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The Alliance to Make the Health Care System Work for Everyone

# Consumers First 2025 Administrative Agenda: Regulatory Policy Solutions 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, much work is left 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 models that drive unaffordable, low-quality health care. Our coalition is united in our work to serve as a counterweight to the entrenched business interests of the health care industry, with the goal of ensuring the policies and programs that govern our health care system meet the needs of the people it purports to serve.

Some critical policy changes require congressional action, as laid out in Consumers First's legislative agenda for the 119th Congress. But many solutions fall within the authority of the executive branch, and this paper offers specific proposals consistent with stated Trump administration goals and past actions that would address the critical issue of health care affordability and value.

The Trump administration [including the Department of Health and Human Services (HHS), Department of Labor (DOL), Department of the Treasury (Treasury), and Department of Justice (DOJ); the Centers for Medicare & Medicaid Services (CMS), the Center for Medicare and Medicaid Innovation (CMMI), and the Federal Trade Commission (FTC)] can seize the important opportunities available to create a more sustainable health care system, and to reduce inefficiencies and market failures while ensuring all Americans have access to high-quality, low-cost care. We urge the Trump administration to protect the existing infrastructure of our American health care system and to make critical improvements that would make our health care system more effective and affordable. Consumers First urges the administration to advance the following five key policy reforms, which will reduce inefficiency and 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 payments 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: INFLATED, IRRATIONAL PRICES AND POOR OUTCOMES

Rising health care costs are a direct threat to the economic security of families, working people, employers and clinicians across the country. In the United States, health care spending has grown by more than seventy-six times over the last 50 years, from $74 billion in 1970 to nearly $5 trillion in 2023 and accounting for nearly one-fifth of our nation's gross domestic product.[1] Over the last several years, health care costs have risen faster than inflation and have outpaced workers' wages, making it more difficult for families to access the health care they need at a price they can afford:[2]

- Over the course of one year, from 2022 to 2023, average family health insurance premiums increased 6.7%, while inflation increased 5.0% and workers' wages increased only 4.3%.[3]
- The total cost of a family employer-sponsored insurance 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 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 nearly 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]

Despite all this health care spending and rising health care costs, the health of our nation's families and workers suffers. More than 60% of adults across our nation live with chronic illnesses, including heart disease, cancer, diabetes and obesity.[7] Chronic disease rates in the U.S. have increased by 7 million to 9 million people every five years.[8] At the same time, Americans are faced with lower life expectancy and higher maternal and infant mortality than similar Organisation for Economic Co-operation and Development (OECD) countries.[9] Moreover, preventable harms are reaching patients and causing unnecessary suffering. Health care-acquired infections are a leading cause of death in the U.S., causing more than 72,000 patients to die each year while nearly 800,000 additional Americans die or become permanently disabled annually due to misdiagnosis.[10] These preventable harms and deaths are largely due to systemic issues that individual health care professionals are unable to address without system-level change.

**Simply put, our nation is in the midst of a health care affordability and quality crisis.**

## What is driving this crisis?

These worsened health outcomes and excessively high prices are the product of broken financial incentives within the U.S. health care system — a system that rewards building local monopolies and price gouging instead of rewarding value in promoting the health, well-being and financial security of the community. This economic waste resulting from excessive health care spending also has created an economic burden for the federal government, state governments and taxpayers.

**There are two principal financial drivers of unaffordable care and poor health for the American people:**

1. High health care prices driven by industry consolidation and the anti-competitive practices of corporate health systems.
2. Misaligned financial incentives in our dominant payment models, including fee-for-service economics.

Decades of unchecked industry consolidation — particularly among hospital systems and prescription drug corporations — have destroyed any real competition in our health care sector, allowing industry to dramatically increase their prices every year with little to no transparency into the true costs associated with delivering care.

Prices are high, rising, inflated and irrationally variable across a wide range of health care goods and services, and 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 is 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.[11] In addition to a lack of transparency in pricing, health care professionals and patients are also unable to easily access or share data, creating a significant barrier to ensuring our nation's families have the high-quality health care they deserve.[12]

Moreover, current financial structures, like an overreliance on fee-for-service payments, mean 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 Americans.

These payment distortions also impact the supply, composition and distribution of the U.S. health care workforce, which is currently 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 and were further exacerbated by the extreme stress, demands and working conditions placed on health care professionals during the COVID-19 pandemic, which led to increased burnout, exhaustion and trauma.[13] As a result, consumers experience delayed care, difficulty getting appointments and worse health outcomes — effects that continue to impact people today.[14]

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 anti-competitive 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 continued to be implemented 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.[15] In early 2025, the Trump administration issued an executive order that seeks to strengthen hospital price transparency requirements and enforcement, including by requiring hospitals to post their prices in dollars and cents with no exception. 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.

