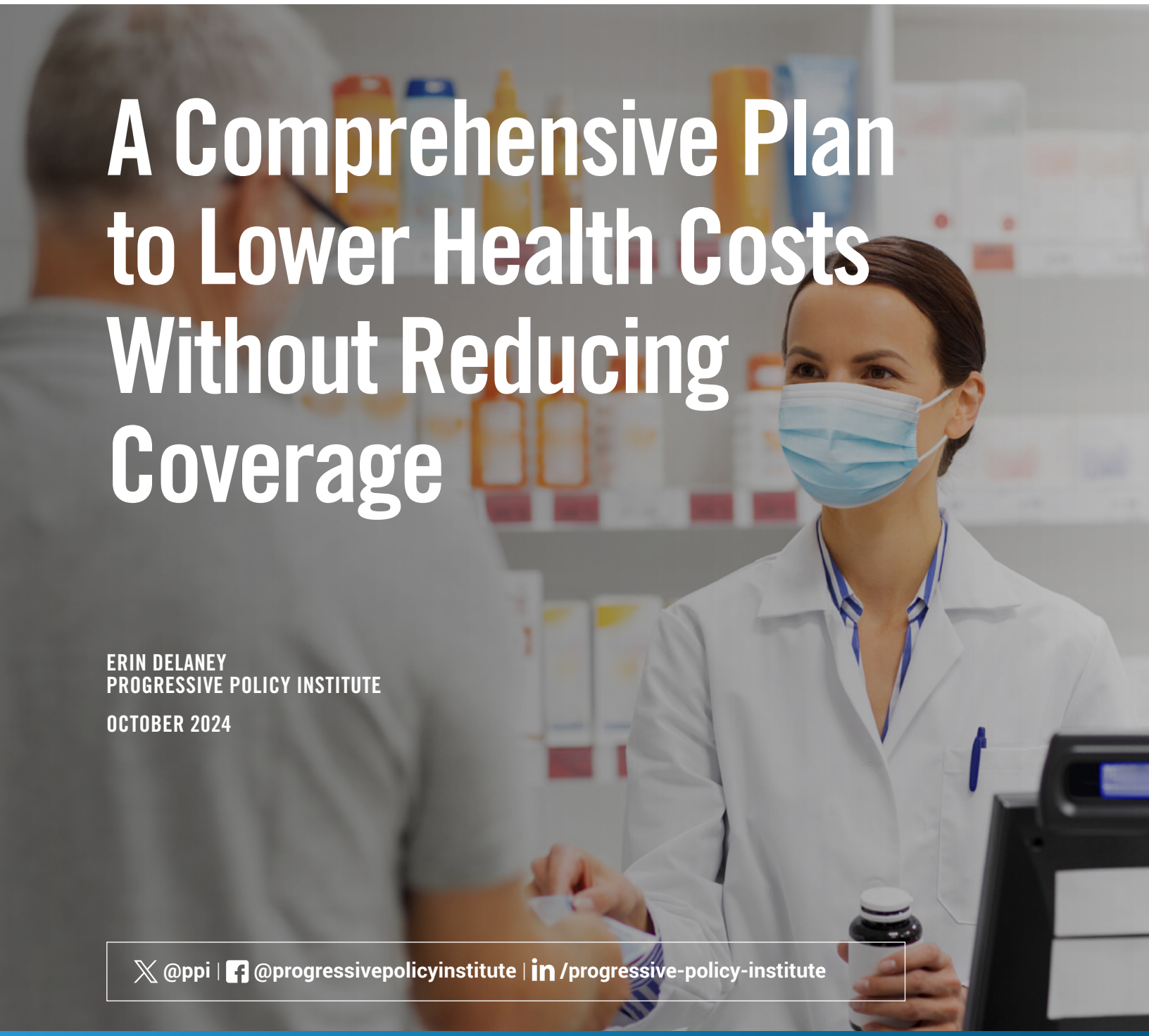
CAMPAIGN FOR WORKING AMERICA



A Comprehensive Plan to Lower Health Costs Without Reducing Coverage

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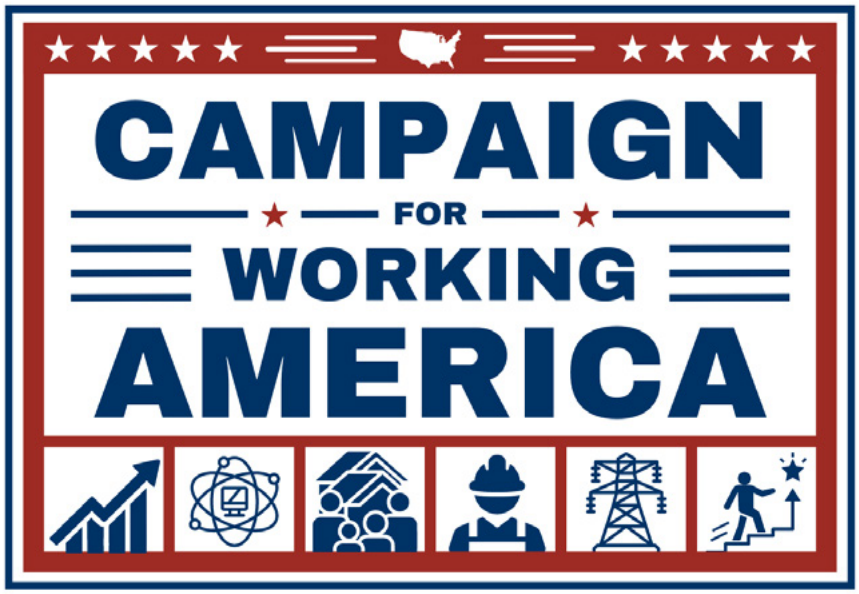

ABOUT PPI'S CAMPAIGN FOR WORKING AMERICA

The Progressive Policy Institute launched its Campaign for Working America in February 2024. Its mission is to develop and test new themes, ideas, and policy proposals that can help Democrats and other center-left leaders make a new economic offer to working Americans, find common ground on polarizing cultural issues like immigration, crime, and education, and rally public support for defending freedom and democracy in a dangerous world. Acting as Senior Adviser to the Campaign is former U.S. Representative Tim Ryan, who represented northeast Ohio in Congress from 2003 to 2023.

Since 2016, Democrats have suffered severe erosion among non-college white voters and lately have been losing support from Black, Hispanic, and Asian working-class voters as well. Since these voters account for about three-quarters of registered voters, basic electoral math dictates that the party will have to do better with them to restore its competitiveness outside metro centers and build lasting governing majorities. The party's history and legacy point in the same direction: Democrats do best when they champion the economic aspirations and moral outlook of ordinary working Americans.

To help them relocate this political north star and to inform our work on policy innovation, PPI has commissioned a series of YouGov polls on the beliefs and political attitudes of non-college voters, with a particular focus on the battleground states that have decided the outcome of recent national elections.

