

COMMENTARY: POST-ELECTION R_x FOR PROGRESSIVE HEALTH POLICY

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Post-election, what should progressive Democratic, Independent, and Republican health care policymakers do? Move out of the country, change careers, give up and give in to the victor's health policy? As tempting as these options may be, the right answer is to promote a basic set of health care principles and policies.

Despite all the political rhetoric to the contrary, progressives do have values. We believe that all Americans should have access to affordable and reliable health insurance and that all payers should receive health care that is accountable and safe. We also believe—and should say so far more frequently than we do—that efficiently and thoughtfully delivered health care is critical to our economy and to American businesses' ability to compete internationally.

We should unapologetically press for the goals of our health reforms and, yes, ground them in our “shared responsibility” values—including the basic religious tenet of helping those in need. So, for example, when the debate about permanently extending large tax cuts to our nation's most affluent is reengaged, we should not hesitate to make our claim for the dollars to be dedicated instead to substantially improving access to meaningful and affordable health insurance for those with and without coverage. At the same time, we should constructively advocate for common-ground policies (there are a number), clearly define and pursue a positive policy agenda, and aggressively oppose initiatives that undermine our vision and the policies we value.

First, we should aggressively promote the common-ground agenda of modernizing the nation's health system to include a technologically coherent infrastructure that enhances efficiency, improves safety, and encourages accountability. If Hillary Clinton and Newt Gingrich can agree on a vision of information technology applied to health care, surely Congress can work with the Administration, payers, and providers to fund and set timetables and requirements for all parts of the health care system to institute this vision. This is the type of “consumer-directed” health care we can all support.

Likewise, if private and public payers wish to ensure greater value for their investment, they must be more willing to use their purchasing leverage to achieve this end. So, for example, as Congress contemplates increasing payment rates for Medicare participating physicians, it should link increases to performance standards. Similarly, as it becomes the world's largest purchaser of medications, Medicare should use its leverage to obtain better deals for beneficiaries and taxpayers alike through the use of comparative effectiveness studies, aggressive generic drug utilization incentives, and direct negotiation for better prices.

Moreover, if those across the political spectrum have concluded that chronic care management is where the bucks are and where the greatest potential for health care improvement lies, surely we can enact and implement policies that accelerate promising models in this area. As more policymakers understand that catastrophic episodes of care drive health costs, more may agree with Senator Kerry and Senator Frist that we can inject stability and affordability into the market if we share this health care cost challenge more broadly.

Second, as we work to improve our health care system, we must expand access to it. We cannot be satisfied with making the system more responsive to the fewer number of Americans who can afford it. It must be an economic and moral imperative that we increase access to affordable, reliable insurance.

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We should start by finishing up unfinished business—ensuring that all of our nation’s children have coverage.

Though no American should live without meaningful insurance, who can persuasively argue that there is a higher priority than making certain our kids have health insurance? If we really believe in shared responsibility, then we should be able to stand up and say to all parents: “If we can provide you with an affordable option, then we should be able to expect—yes even require—you to purchase insurance for your children.”

Federal policymakers can live up to their end of the bargain by giving financial incentives to states to expand Medicaid and State Children’s Health Insurance Program (CHIP) coverage and enroll all eligible kids. They also should provide tax credits for those up to 400 percent of poverty (about \$68,000 for a family of four) to purchase qualified insurance (perhaps in a separate insurance pool within the Federal Employees Health Benefits Program). In return, parents can and should be required to purchase health care for their kids. As resources and political will expand, this approach can be expanded for other populations.

Fortunately for progressives, as the just-released Commonwealth Fund survey documents, the policy directions outlined above are embraced by a broad array of ideologically diverse health care policy experts and interests. Unfortunately, it appears that the current administration and some in Congress are intent on advocating certain health “reform” policies that are regressive in every sense of the word.

So, third, progressives must be aggressive and effective at fighting policies that will in all likelihood make things worse, particularly for those Americans who need insurance the most. Such policies include: a Medicaid block grant or cap, Health Savings Accounts (HSAs), and Association Health Plans (AHPs).

As bipartisan governors and their consumer and provider allies point out, Medicaid cuts and caps will only shift costs and risks to the states, almost inevitably increasing the number of uninsured in this nation. High-deductible HSAs have a similar impact—they cap liability for employers as they shift costs and risk to workers, but they do little to nothing to alter overall cost growth. And, the proposed AHP policy allows for plan offerings to largely exclude state-based authority that protects consumers and guards against discriminatory insurance practices. Indeed, AHPs are strongly opposed by policymakers (insurance commissioners, governors, and consumers) who understand the market segmentation and destabilization threats, and are being promoted primarily by those who wish to sell the product.

After decades of debate about health policy directions, it is truly encouraging that experienced policymakers from all sides of the spectrum have come much closer to achieving a consensus on the most desirable next steps for reform. With this in mind, the prescription for progressives is simple. We must embrace and extol our principles and values, collaborate and be constructive on common ground issues, promote our broader coverage policy agenda, and define and work to defeat policies that undermine our vision and make it harder to insure those most in need.

But as any physician will tell you, writing the prescription is the easy part. Patient adherence is always the greatest challenge.

Christopher Jennings served as the senior health policy advisor to President Bill Clinton.