Research Letter

Does Misunderstanding Taxes Inflate People's Support for Medicare Spending?

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Abstract: Medicare consistently receives widespread bipartisan support despite being one of the most expensive social programs in the United States. I examine whether support for spending on Medicare is inflated by people's misunderstanding of how the program is financed. In a preregistered national survey experiment, I reveal to some participants that only a third of Medicare's funding comes from highly visible payroll taxes, and many enrollees pay less in taxes than the cost of their benefits. Participants in each treatment answer how much they support or oppose spending on Medicare. Support for Medicare spending was diminished significantly among treated Democrats, Republicans, and Independents compared to participants who received only basic information about the goals of Medicare. I discuss implications for Medicare solvency and democratic transparency.

Keywords: Medicare, taxes, survey experiment, health policy, public opinion

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Introduction

"Keep your government hands off my Medicare!" In 2009, demonstrators unironically yelled and picketed this phrase to protest cuts to Medicare, the suite of health insurance programs provided to elderly citizens by the United States government. Though the phrase has been widely critiqued by politicians and academics, it highlights a severe disconnect between citizens and government. That is, many people do not simply like Medicare, they feel a sense of ownership over the program's benefits.

In this Research Letter, I use a preregistered[1] national survey experiment to test whether people's support for Medicare is inflated by a misunderstanding of how the program is financed. I reveal to some participants that only a third of Medicare's funding comes from highly visible payroll taxes, and that many enrollees pay less in taxes than the cost of their benefits. I find that support for spending on Medicare drops significantly among Democrats, Independents, and Republicans who received this treatment compared to participants in the control.

Medicare's Popularity and Financing

The United States is known for its opposition to social spending (Alesina et al., 2001; Faricy & Ellis, 2014), universal government health care (Barabas et al., 2020; Vladeck, 2003), and taxation more generally (Franko et al., 2013; Lorenz et al., 2017; Sussman & Olivola, 2011). In this context, Medicare stands out as one of the largest federal programs that continues to see widespread bipartisan public support (KFF, 2023). For instance, 81% of Democrats, 79% of Republicans, and 78% of Independents hold somewhat or very favorable views of Medicare (Kirzinger et al., 2023).

Medicare is likely popular because people tend to feel that elderly citizens who become sick deserve help (e.g., Watkins-Hayes & Kovalsky, 2016; Yoo, 2002; Jensen & Petersen, 2017). But, people may also support Medicare spending because they misunderstand how the program is financed.

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A unique feature of Medicare (along with Social Security) is that part of the program's funding is highly visible through itemized payroll taxes. When examining their paystubs, many people find a 1.45% flat income tax deducted specifically for Medicare, along with deductions for FICA, state, and federal taxes (for an example, see Figure 1). FICA payroll taxes fund most of Social Security, while the Medicare payroll tax funds about 90% of Medicare Part A, which provides hospital insurance (KFF, 2023). These taxes are especially salient for around two thirds of taxpayers who pay more in payroll taxes than in personal income taxes (Joint Committee on Taxation, 2022).

Figure 1: An Example of a Typical Hourly Paystub with Itemized Deductions for Medicare and FICA Payroll Taxes.

SMITH AND COMPANY, INC. 123 West Street Smalltown, CA 98765				
EMPLOYEE Johnson, Bob	**SOCIAL SECURITY NO.** XXX-XX-6789	**PAY RATE** 18.00 regular 27.00 overtime	**PAY PERIOD** 1/7/XX to 1/13/XX	

EARNINGS	HOURS	AMOUNT		DEDUCTIONS	AMOUNT
Regular	40.00	720.00		Federal W/H	60.45
Overtime	2.00	54.00		FICA	47.99
				Medicare	11.22
GROSS EARNINGS:		774.00		CA State W/H	10.04
TOTAL DEDUCTED:		213.29		CA State DI	6.19
NET EARNINGS:		560.71		401k	77.40

SICK LEAVE: 24.00 HOURS AVAILABLE

However, payroll taxes only fund an estimated 25% (Congressional Budget Office, 2022) to 34% (KFF, 2023) of the total cost of Medicare. The most expensive component of Medicare is Part B, which pays for outpatient care and is funded primarily through general, progressive tax revenues (73%). In total, general tax revenues account for 46% of Medicare funding, with beneficiary premiums accounting for another 15% (KFF, 2023).