This report is the fifth in a series of Campaign Blueprints that can help Democrats reconnect with the working-class voters who have historically been the party's mainstay.

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INTRODUCTION

The U.S. economy is growing at a healthy clip, but working Americans continue to identify high prices and living costs as their chief economic worry in this crucial election year. According to a recent YouGov poll commissioned by PPI, soaring medical bills are a top financial concern for voters without college degrees.[1] Asked specifically which health care costs hit them hardest, they say health insurance, hospitals and drugs.

According to a 2023 report from the Centers for Medicare & Medicaid Services (CMS), health care spending increased by 4.8% in 2022, outpacing the 3.2% rise in the Consumer Price Index (CPI), which measures inflation.[2] This disparity underscores the worsening affordability crisis in health care, where the cost of medical services, including hospital visits, prescription drugs, and insurance premiums, is escalating more rapidly than general living costs. Consequently, households are feeling the pinch as a larger portion of their budgets is consumed by health care expenses, leaving less room for other essential needs.

Every dollar that is spent on out-of-pocket medical costs is a dollar less to pay for food, gas, and other household necessities. Three out of every four families report they are worried about being able to afford unexpected medical bills, which have left millions of households collectively shouldering more than $200 billion in medical debt.[3] Anxiety about household expenses is especially acute in households making less than $40,000 annually, leading families to prioritize pressing financial needs over preventive or routine medical care.

