



NATIONAL HEALTH COUNCIL

October 15, 2023

The Honorable Michael Burgess, M.D.  
Chair  
Committee on Budget  
Health Care Task Force  
United States House of Representatives  
Washington, DC 20515

The Honorable Drew Ferguson  
United States House of Representatives  
Washington, DC 20515

The Honorable Buddy Carter  
United States House of Representatives  
Washington, DC 20515

The Honorable Lloyd Smucker  
United States House of Representatives  
Washington, DC 20515

The Honorable Blake Moore  
United States House of Representatives  
Washington, DC 20515

The Honorable Rudy Yakym  
United States House of Representatives  
Washington, DC 20515

Dear Representatives Burgess, Ferguson, Carter, Smucker, Moore, and Yakym:

The National Health Council (NHC) appreciates the opportunity to respond to your request for information (RFI) on solutions to improve outcomes and reduce federal health care spending in the budget, as well as opportunities to build upon CBO's ability to project the impact of health care policies. These are all important concerns, and we look forward to working with you to assure that patients' access to care and quality outcomes is central to this discussion.

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, equitable 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.

**The NHC is committed to reducing health care costs for people with chronic conditions. However, the NHC strongly opposes policies that achieve savings if they negatively impact patient safety, quality, or access to existing or future care.**

Additionally, it is important that any efforts designed to reduce health care costs must be predicated on promotion of value as defined by the patient. The NHC actively supports efforts to better incorporate patients into the ongoing debate on defining value in health care. In 2021, the NHC updated its Policy Recommendations for Reducing Health Care Costs. The specific comments below are informed by those recommendations.

### **Reducing health care spending and improving patient outcomes**

Allowing new flexibilities and models of care in Medicare, Medicaid, and other federal health care programs is important to controlling health care costs while improving outcomes. As the primary insurer for millions of Americans and as the programs that drive decisions throughout the health ecosystem, these federal programs can be a critical driver of innovations. Specifically, the NHC recommends the following:

- Encourage outcome-based contracting/value-based arrangements by allowing new flexibilities related to the anti-kickback statute, Stark law, and pricing metric calculations (e.g., Best Price). In advancing these flexibilities, policymakers must engage patients and encourage the engagement of patients by eligible entities to ensure that any outcome-based measures reflect the needs and priorities of patients and new safeguards are created in place of existing ones.
- Leverage the Patient Centered Outcomes Research Institutes (PCORI)'s mandate (PCORI 2019 Reauthorization) to consider the full range of patient outcomes to create new methods and evidence for evaluating the wide range of impacts patients report as important to them beyond typical health outcomes, such as economic burdens on patients and families. These patient-centered impacts should be the focus of activities such as research, clinical trials, and/or value assessments.
- Experiment with greater use of Medicare, Medicaid, and private health-insurance funding for services that are not traditional medical interventions but support better health outcomes that are identified as a priority by patients. Funds could be used for, among other purposes, addressing food insecurity, providing transportation for health-related activities, and making housing accessible and healthier.
- Require states to allow for Medicare beneficiaries below age 65 to be eligible for Medigap supplemental insurance with coverage equivalent to that available for age-eligible Medicare beneficiaries.

### **Preventive health measures or interventions that reduce health costs**

Investing in prevention and chronic disease management needs to be a central part of any efforts to reduce health care spending. Not only does it reduce spending by avoiding more costly interventions later in a disease progression, but it also meets the needs of patients by supporting their ongoing health and minimizing the disease burden on them and their caregivers. Specifically, the NHC recommends the following:

- Invest in the federal public health system and prioritize public health programs through the Centers for Disease Control and other federal entities that address disease prevention and management.
- Expand access to home and community-based services (HCBS) in Medicaid, for example, by enhancing the Federal matching funds available to states to provide HCBS services and by rebalancing home and community-based services under Medicaid by making permanent the Money Follows the Person Demonstration Program.
- Break down financial barriers for patients to receive coordinated care by requiring or incentivizing adequate coverage for patient-centered services and supports that are proven to reduce costs and manage chronic diseases. Examples include removing the cost-sharing currently required for chronic-care management services under Medicare and improving coverage of tobacco cessation products and services.

### **CBO's modeling capabilities on health care policies**

Modeling capabilities at CBO are often a frustration for advocates for several reasons. First, CBO models often don't seem to align with advocates' understanding of the real-life implications of policy proposals. For example, it is often unclear why savings from prevention efforts that avoid more costly interventions later are not incorporated into a score. Second, there is a lack of transparency that stymies efforts to understand and work within CBO parameters when proposing solutions. Finally, the timing of the scoring process can be frustrating when working to advance good policy.

The NHC believes that the first step in addressing these concerns is to increase transparency. Too often for stakeholders working to advance a policy priority, there is no ability to craft and adjust proposals to align with CBO methods and no understanding of how and when the best opportunity to provide input is. Much like with the federal regulatory process, it would be helpful to have an accessible docket to what requests have been submitted and where they are in the scoring process.

The second step is to provide CBO with sufficient resources to process the many proposals to decrease health care spending. CBO needs additional analysts, outside experts, and data resources to efficiently evaluate and report on policy proposals. In their 2024 Budget request CBO stated that "Even with high productivity by a dedicated staff, CBO expects that it will not be able to produce as many estimates and other analyses as committees, leadership, and individual Members request."<sup>1</sup> This means that some proposals face either long lag times or never receive scores to advance. Additional resources will help remove this obstacle.

Once there are sufficient resources and transparency, we can begin to work together to provide the right kind of information at the right time to CBO, as we work together to reduce health care costs and protect patient access.

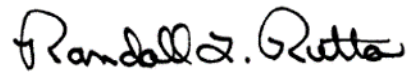
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<sup>1</sup> [The Congressional Budget Office's Request for Appropriations for Fiscal Year 2024 \(cbo.gov\)](https://www.cbo.gov/publications/2023/12/14/budget-request-2024)

## Conclusion

The NHC appreciates the opportunity to respond to this RFI. Please do not hesitate to contact Eric Gascho, 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 via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org).

Sincerely,

A handwritten signature in black ink that reads "Randall L. Rutta". The signature is written in a cursive style with a large initial 'R'.

Randall L. Rutta  
Chief Executive Officer