One possibility is that the American public overestimates the share of Medicare that is funded by payroll taxes. Since Medicare's inception, every generation has paid less in payroll taxes than the cost of their benefits (Steuerle & Smith, 2023). Yet, a national poll in 2013 found that 68% of participants thought that most beneficiaries paid more (41%) or about the same (27%) in payroll taxes than what they received in Medicare benefits, along with 7% of participants who said they did not know (Harvard School of Public Health, 2013).

Further, the public may believe that Medicare functions mostly like a trust, where citizens pay for their benefits during their working years until retirement. It is true that the Hospital Insurance and Supplementary Medical Insurance Trust Funds, commonly labeled the Medicare trust fund, does finance Medicare.[2] However, overemphasizing the role of the Medicare trust fund can be "wildly misleading" (Kumar & Schulman, 2023)[3] In fact, Medicare is primarily financed through current revenues, where 99% of the payroll taxes collected in 2023 were projected to fund that year's benefits (Congressional Budget Office, 2022). Thus, the program depends on large intergenerational revenue transfers from young to old citizens each year (e.g., McClellan & Skinner, 2006).

In sum, the bulk of Medicare is not funded through flatter and highly visible payroll taxes paid into a trust by the enrollee. Rather, the program is increasingly financed through progressive, general tax revenues collected each year from younger and richer taxpayers.

The Current Study: Examining Misperceptions about Medicare Financing
Robust literatures examine how revealing information about taxes shifts public support for government programs (for an overview, see Mohr & Kearney, 2021). In general, there is strong evidence that the public

support less social spending when they focus on costs of programs or when the word "tax" is mentioned (Dineen et al., 2017; Faricy & Ellis, 2014; Lorenz et al., 2017; McCaffery & Baron, 2006; Sussman & Olivola, 2011). In one study, Brunner et al. (2018) used a strong design to measure support for school bond referenda, finding that citizens showed lower support for the referenda when the projected costs in property taxes were made salient. However, Susan Mettler (2018) used within-subject experiments and found that revealing the costs and benefits of several tax programs caused participants to shift their preferences toward policies that benefitted them.

In this study, I use a survey experiment to test the misunderstanding hypothesis, which says that people's misunderstanding of how taxes fund Medicare inflates their support for government spending on the program. The misunderstanding hypothesis predicts that people will support spending on Medicare less when they are exposed to messages about the program's financing. For example, if the public overestimates how much payroll taxes fund Medicare, learning that payroll taxes fund only a third of the program could exacerbate people's worries about the program's solvency, high taxes, the national debt, or expensive premiums (e.g., Blais et al., 2003; Chandra et al., 2007; Kirzinger et al., 2023). Meanwhile, learning that many people pay less in taxes than the cost of their Medicare could raise fairness concerns (e.g., Amlie & Gibney, 2023; Limberg, 2020). If the public believes people's payroll taxes go into a trust to fund their Medicare, they may feel less that enrollees are entitled to their benefits after learning that payroll taxes fund only a third of the program. Importantly, each of these possible sentiments should reduce support for spending on Medicare.

Several social programs, including Medicare, are commonly referred to as "entitlement programs". Yet, some people associate spending on entitlement programs as a source of government waste, especially on the political right (Caldwell, 2021; Eberstadt, 2012). Further, people may associate the word "entitled" with laziness or a lack of gratitude[4] and may therefore view beneficiaries of entitlement programs as less deserving of public help (e.g., Jensen & Petersen, 2017; Oorschot, 2000). Thus, I also test the entitlement hypothesis, which says that associating Medicare with entitlement will reduce support for spending on the program.

Methods

I recruited 1346 participants from the United States using the survey firm, Bovitz (50% female; age: M = 45 years, SD = 16 years), to complete a survey created on the platform, Qualtrics. The sample included 602 self-identified Democrats, 342 Independents, and 500 Republicans. Table 1 describes the sample demographic characteristics in detail.

