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The Alliance to Make the Health Care
System Work for Everyone

Consumers First 2025 Legislative Agenda: Policy Solutions for the 119th Congress to Drive Value Into the U.S. Health Care System

America's families, workers, employers and clinicians are caught in a severe health care affordability and quality crisis. While policymakers have taken steps in recent years to begin to lower health care costs and to improve health outcomes, there is still a lot of work to be done. Our current system is riddled with broken incentives that reward health care monopolies and facilitate price gouging instead of promoting the health, well-being and financial security of families and communities.

Consumers First brings together diverse organizations representing families, working people, employers and primary care clinicians to redesign the economic incentives of health care payment and delivery that drive unaffordable, low-quality health care. Our coalition presents a unified voice for health care consumers to counterbalance entrenched industry-focused interests in health care, with the goal of ensuring the policies and programs that govern our health care system put at the center the needs of the people it is supposed to serve.

The 119th U.S. Congress presents an important opportunity to create a more sustainable health system — reducing waste, inefficiencies and market failures — while ensuring all Americans have access to high-quality, low-cost care. Consumers First urges Congress to enact the following five key policy reforms that will drive value into the U.S. health care system in 2025 and beyond.

Five Key Policy Reforms

1. Drive down costs and improve quality for consumers, working people and employers by addressing consolidated health care markets and removing distortions created by ineffective payment systems.
2. Lower prescription drug costs for our nation's families.
3. Increase price and quality transparency to create a more efficient, fair and equitable health care system.
4. Establish national data-sharing and interoperability standards to reduce waste and improve health care quality.
5. Develop and implement a national health workforce strategy to address persistent shortages and improve care delivery.

The Problem

The U.S. health care system is the most expensive of any country, and at the same time, it continues to lag peer countries in quality of care, access, patient outcomes, population health status and administrative efficiency. The system is highly complex and increasingly difficult to navigate for America's families, workers, employers and clinicians. And poor health outcomes, including lower life expectancy and higher infant mortality, are even worse for people of color who experience higher rates of illness and death across a range of health conditions compared with their white counterparts.¹

Health care consumers across the country are struggling with affordability and are experiencing rising health insurance premiums, reduced access to care and record levels of medical debt.²

Health care costs have been rising faster than inflation and outpacing workers' wages, making it more difficult for families to access and afford health care:

- From 2022 to 2023, average family health insurance premiums increased 6.7%, while inflation increased 5.0% and workers' wages only increased 4.3%.³
- The total cost of a family employer-sponsored insurance (ESI) plan increased an astounding 272% in the past two decades, rising from \$6,438 annually in 2000 to \$23,968 in 2023.⁴
- Deductible-related costs for workers have also grown significantly, with the average annual deductible for an individual employee's coverage nearly doubling in just a decade, from \$1,025 in 2010 to \$2,004 in 2021.⁵
- Forty-four percent (44%) of people in the U.S. report that they did not see a doctor when they needed to because of high health care costs, and one-third of people report that the cost of medical care interferes with their ability to secure basic needs like food and stable housing.⁶

Our nation's health care affordability crisis is overwhelmingly driven by pricing practices that have been enabled and exacerbated by years of unchecked consolidation — particularly among hospital systems and prescription drug corporations — which have destroyed any real competition in our health care sector, allowing industry to dramatically increase their prices every year with little-to-no transparency of the true costs associated with delivering care.



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Prices are high, rising and irrationally variable across a wide range of health care goods and services; and importantly, prices are opaque to those who need that information the most. Every person should be able to know upfront what they will be charged for health care services, whether it's for an X-ray, MRI, surgery or other procedure. Yet health care is one of the only sectors in the U.S. economy where prices are hidden from consumers and other purchasers until after they receive the service and a bill for care.⁷ In addition to pricing opaqueness, health care data are often inaccessible and nearly impossible to share for providers and patients alike, creating a significant barrier to ensuring our nation's families have the high-quality health care they deserve.⁸

Broken incentives and longstanding payment distortions in our health care payment system also mean that the health care sector is not incentivized to deliver the affordable and high-value care that consumers and workers need and employers expect. An overreliance on fee-for-service (FFS) payments means the health care delivery system is driven to perform a higher number of procedures and services in more expensive care settings — with limited-to-no accountability as to whether these services are cost-effective, improve patient health outcomes, address health-related social needs or improve access to care for all Americans.

These payment distortions also impede the supply, makeup and distribution of the U.S. health care workforce, which is currently wholly inadequate to meet the needs of our nation's families. Significant workforce shortages in critical areas like primary care and behavioral health have existed for decades. These were further exacerbated by the extreme stress, demands and working conditions placed on health care workers during the COVID-19 pandemic, which led to increased burnout, exhaustion and trauma.⁹ As a result, consumers experience delayed care, difficulty getting appointments and worse health outcomes.¹⁰

We simply cannot afford to continue at this rate. Federal and state policymakers are beginning to take targeted action to stem the tide of unchecked consolidation, ban anticompetitive behaviors and address the broken financial incentives found across the U.S. health care system. In 2019, the Trump administration issued hospital price transparency and transparency in coverage rules, which were further strengthened by the Biden administration. Congress passed the bipartisan Consolidated Appropriations Act of 2021, which included a ban on gag clauses that restricted employers from accessing their health care claims data and the information they need to assess the true value of the health care they are buying for their employees.¹¹ Now is the time for policymakers to build on that work and implement additional policy changes that will make the health care sector more competitive, make health care more affordable and allow our nation's families to access the health and health care they deserve.