Voters generally have greater trust in the Democratic Party than the Republican Party when it comes to managing high health care costs and ensuring access to abortion services. Surveys consistently indicate that a majority of voters trust Democrats more when it comes to reproductive health and reducing health care expenses.[4]

During her debate with former President Donald Trump, Vice President Kamala Harris committed to capping insulin prices, limiting patient cost-sharing for generic drugs, and expanding Medicare's authority to negotiate drug prices. She also vowed to protect and enhance the Affordable Care Act (ACA), promising to make permanent the Biden-Harris administration's enhanced tax credits, which have lowered premiums by an average of $800 annually for millions of Americans.[5]

Despite his repeated failures to convince Congress to repeal the ACA during his presidency, Trump in the debate vowed again to replace it with "something better." When pressed for specifics, however, he could only reference a vague "concept of a plan," nearly a decade after his initial promise to provide a viable alternative. Over that period, public support for the ACA has risen dramatically, from 38% to 62%, according to polling by KFF.[6] Nonetheless, Congressional Republicans are still trying to weaken the law by pushing for the elimination of enhanced tax credits passed during the COVID-19 pandemic. This would mean higher premiums for working Americans with modest incomes.

Trump also is trying to distance himself from the public backlash against the Supreme Court's decision striking down abortion rights. Since the Court overturned Roe v. Wade in June 2022, Republican-controlled states enacted laws that either ban abortion outright or impose strict restrictions on access to reproductive health care, affecting 25 million women.[7] This shift has resulted in a patchwork of laws, with many states erecting significant barriers to abortion access. Consequently, millions of American women are at risk of not receiving timely reproductive health care.

Beyond restricting abortion access, the impact of the Roe decision has complicated life for women seeking maternal care services. Many hospitals in states with stringent abortion laws have closed their maternity wards or significantly reduced maternal health services in response to legal challenges from right-wing politicians and pressure groups. Tragically, this led to the death of Amber Thurman, a 28-year-old nursing assistant and mother of a six-year-old son who succumbed to an infection after medical providers delayed care for the effects of a medication abortion in a state with such a ban, according to an investigation by ProPublica.[8] Maternal mortality review committees, like the one in Georgia that examined this case, typically operate with a two-year delay in reviewing the cases they investigate. As a result, experts are only now beginning to assess deaths that occurred after the Supreme Court's ruling. As this data is reviewed and released, more such stories are likely to emerge.

Having stacked the Supreme Court with anti-abortion ideologues, Trump now offers the ludicrous defense that Americans — who strongly supported the national right to abortion established by Roe — were clamoring for states to decide whether abortion should be legal. He now claims to support exceptions to abortion bans for rape and incest, drawing fire from outraged Christian conservatives who've accused him of political opportunism. Trying to

avoid another minefield, the former president has also declared himself a "leader in fertilization" and proposed mandating free access to in vitro fertilization (IVF). Congressional Republicans, however, have blocked the Right to IVF Act.[9]

Harris has vowed to push for national legislation restoring Americans' reproductive rights; assuring access to contraception; and safeguarding families' rights to access IVF if they can't have children on their own. She also promised to continue to advocate for access to FDA-approved abortion drugs and select judges who uphold reproductive freedom.[10]

In addition, Harris' proposals provide a promising foundation for lowering medical bills for working families. But Democrats should be thinking about a bolder, more comprehensive attack on the structural drivers of medical inflation, which makes the U.S. health care system by far the most expensive in the world. In this report, PPI offers a radically pragmatic slate of new ideas for assuring access to providers, driving down medical prices, and improving health care outcomes for working Americans.

I. KEEPING HEALTH COSTS DOWN

Facing mounting medical bills, many working families delay or forgo needed care. This of course leads to poorer health and higher medical costs over the course of their lives. PPI proposes the following reforms to America's overpriced and highly inflation-prone health care system.

