

Congress Should Take an Evidence-Based, Consumer-Centric Approach to Health Reforms

Any approach to health reform by Congress or the Administration should continue to protect or enhance Americans' health and financial security. Revisions to protections now available under the Affordable Care Act must ensure that at least as many Americans will be enrolled in comprehensive, affordable health coverage as was true in January 2017. Projections of the number of Americans at risk of losing health coverage in the near term from the new reforms currently range from 18 to 22 million people. Any new initiatives should focus on what's needed most to help consumers: measures that lower healthcare prices, improve quality, and make it easier for consumers to navigate and understand coverage choices.

Consumers are concerned. According to a new nationally representative Consumer Reports survey released January 19, 2017, more than half (55%) of Americans are either slightly or not at all confident that they will have access to affordable health insurance. About one-third of Americans are insecure in their ability to access care, including their ability to secure doctor's visits, necessary tests, treatments and medications. Grounded in these findings, our core principles for evaluating whether replacement plans will adequately serve the interests of consumers are:

1) Any Replacement Must Ensure Coverage for the Greatest Number of Americans

- All consumers, including those with pre-existing conditions, must have access to affordable, comprehensive coverage.
- To make coverage affordable, families that need it must have access to free or very low-cost coverage or to premium subsidies adjusted for family size, income, and local cost of coverage.
- The system must broadly pool risk so that premiums and other expenses reflect a mix of healthy and less healthy enrollees; to accomplish this, at a minimum, it must encourage enrollment while a person is healthy (rather than waiting until he or she is sick).
- Premium rating must only be based on age bands and geography, not medical condition or gender.

2) Coverage Must Provide Meaningful Access to Care

- Consumers must have access to a stable, comprehensive package of health benefits--including maternity services, prescription drugs and mental health services--that is at least as broad as that currently required under federal law.
- There must be no annual or lifetime caps on coverage.
- Benefit designs must avoid disproven high-deductible designs and instead provide low or no cost-sharing for care that improves outcomes for patients.
- Cost-sharing must be affordable for lower and middle-income families, with low or no cost-sharing for lowest-income families.
- Administrative expenses and profits must not divert premiums from paying for medical care.
- Strong, clear network adequacy standards must be established and the provider network breadth and quality must be made clear to consumers.

3) The Coverage and Healthcare Markets Must Be Easy To Navigate

- It must be easy for consumers to compare insurance products based on cost and quality of coverage and care.
- Standardizing cost-sharing designs should be fostered to simplify consumer choices and make plans compete based on premiums, networks and value offered.
- Coverage options offered by the same carrier must have meaningful differences.
- Information about the quality of providers and price of treatment options must be clear and made public.
- The federal government should increase the availability of independent research that informs providers and patients about the treatment options that work best.
- Regulators should minimize the possibility of encountering a poor provider, ineffective treatment, or outrageous price so consumers can choose among treatment options and providers with confidence.
- Unbiased, in-person, telephonic and online assistance with enrollment and the process of choosing a plan must be free for consumers buying on their own.

4) Reforms Must Provide Federal Guarantee That No Consumer Is Left Out

- Federal rules must ensure that coverage is non-discriminatory.
- Federal rules must include language access requirements for provider networks, consumer communications, and other key areas so that consumers can access care and receive written and in-person information in their preferred language.
- For states, any flexibility in coverage or delivery system approaches must be accompanied by strong federal safeguards to ensure consumers are better off than before, and a federal fall-back must be available.
- Federal rules must require a robust, transparent and public process for setting fair premiums in a state.
- State consumer protections must be allowed to go further than federal minimums.

5) Reforms Must Address the Underlying Reasons for High Costs

- The federal government should fund and evaluate pilots on payment reform and other incentives aimed at improving healthcare quality and lowering spending for providers, drugs and devices.
- States seeking federal healthcare dollars must have robust monitoring and tracking systems that show health outcomes achieved per dollar spent, including spending measures, affordability, access to coverage, progress towards health equity, quality of care, and patient safety.
- States and the federal government must take responsibility to ensure efficient and effective use of resources spent on healthcare.
- Public health approaches aimed at prevention should be part of any reforms.

6) Improving Quality, and Reducing Infections and Medical Errors Must Continue

- Ensure robust, audited, comprehensive public reporting of safety and quality--for both health plans and healthcare providers--to provide the data for pay-for-performance programs, inform consumers, and incentivize self-improvement within the health industry.
- Continue valuable pay-for-performance programs that hold the least safe hospitals and other healthcare providers accountable for harming patients through financial penalties when appropriate.