Table 1. Demographic Covariates by Experimental Condition

| | Experimental Condition | | | | |
	1. Control	2. Entitled	3. Taxes	4. Full	χ^2
Totals	N = 357	N = 381	N = 346	N = 362	
Age M(SD)	45 (16)	45 (17)	45 (16)	45 (16)	p = 0.522
Female N(%)	178 (50%)	200 (52%)	163 (47%)	174 (48%)	p = 0.481
Education N(%)					p = 0.941
< High School	10 (3%)	17 (4%)	12 (3%)	9 (2%)	
HS Diploma	87 (24%)	85 (22%)	89 (26%)	81 (22%)	
Some College	113 (32%)	124 (33%)	105 (30%)	123 (34%)	
College Degree	102 (29%)	114 (30%)	97 (28%)	103 (29%)	
Grad Degree	44 (12%)	41 (11%)	43 (12%)	45 (12%)	
Race N(%)					p = 0.328
Asian	16 (5%)	15 (4%)	22 (6%)	14 (4%)	
Black	58 (16%)	43 (11%)	51 (15%)	44 (12%)	
Hispanic	47 (13%)	47 (12%)	35 (10%)	44 (12%)	
Other	13 (4%)	7 (2%)	7 (2%)	9 (3%)	
White	221 (62%)	267 (70%)	230 (67%)	246 (69%)	

Ideology N(%)					p = 0.330
Conservative	122 (34%)	128 (34%)	106 (31%)	127 (35%)	
Independent	108 (30%)	110 (29%)	127 (37%)	107 (30%)	
Liberal	126 (35%)	141 (37%)	111 (32%)	128 (35%)	
Party ID N(%)					p = 0.762
Democrat	160 (45%)	154 (40%)	145 (42%)	143 (40%)	
Independent	80 (22%)	96 (25%)	83 (34%)	83 (23%)	
Republican	116 (33%)	131 (34%)	118 (34%)	135 (37%)	

Note: Chi-square tests for independence were conducted at the variable level which indicated no significant differences between experimental conditions

The items in this study were embedded within a larger survey focused on government social programs and retail investing. In a between-subject design, I randomly assigned participants to one of 4 conditions. Participants read a description of Medicare before answering whether they support spending on the program. Box 1 provides the text descriptions of Medicare used in the four conditions.

Box 1. Descriptive Text Used for Treatments in Four Experimental Conditions.

> **Control:** Program Description
> - Medicare provides health insurance to citizens aged 65 and older and people with disabilities.
>
> **Entitled Treatment:** Description + Americans Feel Entitled
> - Medicare provides health insurance to citizens aged 65 and older and people with disabilities.
> - Many Americans feel entitled to Medicare because they pay into the program through payroll taxes that come out of each paycheck.
>
> **Taxes Treatment:** Description + Citizens Pay Insufficient Taxes
> - Medicare provides health insurance to citizens aged 65 and older and people with disabilities.
> - However, payroll taxes only fund 34% of the cost of Medicare. Many citizens pay less taxes than the cost of their Medicare.
>
> **Full Treatment:** Description + Entitled Treatment + Taxes Treatment
> - Medicare provides health insurance to citizens aged 65 and older and people with disabilities.
> - Many Americans feel entitled to Medicare because they pay into the program through payroll taxes that come out of each paycheck.
> - However, payroll taxes only fund 34% of the cost of Medicare. Many citizens pay less taxes than the cost of their Medicare.

After reading the program description, participants answered whether they felt spending on Medicare should be "Decreased, Kept the Same, or Increased" using a slider tool. The slider was coded to range continuously from -1 for "Decrease -$", 0 for "Keep the same", and 1 for "Increase +$".

I use this design to test whether people's support for Medicare is inflated by misunderstanding how the program is financed. The misunderstanding hypothesis predicts that participants in the "Taxes" and "Full" treatments will support less Medicare spending than participants in the control condition. Meanwhile, the entitlement hypothesis predicts a reduction in support for Medicare spending in the "Entitled" treatment compared to the control condition.

Results

Does exposure to messages about Medicare's financing reduce people's support for Medicare spending? Figure 2 summarizes the findings by experimental condition for the full sample of participants.