Cap High Medical Costs

Americans spend more per person on health care than people in other developed countries. In 2022, the United States spent approximately $12,318 per capita on health care.[11] This is significantly higher than the average spending among OECD member countries, which is about $4,500 per capita. Our hybrid public-private health care system is fraught with inefficiency and waste, but the core problem is high prices for medical treatment. The high costs of health services and procedures in the U.S. result from a combination of factors including the fee-for-service payment model, high prices for medical services, and complex administrative processes. Addressing these issues requires comprehensive reforms to reduce inefficiencies and control costs while maintaining the quality of care.

The persistence of fee-for-service health care gives providers incentives to provide services whether patients need them or not. Another factor is the ability of hospitals and large health care providers to leverage their market power, resulting in higher charges for patients and insurers. This issue is most pronounced in areas where one or two provider networks dominate, allowing them to set prices without competition.

Medicare, covering approximately one-sixth of Americans, negotiates lower reimbursement rates compared to private insurers. Medicare spending per enrollee grew about two-thirds as quickly as spending did in the private system between 2008 and 2022.[12] Its massive market share compels many providers to accept Medicare's terms to avoid losing access to millions of patients.

Some progressives believe the way to get health care costs down is to banish private insurance altogether and replace it with Medicare for All — a single government monopoly covering everyone. Apart from the massive transition of such a change, a "single-payer" system sacrifices the competitive benefits — especially innovation — of private insurance. Polls show that most Americans oppose Medicare-for-All when they learn that it would eliminate private health insurance.[13]

Instead of putting insurers out of business, PPI suggests using the government's bargaining power to benefit consumers and private insurers. We propose that the federal government cap prices by setting maximum rates for out-of-network care, akin to the approach in the No Surprises Act for emergency services.[14] We'd also allow commercial health plans to adopt these default prices for all emergency and out-of-network claims, with the cap declining over time. Providers must accept these rates, and they cannot pass additional costs to consumers through surprise billing without upfront price disclosure, whether for emergency or non-emergency services.

PPI suggests that policymakers establish localized caps based on Medicare reimbursement rates, which vary regionally, alongside measures of provider concentration and population density. Tighter rate caps for monopolistic providers could dissuade further acquisitions and even prompt break-ups to foster competition for higher payment rates. Conversely, higher default prices in sparsely populated areas would support smaller remote hospitals without jeopardizing their viability. However, caps should not be set excessively high, which could encourage consolidation in rural areas. Our proposal starts with an average rate cap set at 200% of current Medicare rates, reducing annually by 5 percentage points until reaching 125% of Medicare rates over 15 years.

We believe price caps on out-of-network care would give private insurers a benchmark for negotiating in-network prices as well. They could use the default price to encourage providers to shift from fee-for-service to contracts rewarding value-based outcomes and efficient care. Over time, as provider prices fall and better payment models are developed, more insurers can afford to enter new markets, thus increasing competition in the insurance market.

The savings from reducing health care prices would lead to reduced premiums for consumers, thanks to the ACA's medical-loss ratio that caps administrative costs. Lower premiums would decrease government spending on ACA subsidies and reduce the cost of employer-sponsored health coverage. Since those plans are tax-exempt, lower premiums also would boost federal revenue.

Cut Hospital Bills With Site-Neutral Payment Reform

Every year, Medicare spends tens of billions more for services performed in hospitals compared to the same services performed in outpatient clinics.[15] While higher rates may be justified in certain cases, like complex operations in specialized care facilities, there's usually no valid reason for taxpayers to pay more based solely on where a service is provided. This structure not only raises costs for taxpayers but also increases Medicare beneficiaries' out-of-pocket expenses by approximately $1.5 billion annually. Moreover, it has encouraged large hospital systems to acquire private physician offices primarily to leverage higher reimbursement rates, fostering anti-competitive monopolies in health care.

Lawmakers are now taking steps to address this issue. The bipartisan Site-based Invoicing and Transparency Enhancement (SITE) Act introduced in 2023 aims to equalize reimbursement rates between independent physician offices and hospital outpatient departments located off their main campuses.[16] This legislation would eliminate a provision that currently allows these off-campus clinics or emergency rooms to bill at higher hospital rates for services that are essentially the same

as those provided in independent physician offices. Additionally, it proposes better tracking of provider billing by assigning unique identifier numbers distinct from their off-campus locations.