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The Solutions

To address the U.S. health care cost and quality crisis, and to safeguard our health care system from any future public health crisis, Consumers First urges Congress to take a multipronged approach to tackle these problems, grounded in five key policy areas focused on driving value into health care payment and delivery.

1. Drive down costs and improve quality for consumers, working people and employers by addressing consolidated health care markets and removing distortions created by ineffective payments systems.

Our health care affordability crisis is largely driven by health care industry consolidation — particularly among hospitals — that has eliminated healthy competition and led to irrational and inflated health care prices.¹² This has taken place without meaningful regulatory oversight or intervention and is made worse by the broken financial incentives in our current health care payment system that drive consolidation and fail to hold the health care system accountable for the affordability or quality of the care being delivered. As a result, between 1990 and 2024, health care prices and, in particular, hospital prices have increased by more than 500%, now accounting for nearly one-third of U.S. health care spending and growing more than four times faster than workers' paychecks.¹³

CONGRESS SHOULD:

- Enact comprehensive site neutral payments, requiring Medicare and Medicaid to pay the same rates across on- and off-campus hospital outpatient departments, ambulatory surgical centers and independent doctor's offices, while protecting access to care in underserved rural and urban communities.
- Advance billing transparency reforms so off-campus hospital outpatient departments are required to use a separate identifier when billing to Medicare or commercial insurers to ensure large hospital systems do not overcharge for the care they deliver in outpatient settings.
- Prohibit anticompetitive contracting terms, including between providers and insurers such as "all-or-nothing," "antisteering," and "antitiering" clauses in provider and insurer contracts.
- Prohibit anticompetitive contracting terms, such as "non-compete" clauses in clinician and health care worker employment arrangements, that, for instance, may interfere with the continuity of the primary care patient-physician relationship.
- Increase Federal Trade Commission (FTC) and Department of Justice funding for antitrust enforcement as well as give FTC the statutory authority to investigate and curb anticompetitive practices by non-profit hospitals and other health care entities.

- Strengthen incentives for clinicians to join advanced alternative payment models (A-APM) by extending the 5% A-APM bonus under the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program.
- Promote comprehensive whole person primary care by providing CMS with the explicit authority to develop a national hybrid primary care payment model that includes a capitated, per beneficiary per month payment within the Physician Fee Schedule.

2. Lower prescription drug costs for our nation's families.

In 2022, the United States spent \$405.9 billion on prescription drugs, which accounted for 9% of national health care spending.¹⁴ Spending on prescription drugs from 2021 to 2022 (8.4% growth) grew significantly faster than spending for physician and clinical services (2.7% growth) and hospital care (2.2% growth).¹⁵ The benefits of pharmaceutical drug therapies are substantial, but these benefits often come with significant financial costs to patients and to payers. High and rising prices of prescription drugs impede consumers' access to the medicines they need and their ability to afford other health services and basic necessities.¹⁶ Fundamental to reducing the escalating cost of prescription drugs is implementing reforms that will lower list prices, increase transparency and promote competition. Prescription drug reforms must directly target these prices, which drive high costs throughout the drug supply chain and health care system, preventing access to needed medication for families.

CONGRESS SHOULD:

- Advance policies that lower drug costs by ensuring prices are competitive and align with their value to drive drug innovation and access to affordable drugs. These efforts should build on the recent efforts to lower prescription drug costs in Medicare by promoting policies that lower prescription drug costs in the commercial market as well.
- Restrict abuses of the U.S. patent system, such as pay-for-delay and patent thicket practices.
- Require drug manufacturers to report to Health and Human Services (HHS) information and supporting documentation to justify price increases for drugs and biological products; require the HHS secretary to post those price justifications.

3. Increase price and quality transparency to create a more efficient, fair and equitable health care system.

The lack of national, real-time information on health care data — including utilization, pricing and payment — has been a major hindrance to improving health outcomes and reducing health care costs.¹⁷ Price transparency would unveil how irrational health care prices have become as a result of health care industry consolidation and would promote healthy competition across and within U.S. health care markets.¹⁸ Moreover, unveiling the underlying prices of health care services and pairing them with meaningful health care quality information would: allow consumers and purchasers to make more informed choices about their care; enable researchers to identify which health care markets are generating low-value care; and inform policymakers on how best to deploy targeted policy solutions to increase competition and drive high-value health care.¹⁹ Such data should be collected and made available in a manner that protects confidentiality and privacy, as is the standard of practice in other industries.

