

Health Policy in Transit A Purchaser Viewpoint

- **Do not repeal the Affordable Care Act without specifying what will replace it.**
- **Preserve employer-sponsored coverage by refraining from capping the individual tax exclusion for premiums** and continue to allow businesses to fully deduct the costs. This coverage remains the dominant way through which most Americans receive their coverage.
- **Avoid increasing the number of uninsured individuals, as the cost of their inevitable medical care will get shifted to those who pay the bills.** This is a hidden and unregulated tax on employer-purchasers.
- **Continue to support the move away from Fee-for-Service (or “volume-based reimbursement”) and toward Alternative Payment Models (APMs)** where providers are rewarded for good outcomes and high quality and not reimbursed for medical errors, unnecessary procedures, and other low value care. Preserve the ability of the federal government to partner in these efforts (CMMI and other value-promoting elements of the ACA, MACRA).
- **Expand assistance to states, regions, and local communities promoting transparency.** This means pushing hospitals and medical groups to be more transparent about the quality of care they provide as well as statutory authority and funding to non-profit organizations developing robust healthcare price and quality information.
- **Support comparative effectiveness research.** Employer-purchasers need to know which new or higher cost therapies result in outcomes that are significantly better, somewhat better, about the same, or worse than current or less costly options.
- **Allow employer-purchasers maximum flexibility in experimenting with benefit designs.**
 - Flexibility around waiving co-pays and deductibles particularly under HDHPs (eg. preventive services, chronic care support, on-site clinic services)
 - Premium differentials and other incentives for non-smokers, healthy behaviors and outcomes, as well as wellness program participation
 - Narrow networks to encourage use of high-quality, lower cost providers
 - Protect against “surprise” bills (eg. “out-of-network” bill from the anesthesiologist or other provider when patient was “in-network”)
- **Maintain ERISA preemption.** Amend statutory language to explicitly exempt ERISA plans from any new requirements under Sect. 1332 waivers.