PPI supports these reforms as a starting point. Our proposal would build upon the SITE Act by advocating for site-neutral standards across a broader range of payments. This includes routine outpatient services like imaging, check-ups, and drug prescriptions that can be provided in hospitals or smaller clinics. The plan also calls for equal payments for surgical procedures that can safely be performed in independent physician offices, regardless of location.

Lower Drug Costs

For workers and families who may not qualify for government assistance programs but still face financial constraints, lower-cost generic drugs are essential. They significantly reduce out-of-pocket expenses for prescription drugs, freeing up funds for other necessities. Increasing access to generic medications promotes affordability, helps manage health care expenses, maximizes insurance benefits, improves treatment adherence, and contributes to financial stability for working families.

In recent years, Congress has acted to enhance access to generic drugs. The 2019 CREATES Act promoted competition by allowing generic drug makers to sue brand manufacturers who block access to samples needed for FDA testing, facilitating the introduction of more affordable generic options to the market.[17] While this was crucial in expanding access to lower-cost, generic medications, further steps are needed. Congress should ban "pay-for-delay" patent settlements, where brand-name companies pay generic companies to delay introducing cheaper alternatives. This anticompetitive behavior keeps margins high for brand-name manufacturers at the expense of the American consumer.

PPI also supports banning “evergreen patents,” which allow a company to extend its exclusivity period for a drug by releasing a variant with minimal biological changes just prior to a cheaper generic alternative reaching the market. Finally, Congress should reverse the problematic incentives they created for drug development by offering longer price protections to costly biologic drugs over potentially cheaper alternatives. Taking these steps to increase the availability of generics will help control the rising costs of prescription drugs.

II. ENHANCING ACCESS TO QUALITY HEALTH CARE

Expanding access to care and medications for working Americans is crucial for ensuring equitable health care access and improving health outcomes. PPI recommends the following to achieve this goal.

Unleash Telehealth Services

Telehealth visits often cost less than in-person appointments, making health care more affordable for working Americans, many of whom may be uninsured or have high out-of-pocket costs. Additionally, telehealth can help reduce indirect costs such as transportation expenses and lost wages due to time off work for medical appointments, especially for those living in rural or underserved areas.

Before the COVID-19 pandemic, Medicare restricted telehealth services to rural residents for nearly two decades. Even then, Congress limited coverage to nine types of services, requiring patients, regardless of location, to see mental health professionals or speech pathologists in person.[18] Policymakers feared

that expanding telehealth access would prompt beneficiaries to use more health care services, potentially offsetting cost savings per visit.

During the COVID-19 pandemic, Congress and the president empowered the Department of Health and Human Services (HHS) to ease Medicare's telehealth restrictions. HHS broadened access to 240 additional services, which could be accessed via phone, text, email, and video calls by both rural and urban Americans.[19] According to a joint report by PPI and Americans for Prosperity, Medicare telehealth usage surged dramatically, with a 7,400% increase from January to June 2020. Contrary to concerns, telehealth users did not significantly increase health care consumption and costs, with the few exceptions for visits related to mental health and communicable diseases.

Despite positive outcomes, expanded telehealth access for Medicare beneficiaries ended with the conclusion of the COVID-19 public health emergency declaration. PPI would authorize HHS to restore the COVID-era rules that expanded telehealth coverage to Medicare beneficiaries. However, we suggest reimbursing these services at slightly lower rates than in-person visits due to lower provider costs and requiring patients to meet their standard deductible before accessing benefits (unlike the COVID-era rules). Additionally, we advocate empowering CMS to monitor and prevent fraud and excessive spending in telehealth by scrutinizing clinicians that are outliers in telehealth billing and mandating in-person visits before expensive services are ordered. This approach aims to enhance choices and flexibility for Medicare patients nationwide without significantly increasing program costs.

Expand the Nursing Workforce

The U.S. faces a shortage of 100,000 nurses, with many considering leaving due to burnout.[20] This poses a significant challenge as demand for health care services grows with an aging population. We need to address this shortage to ensure Americans have access to quality care today and in the future.