## THE SOLUTIONS

To address the U.S. health care cost and quality crisis and ensure economic security for our nation's families, workers and businesses, Consumers First urges the Trump administration to implement key administrative policy reforms that will root out the waste and inefficiencies driven by corporate health systems and drive competition and high-value care into the U.S. health care system.

**1. Lower health care 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 — which has eliminated healthy competition and led to irrational and inflated health care prices.[16] 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, which drive consolidation and fail to hold the health care system accountable for the affordability or quality of the care being delivered. As a result, over the last three decades, health care prices, and in particular hospital prices, have increased a staggering 600%, now accounting for nearly one-third of U.S. health care spending and growing more than four times faster than workers' paychecks.[17]

***Consumers First* urges the Trump administration to make the following regulatory changes to prevent and mitigate the impacts of consolidated health care markets:**

- CMS 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. This would build on the provision included in the April 15, 2025, executive order directing HHS to explore ways to address payment differentials in drug administration across sites of care.
- CMS should require off-campus hospital outpatient departments to use a separate identifier when billing to Medicare to ensure large hospital systems do not overcharge for the care they deliver in outpatient settings.
- CMS should prohibit anti-competitive contracting terms, such as "anti-tiering," "anti-steering," and "all-or-nothing" clauses, in provider and insurer contracts, as a condition of Medicare participation for hospitals, in consultation with DOJ and FTC.
- CMS should prohibit clinician and health care worker employment arrangements from containing anti-competitive contracting terms, such as "non-compete" clauses, which, for instance, may interfere with the continuity of the primary care patient-physician relationship, as a condition of Medicare participation for hospitals in consultation with DOJ and FTC.

- FTC and DOJ should build upon previous efforts to strengthen antitrust enforcement by ensuring that federal antitrust laws are fully applied to horizontal and vertical integration, and cross-market mergers between various health care entities, including hospital systems, independent physician practices, pharmacy benefit managers and health insurers, with a particular focus on transactions that fall below federal reporting requirements, such as serial mergers and rollups.
- Preserve and strengthen FTC and DOJ staffing and resources dedicated to enforcement of antitrust laws as well as increase interagency coordination and resource sharing between FTC, DOJ and HHS to inform antitrust and market oversight and enforcement of patient safeguards in federal health care programs.
- FTC should continue to use the Merger Retrospective Program to uncover new forms of antitrust activity between health care entities that may undermine healthy competition in health care markets and negatively impact health care affordability, access and quality.

***Consumers First* also urges the Trump administration to address key payment distortions that fail to hold the health care system accountable for delivering high-value care:**

- CMS should rebalance the Medicare Physician Fee Schedule (MPFS) so payments better reflect the value of Medicare services, including increased payment rates for high-value services that historically have been undervalued, such as primary care and behavioral health services.
- CMS should preserve and scale existing payment models that use prospective, ongoing payments not tied to fee-for-service reimbursement, such as States Advancing All-Payer Health Equity Approaches and Development (AHEAD), ACO REACH, ACO Primary Care Flex, and Transforming Episode Accountability Model (TEAM) models, with the goal of establishing alternate payment models as the core reimbursement models under the Medicare program.[18]
- CMS should increase federally approved opportunities for states to adopt and operate global hospital budgets and multipayer models that hold the health care system accountable for the total cost of care and health outcomes.

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

The benefits of pharmaceutical drug therapies are substantial, but these benefits often come with significant financial costs to patients and to payers. In 2022, the United States spent $406 billion on prescription drugs, which accounted for 9% of national health care spending.[19] 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).[20] High and rising prices of prescription drugs impact consumers' access to the medicines they need and their ability to afford other health services and basic necessities.[21] Fundamental to reducing the escalating cost of prescription drugs is implementing reforms that will lower list prices, increase transparency and promote competition.

### *Consumers First* urges the Trump administration to make the following regulatory changes:

- HHS 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.
- The Food and Drug Administration and the United States Patent and Trademark Office should rein in and provide enhanced oversight of key patent abuses and loopholes that allow drug companies to drive up the cost of prescription drugs, such as patent thickets, product hopping and pay-for-delay practices, to improve innovation and competition in the prescription drug market.
- HHS should require drug manufacturers to report information and supporting documentation to justify price increases for drugs and biological products, and HHS should publicly report on that data.
- FTC should use its authority to oversee prescription drug markets and investigate consolidation among drug manufacturers, pharmacy benefit managers and group purchasing organizations.

