



A Negotiator's Guide to the Health Care Concerns of Consumers



Introduction

Consumers for Quality Care (CQC) developed this Negotiator's Guide to give Members of Congress and administration officials a clearer understanding of what consumers want them to tackle when it comes to health care. It contains findings from an Ipsos poll of 2,000 US adults conducted from March 22-26, 2019.

The Ipsos-CQC poll found that there is a high cost of uncertainty in US health care. Americans are almost universally worried about the cost of health care for them and their families, no matter their income level, age, gender, race or political identification. On a bipartisan basis, health care ranks highest on a list of perennial concerns over retirement, housing, higher education and child care.

What they ultimately want is more predictability in what they are asked to pay for health care services. They want their hard-earned dollars to go farther for them and, if it comes down to it, they are willing to pay for a higher quality of coverage if it will bring them more certainty that they will get comprehensive benefits for hospital care, mental health services, maternity care, more providers, medications, and more. In other words, focusing just on premiums misses the bigger issues around the out-of-pocket costs Americans face when they need to use their health insurance coverage. The unexpected and unpredictable costs for receiving health care services are an acute concern and Americans want lawmakers to take real steps to alleviate this problem, instead of just paying lip service to the issue. Policies lawmakers pursue should relieve consumers from unexpected, unpredictable and high out-of-pocket costs associated with using their health care coverage.

Americans' fears of health care costs are also connected to the complexity of medical billing and a lack of pricing transparency across the system, including hospitals, insurance and prescription costs. Consumers are often in the dark about costs and struggle to understand the intricacies of the health care system, leading them to seek policy options that will bring them and their families more immediate relief.

Renewed discussions are underway about the direction of health care in the US. We are committed to giving consumers a voice in the ongoing debate. We urge Members of Congress and the Trump administration to listen to changes consumers want in the health care system and enact solutions that provide more certainty for us all through quality coverage and affordable access to care.

Sincerely,

Four handwritten signatures are displayed in a 2x2 grid. The top-left signature is 'Dan M. Christensen', the top-right is 'Scott Mulhain', the bottom-left is 'Jim Minkley', and the bottom-right is 'Jack Resnick'.

Americans are acutely worried about paying for health care – even more than they worry about costs associated with retirement, housing, higher education or child care.

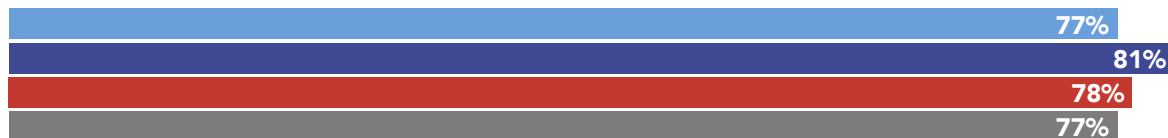
How concerned are you, if at all, with the costs of the following?

■ Total ■ Democrat ■ Republican ■ Independent

Health Care



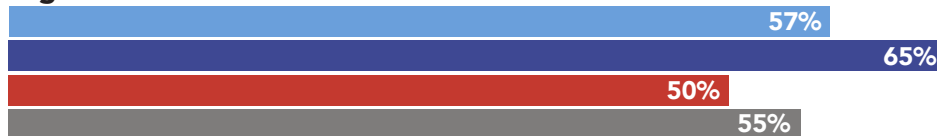
Retirement



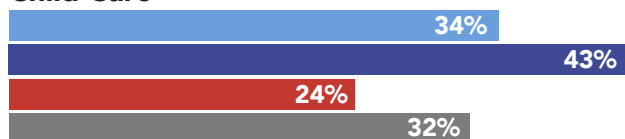
Housing



Higher Education



Child Care



Quality Insurance

Americans don't want junk insurance plans, like short-term limited-duration insurance policies. In fact, an overwhelming and bipartisan majority say they are willing to spend more for comprehensive coverage that doesn't leave them with high bills when they need to use their insurance. When given a choice between the following two options...

- 81% would rather pay more on a monthly basis for a health plan that has comprehensive coverage with minimal fees when they need treatments
- 19% would rather pay less on a monthly basis for a health plan with skimpy coverage and pay large fees for needed treatments

Unexpected costs for hospital visits, prescription medicines and surprise bills, in particular, are an acute concern for Americans. They want lawmakers to take real steps to help alleviate costs, instead of just paying lip service to these problems.

- 88% say lowering out-of-pocket costs for health care should be a top priority for Washington
- 85% believe politicians are more interested in bumper sticker slogans than real solutions when it comes to health care
- 69% say more competition in the insurance marketplace would make health care more affordable



Americans would rather pay more on a monthly basis for a health plan that has comprehensive coverage with minimal fees when they need treatments



Accessing Prescription Medicines

Consumers want relief when it comes to prescription drug costs:

- 91% say that pharmaceutical companies should have to provide more information about drug costs and financial assistance that may be available to patients.
- 60% say putting a cap on the amount that hospitals can mark-up their medicine prices would have a positive impact on them and their family.