Figure 2: Support for Medicare Spending by Experimental Condition. Error Bars are Standard Errors.
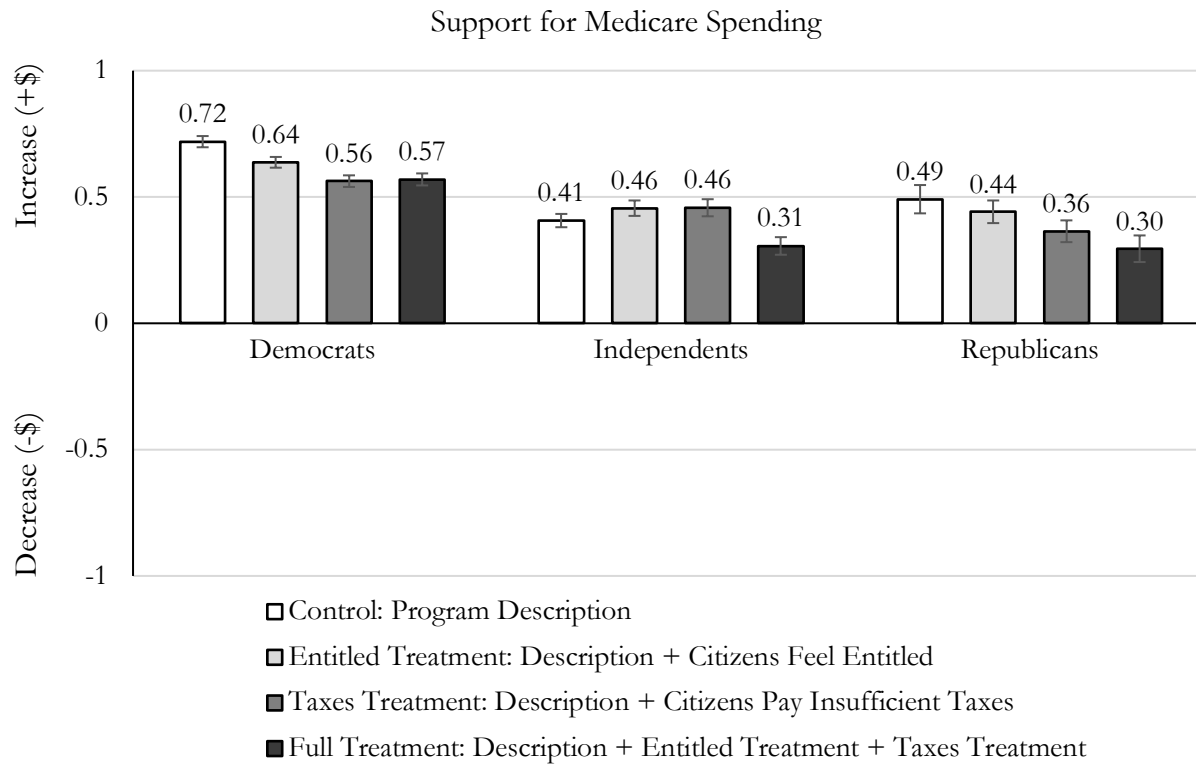

Support for Medicare Spending
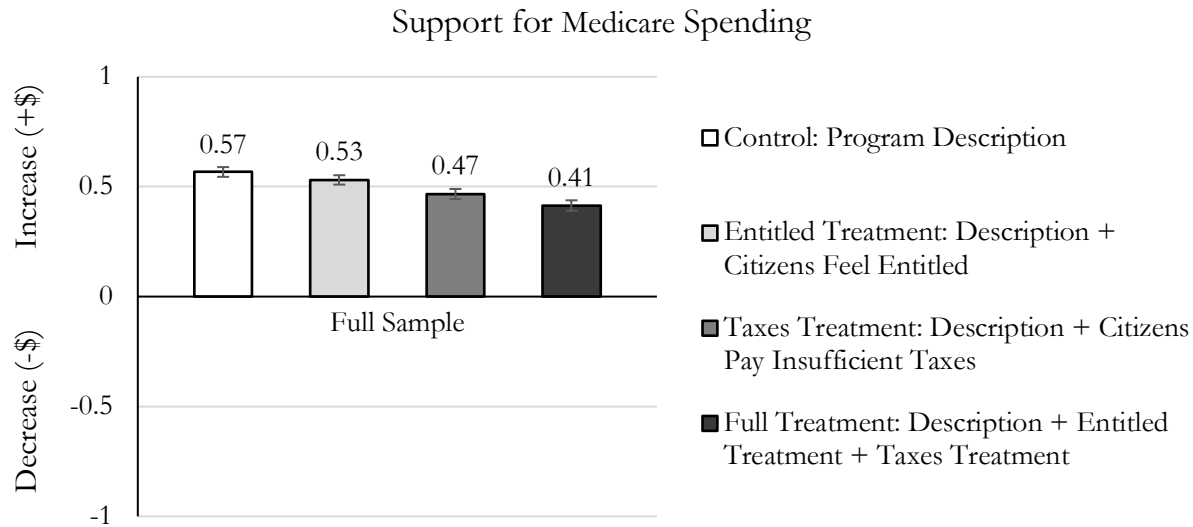
Participants in every condition expressed widespread support for increasing spending on Medicare. Participants in the control condition supported increasing spending on Medicare (M = 57%, SD = 42%), which was not significantly different than participants who also read that "Many Americans feel entitled to Medicare," (M = 53%, SD = 42%); paired $t(736) = 1.18$, $p = .238$). This presents evidence against the entitlement hypothesis.