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

The lack of national, real-time health care data — including utilization, pricing and payment — has been a major hindrance to improving health outcomes and reducing health care costs.[22] 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.[23] 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.[24] 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.

### *Consumers First* urges the Trump administration to make the following regulatory changes:

- CMS should strengthen hospital price transparency requirements by:
    - Requiring negotiated rates to be posted in dollars and cents: no exceptions, no estimates.

  - Requiring a standard code format to report on services, including Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), not facility-specific codes.
  - Mandating that hospitals disclose prices across a nationally uniform set of high-cost, high-volume services, instead of allowing hospitals to selectively report 230 of the 300 shoppable services as under current regulation.
  - Removing the price estimator loophole that allows hospitals to bypass the requirement to post the 300 shoppable services.
  - Removing the current $2 million maximum fine and increase the civil monetary penalty for hospitals with 31 beds or more to $300 per bed per day to create a stronger financial incentive for noncompliant hospitals to comply.
  - Requiring hospital executives to attest to the completeness and accuracy of disclosed pricing data in compliance with the hospital price transparency rule.
  - Requiring all disclosed pricing information to be paired with quality information.

- CMS should 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 on an ongoing basis, but no less than quarterly.
- HHS should establish a national all-payer claims database (APCD) and require both public and private payers to report health care utilization and claims data to the national APCD, stratified by patient characteristics and demographics.
- HHS should build on the work of existing multistakeholder forums, such as Core Quality Measures Collaborative (CQCM) and Partnership for Quality Measurement (PQM), by establishing an actionable, comprehensive process and plan to harmonize reporting of performance and quality measures across all payers, incentivizing the delivery of high-value and high-quality care. Ultimately, quality data should be paired with corresponding pricing data and be made available to the public, payers and policymakers to drive higher-value care across the health care system.[25]
- The Department of the Treasury should use existing authority to set clear guidelines for nonprofit hospitals that define a “community benefit” and require that nonprofit hospitals publicly disclose financial and programmatic information on their community benefit work at the facility level to promote meaningful transparency and public accountability. Hospitals out of compliance with these requirements should risk losing their nonprofit status.

### 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. National 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. Access to interoperable and transparent data enables hospitals, clinicians and payers to provide higher-quality, less costly care.[26] For example, having access to this data would specifically enable clinicians to treat patients without unnecessarily repeating expensive tests like MRIs, CT scans or invasive blood draws.

Recent efforts to strengthen industrywide standards — including the 21st Century Cures Act, the CMS Interoperability and Patient Access Final Rule (CMS-9115-F), and the Office of the National Coordinator for Health IT, Health Data Technology and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Final Rule — take meaningful steps to improve data interoperability and better ensure health information flows to the health care clinicians and patients who need it. However, despite these recent efforts, health care data are still often inaccessible and nearly impossible to share for clinicians and patients.[27] It is vital that data be made more broadly available and interoperable across the payment and delivery system.

#### *Consumers First* urges the Trump administration to make the following regulatory changes:

- HHS should require all payers, health care providers and public health agencies to participate in mandatory exchange of accurate, real-time data by:
    - Regulating vendor and provider industries to eliminate data exchange fees and data blocking and ensure efficient data systems, building on recently proposed regulations.
- HHS should build on the 21st Century Cures Act final rule enacted in 2020 by mandating the expansion of interoperability standards to support and enable exchange of data between health care professionals, 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 available social services data, and provide states with appropriate technical assistance to carry out these updates. HHS should further:
    - 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 to ensure the data is only used for the delivery of medically necessary care by health care professionals and institutions.

### 5. Develop and implement a national health workforce strategy

A robust health care workforce is essential to achieving a high-quality and high-value health care system that serves the diverse needs of consumers, workers and their families. Yet, the current supply, composition and distribution of the health workforce falls severely short of meeting the health care needs of our nation. In fact, 120 million people live in communities with critical shortages of mental health care workers, 77 million people live in communities with shortages of primary care workers, and 60 million people live in communities with shortages of dental care providers. Moreover, nearly 3 million Americans live in areas that also lack access to high-speed internet, which is necessary for telehealth.[28] The U.S. health care workforce crisis is expected to worsen, as predictions indicate our nation will face a shortage of 139,000 physicians by 2033, especially among primary care and in rural communities.[29]

