

How Health Care Costs Harm American Consumers

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Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all

Families USA's Mission and Focus Areas

Families USA, a leading nonpartisan, national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years.











COVERAGE



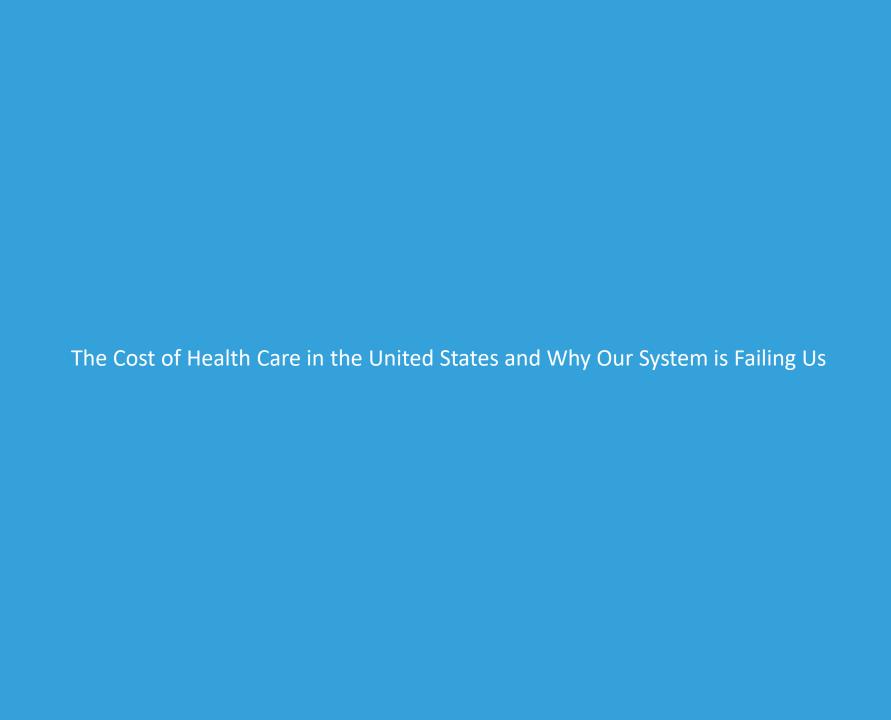
CONSUMER EXPERIENCE



Roadmap of the Discussion

- ☐ The Cost of Health Care in the United States and Why our System is Failing Us
- ☐ Current Key Issues







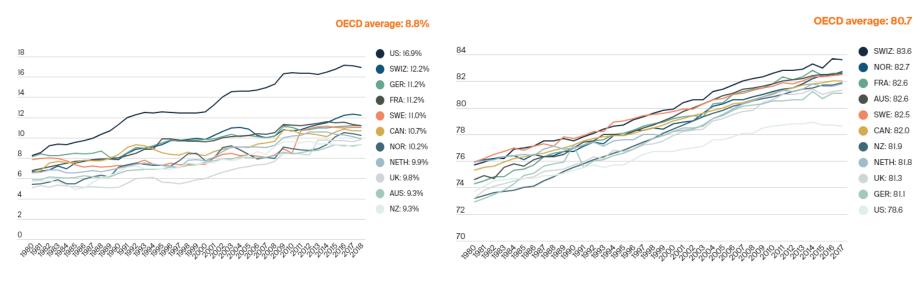
United States Health Care Spending and Outcomes

The U.S. Spends More on Health Care Than Any Other Country

Percent (%) of GDP, adjusted for differences in cost of living Legend shows 2018 data*

The U.S. Has the Lowest Life Expectancy

Years Legend shows 2017 data



Source: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical

Source: https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019?gclid=Cj0KCQjw4ImEBhDFARIsAGOTMj9PjAFcutA8O3Sa46RxjrVSvE4 N24jPMivlprd2Qaif43Xnc72MhkaAstAEALw wcB



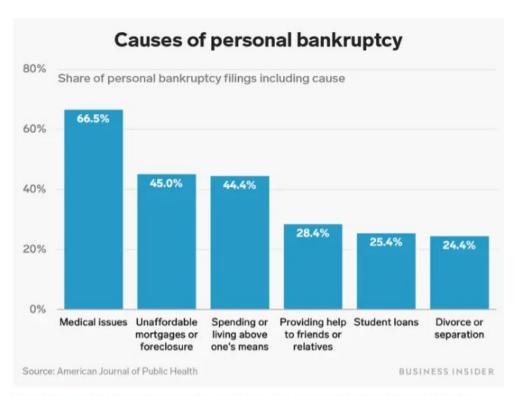
The Direct Damage Done by Health Care Costs:

