

Health Care Choices 2020 plan would provide access to affordable, high-quality care for everyone

By Roger Stark, Health Care Policy Analyst

December 2020

Key Facts

1. **The nation faces a clear choice between two paths for America’s health care future: One is largely controlled by the government and based on empty promises. The other would give control to patients and doctors, lead to more choices, lower costs, and improved quality and access for everyone.**
2. **The first path builds on socialist failure, especially its soaring costs and tight restrictions on access to the doctors and hospitals that patients want and need.**
3. **The second path reflects American values—an innovative, patient-focused approach that gives patients more control and better choices at lower costs.**
4. **Health Care Choices 2020 proposes practical ways to create affordable access. It would remove barriers to competition, spark new medicines and treatments, and let people manage their own health care dollars.**
5. **Americans deserve a system that encourages innovation and competition to provide consumers the best care at the lowest cost.**

Background

The nation today faces a clear choice between two paths for America’s health care future: One is largely controlled by the government and strewn with empty promises. The other is controlled by patients and doctors, leading to more choices, lower costs, and improved quality and access.

The first path builds on failure. Approaches like a public option which was passed by the Washington state legislature in 2019 —“Medicare for All” on the installment

plan—double down on Obamacare’s failures, especially its soaring costs and tightening restrictions on access to the doctors and hospitals that patients want and need.

Make no mistake: No matter how their ideas are packaged, the political left’s ultimate goal is to impose a Medicare for All system and eliminate free choice and private health insurance coverage. Legislation sponsored by a majority of Congressional Democrats would outlaw Americans’ existing coverage and put them in a system in which all of their choices are controlled by government.

The second policy path reflects American values. It proposes an innovative, patient-focused approach that would give patients more control and better choices at lower costs. It is a path that would free patients and doctors to make health care decisions and would empower innovators to produce better solutions at lower prices. It would make insurance and care more affordable while better protecting those with pre-existing conditions and chronic health problems. It is also a path that would help Americans. Independent estimates show it would lower health insurance premiums by up to 24 percent, cover nearly four million more people through private coverage, and improve access to medical providers by eight percent.

The American people know we need real change. Clearly, people want to be in charge of their health care without having to ask Washington, D.C., politicians or health insurance bureaucrats for permission first.

The Health Care Choices 2020 Proposal

The recently released Health Care Choices 2020 plan shows how policymakers can enact practical changes that would reduce costs and strengthen access to high-quality, affordable

health care for everyone. The proposal would make Americans better off in at least 10 ways.¹

The plan would:

1. Empower people to keep their health coverage and doctors when they change or lose a job. The COVID-19 pandemic has exposed the need for people to have secure, portable health coverage. Congress should codify and improve the Trump Administration's Health Reimbursement Arrangement rule that allows employers to offer and employees to use tax-free dollars to buy insurance they can keep if they lose or change jobs. The plan would also let low-income patients use the value of their existing government coverage to enroll in better, private health plans, including employer-sponsored coverage.
2. Save money on health care and drugs by making the prices of health care transparent. Medical care is one of the few services where people don't know the price until weeks or months after they receive it. Congress should codify the Administration's transparency rules so people can compare prices and obtain the best value—and share in the savings.
3. Eliminate the risk of surprise medical bills through transparency and truth in advertising. Too many patients face high medical bills they did not expect and did not agree to pay. Transparent prices and truth in advertising are the first steps to resolving that problem.
4. Benefit families financially when they choose lower-cost, high-quality care. Prices for the same medical services can vary by thousands of dollars. People should be able to benefit if they choose a lower-cost alternative that better suits their needs. Congress should permanently eliminate
5. regulatory barriers that prevent families from shopping for the best value, and it should allow people to put any savings they receive into a health savings account.
5. Give people better options, lower premiums, and better access to care if they get sick, have a pre-existing condition, and need financial help. Today, Congress sends money to insurance companies and imposes burdensome mandates that drive up the cost of coverage for everyone. Instead, Congress should give regulatory relief to states so they can reform their insurance markets. And it should convert the subsidies that currently go to Medicaid expansion and health insurance tax credits into formula grants to the states to support coverage for lower-income and vulnerable patients. The grants would be distributed through the Children's Health Insurance Program.
6. Give people access to specialized plans and care if they have a chronic illness. Health insurance plans can perform better when they don't try to be all things to all people. Instead, policymakers should encourage plans that include centers of excellence catering to patients with specific medical problems, such as heart disease or diabetes. Congress should clear away barriers that block this option.
7. Give people more options to get insurance and care tailored to their needs and those of their families. Government rules that dictate every detail of insurance policies keep consumers from selecting plans that make the most sense. Congress should codify the Trump Administration's rules on Association Health Plans and short-term policies, expanding the range of options for consumers to get coverage that meets their needs, including the ability to choose a direct primary care doctor or join a health care sharing ministry.

¹ "Health Care Choices 20/20," by the Health Care Policy Consensus Group (The Washington Policy Center's health care policy analyst serves as a member of the group), November, 2020 at <https://www.healthcarechoices2020.org/>.

8. Make it easier for families to manage their own health care dollars. Millions of Americans with high health costs are not eligible to contribute to tax-free health savings accounts, including seniors on Medicare. Congress should eliminate barriers and create broad, flexible access to these accounts so anyone can use them in conjunction with more versatile health plans, including those that provide high-quality care for chronic illness.
9. Make telehealth permanent so patients can talk “virtually” with medical care providers. Telehealth allows patients to have access to their doctors without long waits, trips to emergency rooms, and the risk of exposure to other sick patients in a doctor’s office. Regulators cleared away barriers to telehealth during the pandemic, and the number of virtual doctors’ visits has soared in just a few months. Congress and the states should make this temporary relief permanent and relax other artificial barriers to unleash the full potential of new care delivery options.
10. Removes barriers to innovation and competition. Policymakers at the federal and state levels have imposed burdensome mandates and regulations that discourage competition, interfere with patients’ access to the care of their choosing, and reward big businesses and special interests at the expense of patients. Examples include certificate-of-need laws that create barriers to entry and rules that prevent providers from practicing at the top of their education and training. Congress and the states should lift those barriers to foster innovation and provide more and better options for consumers to get lower prices and better quality through competition.

who favor giving patients more choice and control and allowing the creativity we have seen in the COVID-19 crisis to flourish. Americans deserve a system that encourages innovation and competition to provide consumers the best health care at the lowest cost, so everyone can have access to affordable, high-quality care.

Dr. Roger Stark, MD, is the Health Care Policy Analyst at Washington Policy Center.

Nothing here should be construed as an attempt to aid or hinder the passage of any legislation before any legislative body.

*Published by
Washington Policy Center
© 2020
Visit washingtonpolicy.org
to learn more.*

Conclusion

The policy debate today is between those who want to exert even more government control over the health care sector and those