Longstanding workforce shortages are driven by a wide variety of factors, including high medical training costs and student loan debt, unbalanced physician reimbursement, increased administrative burden and complexity, and health care workplace violence rates five times higher than other settings, all resulting in high rates of burnout and turnover.[30] Primary care clinicians, for instance, are systematically underpaid commensurate with the critical role they play in delivering high-value and preventive health care and managing chronic disease, due to payment distortions originating in the Medicare program.[31] Direct care workers — like home health aides, certified nursing assistants and personal care aides — who provide essential hands-on support to millions of older adults and people with disabilities, face low wages, limited benefits and high turnover rates, further exacerbating gaps in access to care.[32]

These drivers were exacerbated by the COVID-19 pandemic, in which health care workers faced shortages of personal protective equipment, salary cuts, reduced benefits and excessive demands for overtime all while putting their lives on the line to combat a historic global pandemic.[33] As a result, record levels of health care professionals experienced severe burnout, and a significant number quit or wanted to quit their jobs.[34] The effects were lasting, and turnover remains high in the health care industry.[35]

The U.S. needs a comprehensive strategy that focuses on both retaining current health care professionals and attracting new professionals from across the nation to ensure all communities have access to the health care they need. For instance, we must address that certain health care professionals, including those delivering primary care and behavioral health care, have long been undervalued and underpaid in the health care payment system. Moreover, we need to reduce the administrative burden placed on health care professionals by streamlining and harmonizing quality reporting requirements so clinicians can focus on delivering patient care to our nation's families.

***Consumers First* urges the Trump administration to make the following regulatory changes:**

- The White House, in coordination with HHS, should establish a National Health Workforce Committee that makes recommendations to Congress on key policy changes needed to solve the nation's urgent health workforce crisis and build a robust health care workforce that can meet the health and health care needs of consumers in the 21st century and beyond. Among the committee's responsibilities should be:
    - Making recommendations to Congress based on analyzing key trends in the national health workforce, including identifying the appropriate supply of health workers to meet national demand, making assessments of current and future health workforce needs, and identifying health workforce needs by community and geographic areas as well as by health care specialty and provider type, with a particular focus on health professionals associated with the most acute and persistent national shortages, such as primary care and behavioral health professionals.
    - Collaborating with the secretary of HHS to publish, implement and update on an annual basis a systematic workforce development plan that includes education, training and payment for primary care clinicians (both physician and nonphysician), behavioral health clinicians, allied health professionals, public health workers and community providers.
- CMS should preserve and advance efforts to support the delivery of advanced primary care services and create sustainable financing for primary care, such as primary care-centered CMMI models, the G2211 add-on code for primary care services and the Advanced Primary Care Management bundled codes included in the Calendar Year 2025 MPFS rule. These efforts are critical for reducing administrative burden for clinicians and are important steps focused on increasing payment for primary care services that improve health outcomes.
- CMS should improve the accuracy and integrity of core risk adjustment methodologies (for example, the CMS-Hierarchical Condition Categories (HCC) risk adjustment model) that are used to set benchmarks and payment adjustments in the Medicare Shared Savings Program, Medicare Advantage and CMMI models.
    - Improve the ability of risk adjustment to account for the nonmedical factors that drive health outcomes, such as food quality and environmental factors, to ensure payments reflect the complexity of care provided, and to ensure people with chronic illness and comorbidities have access to the doctors and care they need to effectively manage their health.

- CMS should strengthen quality measurements programs across Medicare, including through performance-based payment programs such as the Hospital Quality Reporting program, to hold the system accountable for driving improvements in health care quality and outcomes for patients and consumers. All measures should be stratified by patient characteristics and demographics.
- HHS should expand and strengthen loan forgiveness and assistance programs for the primary care, behavioral health and nonphysician workforce.

## CONCLUSION

By enacting these policy recommendations, the Trump administration can help realign the economic incentives and design of health care payment and delivery to ensure the system delivers the health and high-value care that all people across the nation need and deserve.

Consumers First and its member organizations stand ready to work with the administration and federal agencies to achieve these goals.

## Endnotes

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[25] This recommendation builds upon previous consensus language from the Consumers First 2021 legislative agenda. See page 7, left column: "Require the secretary of HHS to establish harmonized reporting of performance measures by health care providers across all payers, including a core set of disparity reduction measures. The secretary would lead a multistakeholder process to build consensus and then publish the harmonized set of measures by 2022." We are recommending adding specific requirements that providers, such as hospital systems, collect self-reported demographic data to allow for disaggregated reporting of existing and new quality measures to drive accountability to population health and health equity.

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