CONGRESS SHOULD:

- Strengthen and codify the Hospital Price Transparency rule and the Transparency in Coverage rule.
 - Require disclosed negotiated rates in dollars and cents, establish standard formats including a machine-readable file format, eliminate loopholes and require hospital executive attestation.
- Work to require that all disclosed pricing information be paired with quality information that is meaningful to consumers.
- Require that hospitals publicly report and submit to CMS ownership transparency information, including their parent company name, address and ownership structure (such as private equity, insurer or hospital) as well as any recent mergers, acquisitions or other changes to ownership status on an ongoing basis.
- Establish a national all-payer claims database (APCD); require both public and private payers to report health care utilization and claims data to the national APCD and require that it be stratified across patient characteristics and demographics.
- Provide HHS with the authority and resources to utilize existing multistakeholder forums, such as Core Quality Measures Collaborative (CQMC) and Partnerships for Quality Measurement (PQM), to establish a process to harmonize reporting of performance/quality measures across all payers, ensuring medically underserved communities, including rural communities, are integrated into quality measurements.
- Strengthen the definition of community benefit for non-profit hospitals to ensure that hospital resources are used effectively to improve health outcomes. In addition, require that non-profit hospitals, both at the system level and individual facility level, publicly disclose financial and programmatic information, including charity care, on their community benefit work to promote meaningful transparency and public accountability.

4. Establish national data-sharing and interoperability standards to reduce waste and improve health care quality.

The flow of well-managed and protected health care data is central to improving health care quality and driving down costs across the health care system, yet health care data-sharing and interoperability standards remain a barrier to ensuring our nation's families have the high-quality health care they deserve. Because health care data are not considered a public good, data have been used to drive the business interests of some companies, instead of being used to drive better value across the U.S. health care system.²⁰

National data-sharing and interoperability standards are essential for reducing waste and inefficiencies in the health care system by enabling the real-time coordination of health care services across health care clinicians and organizations, which will drive needed improvements in the quality and value of health care services. It would specifically enable clinicians to treat patients without repeating expensive tests like MRIs, CT scans or invasive blood draws.

As part of a multipronged strategy to improve health care quality and reduce unnecessarily high costs to our health care system, this dynamic must change. Access to interoperable and transparent data enables hospitals, clinicians and payers to provide higher quality, less costly care.²¹ It is vital that data be made more broadly available and interoperable across the payment and delivery system.

We must continue to build on recent policies that strengthen industry-wide standards, including 21st Century Cures Act, the CMS Interoperability and Patient Access Final Rule (CMS-9115-F), and the ONC HTI-1 Final Rule, which take steps to improve data interoperability to ensure health information flows to the health care clinicians and patients who need them. However, despite these recent efforts, health care data are still often inaccessible and nearly impossible to share for clinicians and patients.²²

CONGRESS SHOULD:

- Require all clinicians, health care providers and public health agencies to participate in mandatory exchange of accurate, real-time data.
- Building on the 21st Century Cures Act final rule enacted in 2020, mandate the expansion of interoperability standards to support and enable exchange of data between health care clinicians, health systems, payers, public health agencies and social service agencies across the following categories of data: medical and clinical, prescription drug, dental, behavioral health and social services where available.
 - Ensure that those systems have the ability to effectively allow the information to be used in real time to provide high-quality, coordinated health care to consumers and to protect patient privacy for sensitive health care data.
 - Provide funding to states to support public agencies in implementing this expansion.

5. Develop and implement a national health workforce strategy to address persistent shortages and improve care delivery.

A robust health care workforce is essential to achieving a high-quality and high-value health care system that effectively serves the diverse needs of consumers, workers and their families. However, the current supply, composition and distribution of the U.S. health workforce falls severely short of meeting the needs of the population. Over 100 million people live in communities with significant shortages of health care professionals, including primary care clinicians, leading to too many families not having access to a usual source of comprehensive primary care.²³ Moreover, there are significant shortages among certain specialists such as behavioral health and oral health clinicians, which vary significantly by geographic location.²⁴

Experts predict these workforce shortages will only grow worse over time.²⁵ There is an urgent need to address the distribution of physicians and other clinicians by specialty, care setting and care location to ensure the right clinicians are in communities where they are most needed.²⁶

To ensure the well-being of all Americans now and in the future, the U.S. needs a comprehensive strategy that focuses on both retraining current health care workers and attracting a diverse group of new professionals to protect the nation's health for years to come.

CONGRESS SHOULD:

- Establish and fund a National Health Workforce Committee that makes recommendations to Congress, addresses current clinical and non-clinical-workforce-related needs, including the community-based workforce, and ensures the workforce is culturally and linguistically diverse.
- Restructure the Graduate Medical Education (GME) system to focus specifically on training the primary care and behavioral health workforce and underrepresented physician and nonphysician clinician specialties (such as RNs, Nurse Practitioners, PAs and nurse-midwives) and those providing care in rural areas.
- Expand and make permanent funding for existing health workforce programs, including Teaching Health Center Graduate Medical Education (THCGME), that train both physicians and non-physician clinicians.
- Expand and strengthen loan forgiveness programs for the primary care, behavioral health and non-physician workforce.

CONCLUSION

By enacting these policy recommendations, the 119th Congress can realign the economic incentives and design of health care payment and delivery to ensure the system advances high-value health care that all people across the nation need and deserve. Consumers First stands ready to work with policymakers to achieve that goal.

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