During the COVID-19 emergency, state and federal restrictions were lifted so advanced practice registered nurses (APRNs) could provide a wider range of care.[21] Now that the emergency is over, those restrictions are back. APRNs are well-trained and capable of providing high-quality care beyond what's allowed under current rules. Many patients, including individuals on Medicare, rely on them for care, especially in rural areas. Research shows patients often have excellent outcomes and prefer care from APRNs over physicians.[22]

To improve job satisfaction and ensure patients can access needed care, PPI supports removing barriers to practice for APRNs, certified registered nurse anesthetists (CRNAs), and certified nurse-midwives under Medicare and Medicaid.

Additionally, PPI recommends helping people in entry-level health care jobs or those switching careers to become nurses by providing training and skill development programs. State and local leaders can use federal funds, like Health Resources and Services Administration (HRSA) funding and American Rescue Plan Act (ARPA) grants, to support these efforts. Additionally, ARPA state and local recovery funds can be used for workforce development. It's important for policymakers to involve the private sector in these initiatives.

Finally, PPI encourages government leaders to introduce young people to nursing careers early on. They can offer quality work-based learning opportunities to high school students like youth apprenticeships, internships, or career and technical education. These programs, especially those focused on nursing, give students hands-on experience in hospitals or health care settings, preparing them for rewarding jobs after graduation.

III. IMPROVE HEALTH OUTCOMES FOR WORKING AMERICANS

Working Americans are more likely to face risk factors for chronic diseases and can lack the resources needed to access long-term care. Preventing and controlling diseases and promoting healthy behaviors will reduce health care costs and improve population health outcomes. PPI proposes the following policies to ensure working Americans have access to the resources they need to live healthier lives.

Creating a Medicare Buy-In for People Ages 55-64

Many older working Americans struggle to afford private health insurance premiums despite clearly needing affordable coverage. Providing them with access to comprehensive coverage at potentially lower costs compared to private insurance plans would alleviate financial strain and ensure they have access to essential health care services.

People aged 55 and older who aren't eligible for Medicare should have the option to buy into Medicare directly. This would reduce costs on the private insurance market by moving higher-risk individuals out of the private insurance market. Buy-in beneficiaries would access the same Medicare plans available to older or disabled beneficiaries. The main difference would be premiums: while people currently eligible for Medicare have more than 80% of their premiums subsidized by taxpayers, the buy-in population would be charged premiums necessary to cover the full cost of their coverage. The only subsidy buy-in beneficiaries would receive are those they would be eligible for under the ACA to purchase private plans on the exchanges.

CMS would set up a system for buy-in enrollees to receive advance monthly premium tax credits, reconciled annually on their tax returns. Medicare would utilize the same data hub as ACA exchanges for determining advance tax credits. Medicare would also become the secondary payer to employer coverage. While the buy-in population would be older and less healthy compared to the overall exchange population, they would generally be healthier than current Medicare beneficiaries. Moreover, Medicare costs would be lower due to its lower reimbursement rates compared to private insurers.

Enable Pharmacies to Offer All Adult Vaccines

Expanding adult vaccinations through pharmacies is a practical and effective way to improve vaccination rates among the working to promote preventive health care and protect individuals and communities from vaccine-preventable diseases. Moreover, pharmacists and pharmacies play a pivotal role in health care access, especially in underserved areas. Pharmacists are the most readily accessible health care professionals, with 96.5% of individuals residing within a 10-mile radius of a community pharmacy.[23] By leveraging the expertise and accessibility of pharmacists,

we can make vaccinations more convenient and accessible for working families across the country.

Pharmacies are often limited in providing all vaccines due to a combination of regulatory restrictions, lack of reimbursement, and logistical challenges. State-specific regulations dictate which vaccines pharmacists can administer, and some states have more restrictive scopes of practice.[24] Additionally, pharmacies may face financial disincentives if reimbursement rates for vaccines are insufficient to cover the costs of administration. There are also logistical hurdles, such as the need for specialized storage and handling of certain vaccines, which can complicate their ability to offer a comprehensive range of immunizations.[25]

When evaluating patient outcomes, it is crucial to understand that not all vaccines targeting the same disease are interchangeable. Differences in their molecular composition, efficacy, safety profiles, and FDA approvals mean that restricting access to only one vaccine option can be impractical and potentially detrimental. Individual health considerations and specific recommendations from health care providers may require the use of particular vaccines.[26] Therefore, PPI recommends that pharmacies and all health care institutions involved in immunization offer and provide access to a comprehensive range of vaccines to accommodate diverse patient needs.