However, support for spending on Medicare dropped among participants who read that "Payroll taxes only fund 34% of the cost of Medicare," and that, "Many citizens pay less taxes than the cost of their Medicare." Compared to participants in the control condition, support for spending on Medicare dropped among participants in the Taxes Treatment (M = 47%, SD = 43%); paired $t(701) = 3.15$, $p < .01$), and participants in the Full Treatment (M = 41%, SD = 42%); paired $t(717) = 4.69$, $p < .001$), though these treatment effects were not significantly different from each other via t-tests or an interactive linear model (Table A1, Model 2 of the Appendix).

Overall, participants' support for Medicare spending was widespread and unaffected by whether they read that "Many Americans feel entitled to Medicare". However, participants who read that Medicare is funded through means beyond payroll taxes supported Medicare spending 5 and 8 percentage points less compared with participants in the control group. Each of these findings were robust to the inclusion of covariates in linear models and provide evidence in support of the misunderstanding hypothesis (see Table A1 in the Appendix for several model specifications).

I find similar results across the political spectrum (Figure 3). Compared to participants in the control condition, participants in the Full Treatment supported increasing Medicare spending significantly less among Democrats (-15 percentage points), Independents (-10 percentage points) and Republicans (-19 percentage points) (all p-values < .05). Among participants in the Taxes Treatment, Democrats and Republicans also expressed less support for Medicare spending compared to participants in the control condition, while there was no significant difference among Independents.

Figure 3: Support for Medicare Spending by Experimental Condition and Participants' Partisanship. Error Bars are Standard Errors.

Support for Medicare Spending

□ Control: Program Description

□ Entitled Treatment: Description + Citizens Feel Entitled

■ Taxes Treatment: Description + Citizens Pay Insufficient Taxes

■ Full Treatment: Description + Entitled Treatment + Taxes Treatment

    Means comparisons indicated that Democrats supported less spending on Medicare when they read that people feel entitled ($p < .05$), while Republicans and Independents in this treatment showed no significant difference from participants in the control. However, linear models detected no significant interactions between partisanship and treatment condition on support for Medicare spending (Appendix Table A1, Models 4 and 5).

Discussion

Across the political spectrum, I find that participants support more spending on Medicare. However, participants showed supported spending less when they read that only part of the program is funded through payroll taxes, and that many people pay less in taxes than the cost of their care.

    Compared to participants in the control condition, support for increasing Medicare spending dropped by around 16 percentage points among Democrats, Republicans, and Independents in the full treatment group. This provides support for the hypothesis that Medicare's popularity is inflated by people's misunderstanding of how the program is financed. While the present design does not disentangle the precise mechanisms that reduce support (e.g., concerns about tax fairness, program sustainability, recipient entitlement, etc.), these findings nonetheless provide evidence of a concerning disconnect between citizens and government over one of the largest and most popular social programs in the United States.

    Medicare's dependance on general tax revenues is projected to nearly double from $440 Billion in 2023 to $823 Billion in 2030 (Kumar & Schulman, 2023). The program is becoming more expensive due to rising costs in health care, and the increasing average lifespan of enrollees, and the retirement of the Baby Boom generation (Bodenheimer, 2005; Glied, 2003; Congressional Budget Office, 2022; Joint Committee on Taxation, 2022). Although most Americans are concerned about the long term solvency of Medicare (Kirzinger et al., 2023), large majorities oppose raising the age of eligibility or increasing Medicare premiums to offset the costs of the program (Seitz & Fingerhut, 2023). Without restructuring the program or raising revenues, economic models predict that the Medicare Trust Fund will no longer be solvent by 2028 (Kumar & Schulman, 2023).