Rebate Rule

We asked a series of questions to get to the heart of how consumers feel about the Medicare Rebate Rule that is currently under consideration, and its application to the commercial market. Support for the proposal actually increased when respondents learned more.

- A bipartisan majority of respondents (77% Republicans, 77% Democrats and 75% Independents) support requiring insurance companies to apply drug rebates directly to prescription drug prices for Medicare beneficiaries at the pharmacy counter, even when told that on average, seniors would save on out-of-pocket and deductibles, but pay \$3-\$6 more per month for insurance.
- A majority (66%) support applying the same change to the commercial insurance market.



Medicare provides health and prescription drug coverage for seniors and the disabled. Now, some policymakers are proposing a change to Medicare prescription drug coverage impacting the costs for prescription drugs at the pharmacy.

Currently, prescription drug makers provide rebates or discounts to insurance companies and pharmacy benefit managers (PBMs). They in turn use those discounts to lower monthly premiums for all customers.

This new proposal would require insurance companies and pharmacy benefit managers (PBMs) to apply these rebates directly to prescription drug prices, lowering the out-of-pocket price for the individual consumer at the pharmacy rather than lowering premiums for all customers.

Knowing this, do you support or oppose this proposal?

■ Support ■ Don't Know ■ Oppose

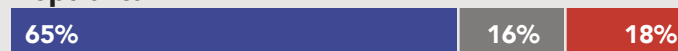
Total



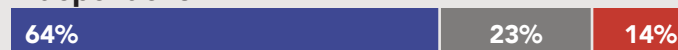
Democrat



Republican



Independent



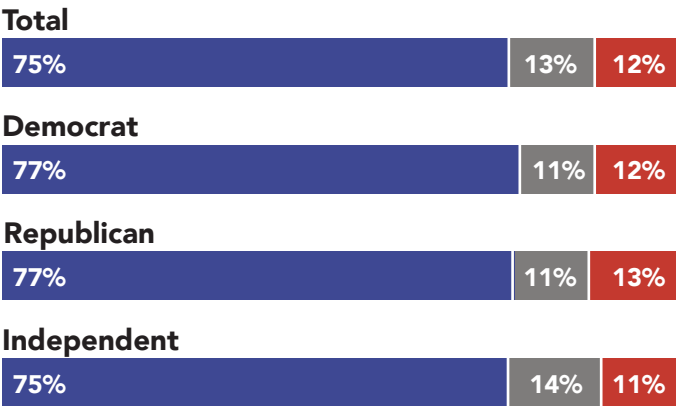
Accessing Prescription Medicines

If insurance companies are required to apply these rebates directly to prescription drug prices, federal regulators estimate that this proposed change to Medicare would mean that most seniors would have to pay \$3 to \$6 more per month, on average, for their health insurance premium.

But seniors would save 10% to 20% on the prescription medicines they pick up at the pharmacy, and they would save 12% to 20% on their insurance deductible.

Knowing this, do you support or oppose this proposal?

■ Support ■ Don't Know ■ Oppose

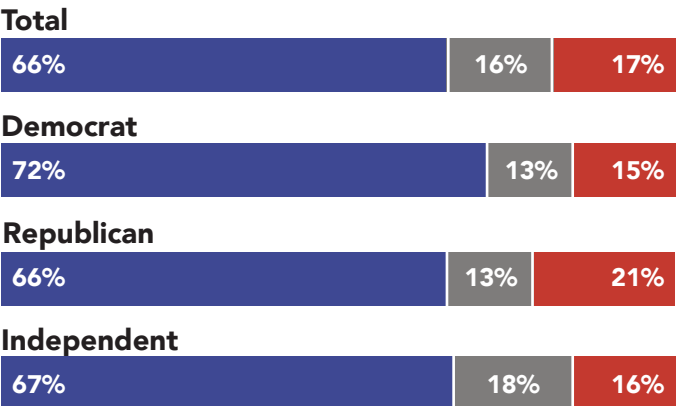


Some people want to make this same change to the private or commercial insurance market, in addition to Medicare. That is, all insurance companies, not just those serving Medicare recipients, would be required to apply prescription drug rebates directly to the out-of-pocket costs for pharmacy customers.

It is estimated that people would pay a reduced amount for the prescription medicines that they pick up at the pharmacy, and insurance premiums for everyone may increase by a few dollars a month.

Knowing this, do you support or oppose this proposal?

■ Support ■ Don't Know ■ Oppose



Hospital Care



Americans' fears of health care costs are connected to the complexity of medical billing and a lack of pricing transparency across the system — especially when it comes to accessing care at hospitals and locating the prices hospitals charge.

- 91% are concerned about receiving surprise bills from hospitals
- 65% say it is difficult to understand the cost of care at a hospital, including finding out how much a hospital charges for a specific type of care
- 60% support capping the amount hospitals can mark-up their medication

How easy or difficult is it to understand the cost of the care received at the hospital? For example, finding the menu of hospital fees (called a chargemaster) that shows how much the hospital charges for specific types of care?

