and systematic non-response.