- 44 percent of public didn't go see a doctor when they needed to because of cost.
- 30 percent report medical care interferes with their basic needs (food, housing, heat, etc.)
- 29% of Americans forgo or ration medications to afford other basic needs





Medical bills are the largest cause of personal bankruptcy



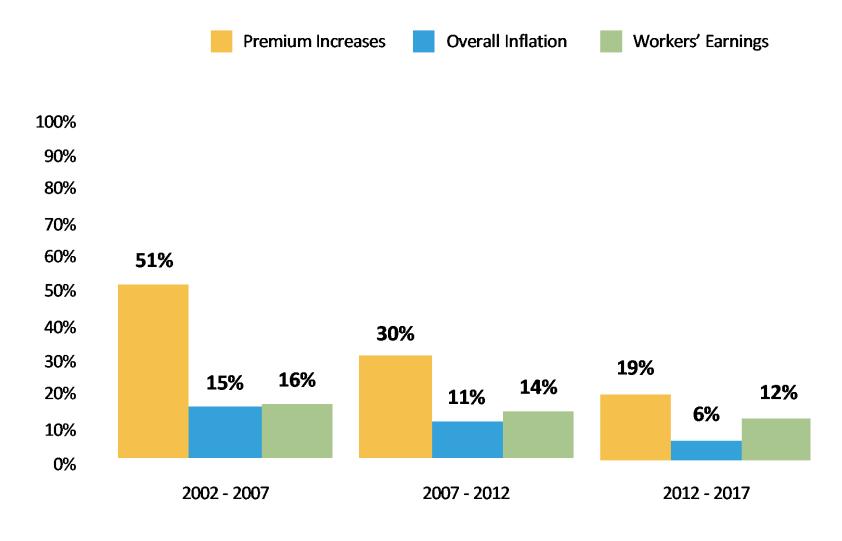
A post-recession study found that more than half of US bankruptcies were related to medical issues. Business Insider/Andy Kiersz, data from American Journal of Public Health

https://www.businessinsider.com/coronavirus-treatment-costs-us-health-care-bankruptcy-2020-3



Family Premiums Increasing Faster than Pay or Inflation

Cumulative Premium Increases for Covered Workers with Family Coverage, 2002-2017





The Indirect Damage Done by Health Care Costs:

- Average Family Health Insurance Premiums Cost 25% of Median Household Income. Every coverage debate revolves around the fundamental unaffordability of those premiums.
- Health care delivery has changed from community, charitable organizations into large revenuemaximizing corporations



The Facts About Health Equity

Health is not a Level-playing Field in the United States:

- Women of color are much more likely to die in childbirth or have their children die in childbirth compared to white moms.
- African Americans are 50 percent more like to die prematurely from cardiovascular disease
- People of color are 20 to 50 percent more likely to experience poorer health outcomes.

Demographic and Moral Imperative:

- Today, a majority of kids 18 and under are children of color
- By 2045, our nation will be a majority nation of color
- Health Disparities result in 3.5 million lost life years.



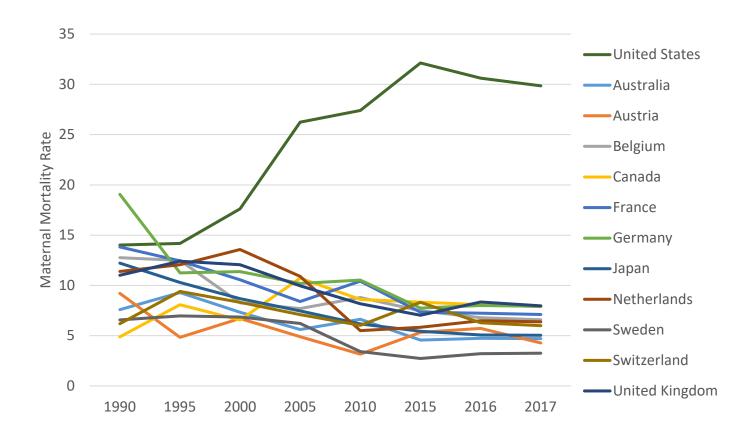
Alzheimer's Drug Is Bonanza for Biogen, Most Likely at Taxpayer Expense

Despite scant evidence that it works, the drug, Aduhelm, is predicted to generate billions of dollars in revenue, much of it from Medicare.