■ Easy ■ Don't Know ■ Difficult

Total



Democrat



Republican



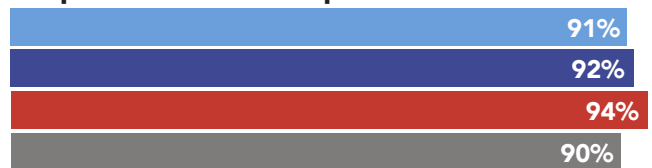
Independent



How concerning, if at all, are each of the following hospital billing practices?

■ Total ■ Democrat ■ Republican ■ Independent

Surprise bills from hospitals.



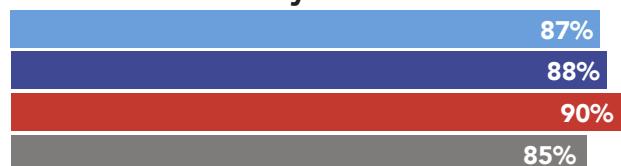
Allowing individual doctors to be out-of-network, thereby charging higher prices, even if the hospital as a whole is in-network for the patient.



Make it difficult for consumers to find the hospital chargemaster, which is the document that shows how much they charge for care.



Make it difficult for patients to receive itemized bills for the care they received.

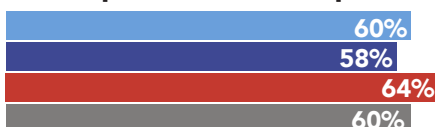


Hospital Care

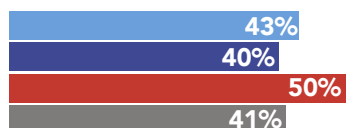
The following are a list of proposals that may make hospital billing more transparent. Which two to three do you most support in thinking about how they impact you and your family? (Select up to three)

■ Total ■ Democrat ■ Republican ■ Independent

Put a cap on the amount that hospitals can mark-up their medicine prices.



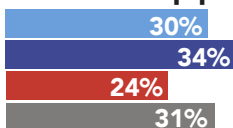
Require hospitals to send the patient an itemized bill after care.



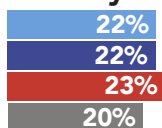
In non-emergency cases, require hospitals to tell patients in advance what the cost of service will be.



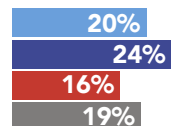
Create a clear definition of which hospitals qualify for discounted medicines so that wealthy health systems cannot take advantage of programs meant to help poor systems provide care.



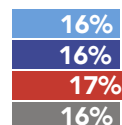
Fine hospitals that do not post their prices in an easily findable and searchable format.



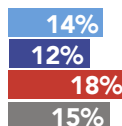
Require greater levels of regulation for hospitals where they are the only health provider to protect patients.



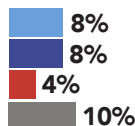
Expand existing reporting requirements to see how much profit hospitals make on medicines.



Discourage hospital mergers that eliminate competition in certain areas.



None of these.



Hospital Care

We presented survey respondents with pairs of health care policy options and asked them to pick which one of the two options listed would be better for them and their families.

Here's what we learned...

When it comes to the quality of insurance coverage Americans receive, they want their plans to provide services and personal benefits, even if it costs more in monthly premiums. This may be because with the ACA in place, insurance carriers are no longer able to discriminate against people, including those with pre-existing conditions:

- 64% chose requiring all plans to cover essential health benefits such as hospitalization, mental health services, maternity care and coverage for prescription drugs, knowing it may raise monthly premiums each month, but lower out-of-pocket costs at the time of care
- 36% chose banning all health plans that charge consumers more based on sex, health status, age, or denial of coverage for pre-existing conditions

When it comes to transparency issues, Americans are open to numerous solutions and want more disclosure of secretly negotiated charges within the health care system:

- 56% chose requiring hospitals, doctors and other health care providers to publicly disclose the secretly negotiated prices they charge insurance companies for services to make the national costs of health care more transparent
- 44% chose preventing hospitals from hiding their chargemasters, which is the document that shows how much they charge for care, in hard to locate places on the internet

64%

of Americans want all insurance plans to be required to cover essential health benefits



Hospital Care

Americans want to prevent surprise bills that arise from receiving out-of-network care at an in-network hospital more than stopping ER coverage denials:

- 54% chose preventing insurers from billing patients for out-of-network care they receive while at an in-network hospital
- 46% chose preventing insurers from being able to deny coverage of emergency room visits

Americans want more relief at the pharmacy counter through drug rebates:

- 74% chose ensuring drug rebates are passed directly to the customer
- 26% prefer requiring drug coupons to count toward consumers' insurance deductibles

When asked which kind of health care system will benefit them and their family more, Americans are split, showing this debate is partisan, and far from settled:

- 31% of Americans say a Single Payer/Medicare for All
- 30% say improvements to the Affordable Care Act/Obamacare
- 38% say neither



Americans want to prevent surprise hospital bills





www.consumers4qualitycare.org