

Congress Should Take Evidence-Based, Consumer-Facing Approach on Healthcare Policy

Any change in healthcare policy from 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 -- current projections of the number of Americans at risk of losing health coverage from policy change in the near term 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 Voices survey released January 19, 2017, more than half (55%) of Americans are either only slightly or not at all confident that they will have access to affordable health insurance. About a third are insecure in their ability to access care, including about their ability to secure doctor visits, necessary tests, treatments and medications. Grounded in these findings, below are our core principles for evaluating whether replacement plans will serve the interests of consumers:

Any Replacement Must Ensure Consumers Can Have Broad Coverage

- All consumers must have access to affordable, comprehensive coverage, including those with pre-existing conditions.
- To make coverage affordable, families that need it must have access to free or very low-cost coverage or to premium subsidies that are adjusted for family size and income.
- 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 they are sick).

Coverage Must Provide Meaningful Access to Care

- Consumers must have access to a stable, comprehensive package of health benefits 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 proven 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.
- States must set in-network adequacy standards and health plans must use tested measures for network breadth and quality so consumers can compare plans and make informed purchases.

The Coverage and Healthcare Marketplaces Must Be Easy To Navigate

- New rules must make it easy for consumers to compare insurance products based on cost and quality of coverage and care, including plain language, standardized, consumer-tested plan descriptions.
- New rules must make it easier to compare products and help consumers see the payments expected of them.
- Information about the price and quality of providers and treatment options must be made public and clear.
- Coverage options offered by the same carrier must have meaningful differences, unbiased, in-person, telephonic and online assistance with enrollment and the process of choosing a plan must be free for consumers.
 - 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.

- The federal government should increase the availability of independent research that informs providers and patients about the treatment options that work best.

States, as Regulators, Must Ensure That No Consumer Is Left Out

- Federal rules must establish the way health benefits are structured and ensure that coverage is non-discriminatory.
- 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.
- In addition to the minimum coverage and transparency standards described above, Federal rules must require a robust, public process for setting fair premiums in a state.
- State consumer protections can go further than federal minimums.
- 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.

Reforms Must Address the Underlying Reasons for High Costs

- States seeking federal healthcare dollars must have robust monitoring and tracking systems of the health outcomes achieved per dollar spent, including spending measures, affordability, access to coverage, health equity, quality of care, and safety.
- States and the federal government must take responsibility to ensure efficient and effective use of resources spent on healthcare.
- At the federal level, continue to fund pilots, evaluate programs, and provide state grants to improve our understanding of how payment reform and non-financial incentives can lead to better health care quality and lower spending for drugs, devices and provider services.
- Public health approaches aimed at prevention should be part of any reforms.

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 make the least safe hospitals and other healthcare providers accountable, through financial penalties, for harming patients.