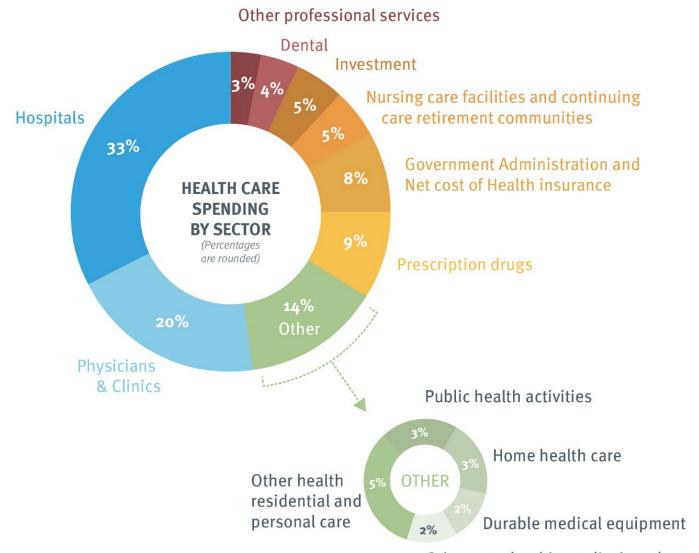
A Study in Contrasts: Part Two

Maternal mortality ratio, rate per 100,000 live births, 1990-2017





Heath Care Spending by Sector

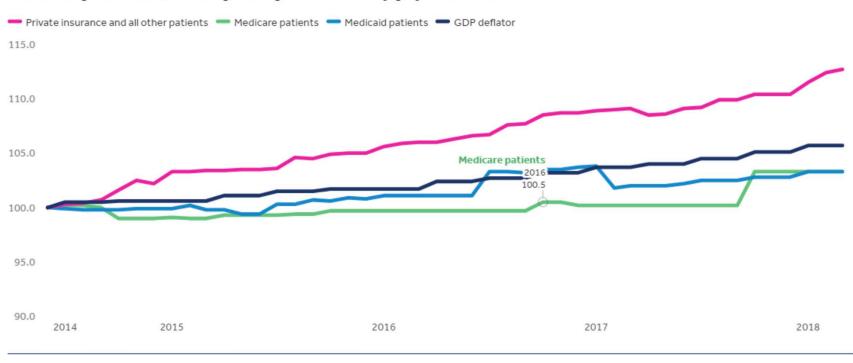




Why Does Health Care Cost so Much?

Prices for inpatient hospital care have grown rapidly for privately insured patients

Producer price index for hospital inpatient care, by payer, 2014-2018



Source: Federal Reserve Data • Get the data • PNG

Peterson-KFF
Health System Tracker



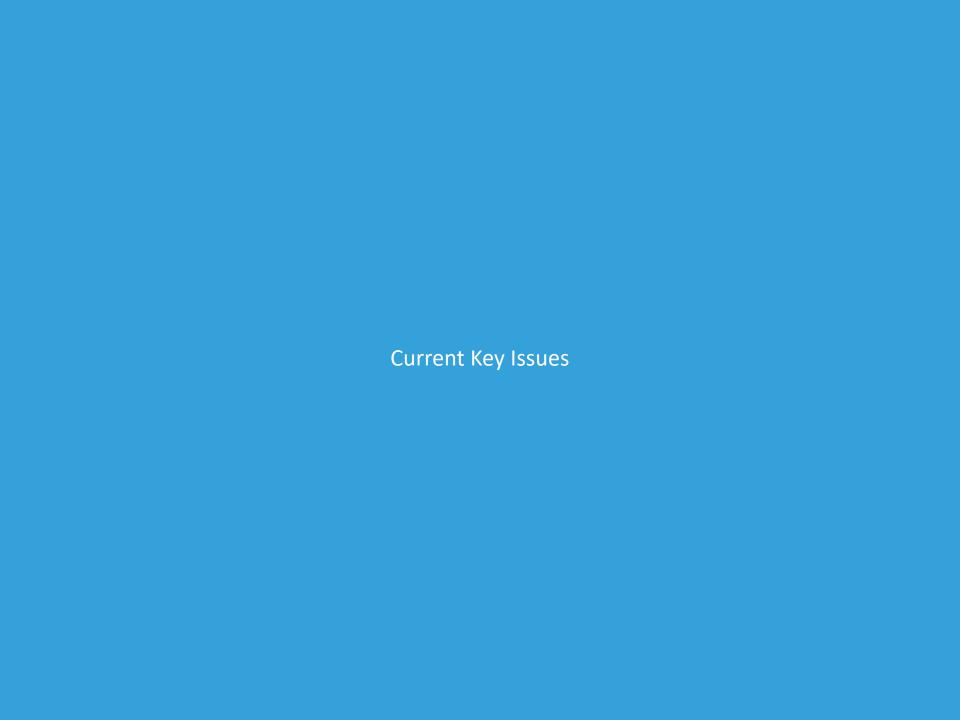
Decades of Research Support High Prices and Health Industry Consolidation as Major Driver of U.S. Cost Crisis

