



NATIONAL HEALTH COUNCIL

**National Health Council  
Statement for the Record  
U.S. House of Representatives  
Committee on Energy and Commerce  
Subcommittee on Health  
Hearing  
“Lowering Unaffordable Costs: Examining Transparency and Competition in  
Health Care”**

**March 28, 2023**

Chairs McMorris Rodgers and Guthrie and Ranking Members Pallone and Eshoo,

On behalf of the National Health Council (NHC), we thank you for holding this important and timely hearing on transparency and competition in health care. Patients are facing rising health insurance premiums, reduced access to care, and record levels of medical debt due to a health care system whose payment and delivery structures too often reward high-cost, low-quality care. Addressing transparency and competition is an important part of helping patients access and afford the care they need. It may be seen as only an incremental step, but it is paramount to ensuring patients can make better decision and helping patient advocates and policymakers craft policy that will improve the lives of people with chronic diseases and disabilities.

Created by and for patient organizations more than 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 150 national health-related organizations and businesses, the NHC’s core membership includes the nation’s leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

**Patients Need More Information**

The current health care system is fragmented, opaque, and often driven by misaligned incentives. These factors combine to make care inaccessible and/or unaffordable, while making informed decision making difficult if not impossible. People with chronic diseases and disabilities each have unique challenges managing their conditions and different goals that they would like to achieve through their care. They want access to medicines and services that are going to best help them meet their needs, and they need information to help them and their providers decide what their best options are. But unfortunately, this type of information is often unavailable, not understandable, or not actionable.

We have been pleased to see some steps in the right direction such as the creation of real-time benefit tools that can help providers let their patients know what cost-sharing requirements will be at the time of prescribing. Similarly, we are supportive of requirements for health care facilities to disclose the costs of routine services, though compliance and enforcement have lagged, and patients need better tools to comparison shop.

Finally, people with chronic conditions need better tools to pick a health care plan that best suits their needs. For a healthy individual, they may be best suited by plan with the lowest premium. However, if someone has a chronic condition that has intensive, consistent, and unique care needs, they need better information to pick the plan that best helps them manage their condition or conditions. They may need to know whether their specialists are in network, whether their medications are covered, dollar amounts for coinsurance for their medicines, and whether they are subject to utilization management such as prior authorization, step therapy, or copay accumulators. Much of this information is either absent from the Medicare Plan Finder or Healthcare.gov or difficult to find on these platforms. Patients need more information and better sorting and filtering options.

### **Patient Advocates and Policymakers Need More Information**

Another benefit of transparency is its impact on public policy. As previously stated, the health care system is complex and opaque. This not only leads to difficulty in seeking appropriate and timely care, it also leads to difficulty in making needed policy changes. If patient advocacy organizations had better data about the incentives and decision-making in the health care system, we would be able to better analyze legislative and regulatory proposals and advocate for needed change. This would in turn help policymakers better understand the impact of changes on the lives of the American public.

For example, the hearing today will explore the role of Pharmacy Benefit Managers (PBMs), whose contracts with other firms in the drug supply chain are kept secret. The same can be said for other contracting arrangements throughout the health care system. Without understanding whether decisions account for patient perspectives, whether and how they are grounded in clinical evidence, and how incentives drive decisions, we far too often lack the data needed to educate our patient populations and analyze the impact of proposed legislation.

The NHC has long advocated for transparency across the health care system from every sector that impacts patients' lives. This includes health care providers, insurers, PBMs, and medical product manufacturers. It also includes government entities. For example, we would like to see the Centers for Medicare and Medicaid Services expand reporting on drug costs and spending, including price concessions and rebates, to help inform cost-containment strategies and drive informed action by health care stakeholders.

## **Conclusion**

Once again, the NHC appreciates the opportunity to provide input into this important issue. Please do not hesitate to contact Eric Gascho, the National Health Council's Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable by phone at 202-973-0545 or via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org).