Further, PPI recommends that the Centers for Medicare & Medicaid Services (CMS) more diligently enforce its current regulations mandating insurers to cover all eligible vaccines. There are various reports and complaints indicating that some insurers and pharmacy benefit managers may not fully comply with CMS regulations requiring coverage for all eligible vaccines. Audits and case studies from the Government Accountability Office (GAO) and the Department of Health and Human Services (HHS) Office of Inspector General (OIG) reveal gaps in compliance.[27] These audits often identify instances where insurers have failed to provide coverage for vaccines or have imposed barriers that make accessing vaccines more difficult for beneficiaries. Strengthening the auditing process, clarifying regulations to provide comprehensive guidelines for insurers, and implementing more stringent penalties to insurers in non-compliance with the CMS process, can help CMS to ensure that all eligible vaccines are covered as mandated. Each medication or vaccine serves a distinct purpose in improving patient outcomes, and efforts to negotiate price reductions by applying generalized endpoints that do not directly benefit patients should be scrutinized.

Bolster Maternal Health

Working Americans, particularly Black, Hispanic and Indigenous women, experience higher rates of maternal mortality compared to wealthier individuals. According to data from the Centers for Disease Control and Prevention (CDC), the maternal mortality rate for these working women is disproportionately higher than the national average.[28]

Since Roe v. Wade was overturned, states have enacted restrictions that have threatened maternal care and reproductive health. These policies have worsened health care access, increased the risk of unsafe abortions, and has impacted maternal mortality and mental health. Efforts to protect and expand access to safe and legal abortion services remain crucial for ensuring comprehensive maternal care and reproductive rights.

PPI supports the additional resources to address this maternal health crisis and supports the Biden-Harris administration's increased investment in maternal health initiatives within the U.S. Department of Health and Human Services (HHS) by $376 million in next year's budget to help address this urgent issue.[29]

Specifically, this proposal earmarks $172 million for the Health Resources & Services Administration (HRSA) to bolster the Healthy Start Initiative. This program aims to enhance health outcomes throughout the maternal journey, from pre-pregnancy to postpartum, and narrow the gaps in infant mortality and adverse perinatal outcomes.

Expanding Medicaid's support for maternal health during pregnancy and the postpartum period is a key focus. This will encourage states to increase reimbursements for a diverse array of providers, including doulas, community health workers, peer support initiatives, and nurse home visiting programs.

Working Americans Deserve Affordable and High-Quality Care

As Americans face increasingly expensive medical bills, the current Presidential election offers Americans a stark choice for health care policy. While Vice President Kamala Harris has advocated for increased investment in care programs to alleviate these financial burdens, Former President Trump continues to push for dismantling the Affordable Care Act (ACA) without presenting a viable replacement. His platform fails to address the real needs of working-class families who are struggling with exorbitant health care costs.

Polls show voters trust Democrats more than Republicans on health care. PPI's agenda offers the Biden Administration and Democratic leaders an opportunity to build on that trust by addressing the pressing economic and health care concerns faced by working Americans. By implementing targeted reforms such as capping high medical costs, promoting site-neutral payment standards, and enhancing telehealth services, we can reduce out-of-pocket expenses and improve access to care. These changes aim to lower premiums, decrease government spending on subsidies, and make health care more affordable and equitable for all Americans.

Moreover, the erosion of reproductive rights and its impact on maternal health highlights the urgent need for comprehensive support systems. PPI's proposals, including the expansion of Medicaid, bolstering maternal health programs, and increasing access to generic drugs, are essential steps towards ensuring that working families can maintain their health without facing crippling financial strain. By investing in these areas, we can help alleviate the economic pressures on American households and promote a healthier, more secure future for all.

Sections of this paper were taken from PPI's *Paying for Progress* Blueprint, which can be found at: www.progressivepolicy.org/budgetblueprint/

ABOUT THE AUTHOR

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