High Prices Drive High Health Care Costs

- Nearly 20 years ago, Uwe Reinhardt and colleagues, "It's the Prices, Stupid"
- Irene Papanicolas, Ashish K. Jha and colleagues, 2018, "Health Care Spending in the United States and Other High-Income Countries."

Health Industry Consolidation Major Driver of High and Variable Health Care Prices

- Then-Attorney General of MA, Martha Coakley, 2010 Landmark Report. "Examination of Health Care Costs Trends and Cost Drivers."
- Paul B. Ginsburg, 2010, "Wide Variation in Hospital and Physician Payment Rates Evidence of Provider Market Power."
- Chapin White and colleagues, 2013, "High and Varying Prices for Privately Insured Patients Underscore Hospital Market Power."
- New York State Health Foundation, 2016, "Why are Hospital Prices Different? An Examination of New York Hospital Reimbursement."
- Michael F. Furukawa and colleagues, 2020, "Consolidation of Providers into Health Systems Increased Substantially, 2016-18.
- Christopher M. Whaley, Rand Corporation, 2020 "Nationwide Evaluation of Health Care Prices Paid by Private Health Plans."



How do you make money in American health care?

Current State

Competition based on:

- Market power
- Billing maximization
- Intellectual property maximization
- Monopolistic pricing
- High-margin procedures.

Ideal State

Competition based on:

- Individual and population health and well-being
- Equitable outcomes
- Prevention
- Well-regulated prices, Affordability
- Genuine innovation
- Quality



Market-Based Solutions to Address the Impact of Consolidation on the Health Care System

- A multi-pronged approach is needed to address consolidation and increase market competition across and within U.S. health care markets:
 - **Prohibiting Anticompetitive Contracting** in provider and insurer contracts that limit access to higher quality, lower cost care.
 - **Expanding Site-Neutral Payments** to ensure Medicare and Medicaid pay the same rates across hospital outpatient departments, ambulatory surgery centers, freestanding/non-freestanding EDs, and off-campus offices.
 - Increasing Price and Quality Transparency to unveil underlying prices (negotiated rates) and quality data, including the establishment of a national All-Payer Claims Database to analyze where high value and low value care occurs to make informed policy decisions.
 - Establishing National Data Sharing and Interoperability Standards including mandatory real-time data exchange across all payers, providers and public health agencies.
 - Ensure Payment and Delivery System Reform Models safeguard against inadvertently creating incentives that could further catalyze vertical or horizontal integration.

Beyond Market-Based Solutions: Regulatory Pathways to Reducing System Costs

2021 Developments and Questions

- Second reconciliation package
 - Prescription Drug Pricing Reform?
 - Moving toward more automatic coverage?

Beyond 2021:

- Will Biden administration prioritize health equity and changes to care delivery?
- Will Biden administration prioritize expansions of public coverage or other tools to regulate health care prices?

Pathways to Progress: Payment and Delivery Reforms

- Regionalizing Care and putting people at the center:
 - Oregon: Coordinated Care Organizations
 - CMS: Advanced Primary Care Medical Home Models (Primary Care First, Direct Contracting) Accountable Health Communities, Accountable Care Organizations

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