Raising taxes is consistently unpopular with Americans, even to fund social spending (e.g., Alesina et al., 2001; Faricy & Ellis, 2014; Sussman & Olivola, 2011). However, Medicare is unique among social programs in its widespread bipartisan support. Given the program's immense popularity, one possibility not explored here is that educating the public about Medicare's dependence on general revenues could dampen opposition to higher taxes. Alternatively, people who learn about the programs funding may be less antagonistic towards Medicare cuts. Future research should investigate whether correcting the public about Medicare's dependance on general tax revenues reduces their opposition to raising taxes or cutting benefits to sustain the program.

Acknowledgement

Notes

[1] The preregistration for this study can be found here: https://aspredicted.org/9sz6-xrrw.pdf.
[2] For more information about the Medicare trust fund, readers can view the annual Medicare Trustees Report through the CMS website. Link: https://www.cms.gov/oact/tr/2024.
[3] For instance, in March 2024, President Joe Biden Tweeted, "Folks, the Medicare Trust Fund finances care for beneficiaries of Medicare, including older Americans and people with disabilities. My federal budget would preserve Medicare benefits and keep the Trust Fund permanently funded." Source: https://twitter.com/POTUS/status/1767690786571735094. Accessed April 24, 2024.
[4] The Cambridge English Dictionary defines entitled as follows. "(Adj.) Feeling that you have the right to do or have what you want without having to work for it or deserve it, just because of who you are: [Example] These kids are spoiled, entitled, self-absorbed, and apathetic." Source: https://dictionary.cambridge.org/us/dictionary/english/entitled. (Accessed: September 4th, 2024)

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Appendix

Table A1: OLS Models of the Effects of Treatments on Support for Medicare Spending.

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Constant Term	0.571***	0.567***	0.470***	0.462***	0.481***	0.207*
	(0.020)	(0.023)	(0.025)	(0.029)	(0.028)	(0.087)
Entitled Treatments	-0.044	-0.036	-0.036	-0.023	-0.035	-0.038
	(0.023)	(0.032)	(0.022)	(0.037)	(0.022)	(0.022)
Taxes Treatments	-0.109***	-0.103**	-0.104***	-0.104***	-0.128**	-0.103***
	(0.023)	(0.03)	(0.022)	(0.022)	(0.037)	(0.022)
Entitled*Taxes		-0.016				
		(0.045)				
Independent			0.008	0.023	-0.029	-0.015
			(0.029)	(0.042)	(0.041)	(0.038)
Democrat			0.223***	0.231***	0.215***	0.187***
			(0.025)	(0.036)	(0.035)	(0.035)
Independent*Entitled				-0.29		
				(0.058)		
Democrat*Entitled				-0.017		
				(0.050)		
Independent*Taxes					0.075	
					(0.058)	
Democrat*Taxes					0.015	
					(0.050)	
Age						0.002*
						(0.001)
Female						0.043
						(0.022)
Education						
HS Diploma						-0.006
						(0.064)
Some College						0.028
						(0.063)
College Diploma						-0.023
						(0.064)
Grad Degree						-0.036
						(0.069)
Race						
Black						0.100
						(0.059)
Hispanic						0.135*
						(0.060)
Other						0.156
						(0.086)
White						0.149**
						(0.053)
Ideology						
Independent						0.062
						(0.035)
Liberal						0.090*
						(0.036)

Observations	1,446	1,446	1,444	1,444	1,444	1,431

Note: The Entitled Treatments variable was coded as 0 for responses from the Control and Taxes Conditions and as 1 for the Entitled and Full Treatment. The Taxes Treatments variable was coded as 0 for responses from the Control and Entitled Conditions and as 1 for the Taxes and Full Treatment. The comparison categories are Republican for partisanship, "Some high school" for education, Asian for race, and conservative for ideology. Standard errors are in parentheses. Statistical significance is indicated as * $p < 0.05$; ** $p < 0.01$; *** $p < 0.00$