Our vision is a nation where the best health and health care are equally accessible and affordable to all
Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years
Families USA’s Work on the National, State and Local Levels

Visit us at: www.familiesusa.org
Public’s Concern About Health Care Affordability Mounting

Health Care Affordability Concerns Are Widespread

- 44 percent of public didn’t go see a doctor when they needed to because of cost (NORC)
- 30 percent report medical care interferes with their basic needs (food, housing, heat, etc.) (NORC)
- 74 percent of the public feel that we do not get good value from the U.S. health care system (NORC)
- 78 percent of Americans think the government should help make sure everyone has access to affordable, quality health care (Consumers Reports)
- In the 2018 Election, 40 percent of voters selected health care as their most important issue (CNN/NBC poll)
- In Tuesday’s New Hampshire Primary, 37 percent of democratic votes selected health care as their most important issue, outpacing issues like climate change (25%), income inequality (21%) and foreign policy (10%) (WaPo)

Cost Increasing Faster than Paychecks Across Multiple Dimensions

Percent Growth Over Time

Notes: Median income is used as a proxy for the middle class. Both prices and income have been adjusted for inflation. • Source: Organization for Economic Cooperation and Development report from May 2019. Michael Forster, a senior policy analyst at the O.E.C.D.’s jobs and income division.
Health Care Cost Problems Building for Decades

Cumulative Premium Increases for Covered Workers with Family Coverage, 2002-2017

- Premium Increases
- Overall inflation
- Workers’ Earnings

*Percentage change in family premium is statistically different from previous five year period shown (p < .05).

Health Care Costs as a Total of Family Budgets

Health Care Crowding-out Other Priorities for Families

Average portion of household budget devoted to health (nonelderly families), 1990-2017

Source: KFF analysis of Consumer Expenditure Survey• Get the data
• PNG

Because of questionnaire changes for health insurance, estimates beginning in 2014 are not strictly comparable to prior years.

Source: https://www.healthsystemtracker.org/indicator/access-affordability/spending-relative-household-budgets/
Another Dimension: Underinsurance Growing

The Rate of Underinsurance for Non-elderly has Almost Tripled Between 2003 and 2018

Concerns about Affordability By Insurance and Health Status

Percent of Non-elderly Adults Worried About Their Ability to Pay Medical Bills

- Worse Health†
- Better Health†
- US Total
- Uninsured*
- Insured*

*Estimate is statistically different from estimate of other insurance status (p < .05); † Estimate is statistically different from estimate of other health status (p < .05)

Source: KFF analysis of National Health Interview Survey • Get the data
• PNG

Source: https://www.healthsystemtracker.org/indicator/access-affordability/spending-relative-household-budgets/
Startling Percentage of Lower-income Adults Remain Uninsured

Percentage of adults under age 65 who were financially eligible for the individual market but who did not enroll and remained uninsured, by income, 2017

Note that approximately 16 percent of non-elderly uninsured (4.4 million people) would be eligible for Medicaid coverage if all states expanded (range of 48% of uninsured in MS and 8% in WI).

Affordability Greatest Concern to Working Class Families

The Percentage of Non-elderly Adults Who Missed a Doctor’s Visit Because of Cost (1999-2016)

Source: Families USA commissioned analysis of BRFSS data, 1999-2016. Note: BRFSS data for this indicator were unavailable for 2002.
Women of Color Most Likely to Struggle with Affordability

The Percentage of Non-elderly Adults Who Missed a Doctor’s Visit Because of Cost (1999-2016)

The Distilled, Uniquely American Experience
Increasing Health Care Costs: the Greatest Threat to Coverage and Access
Federal Spending Crisis Also Central Component of Political Dynamics

Percentage of GDP

Source: Congressional Budget Office, 2017 Long Term Budget Outlook.

The extended baseline generally reflects current law, following CBO’s 10-year baseline budget projections through 2027 and then extending most of the concepts underlying those baseline projections for the rest of the long-term projection period.

GDP = gross domestic product.

a. Consists of spending for Medicare (net of premiums and other offsetting receipts), Medicaid, and the Children’s Health Insurance Program, as well as outlays to subsidize health insurance purchased through the marketplaces established under the Affordable Care Act and related spending.

b. Consists of all federal spending other than that for Social Security, the major health care programs, and net interest.
As a Result: The Powerful Political Context for Health

- Political pressure and urgency growing
- Time growing shorter for APMs to impact key political needs (consumer cost and outcomes)
- Nature of APMs likely will change if APMs subsumed into other approaches
## Six Transformational Strategies that are Working

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Behavioral health integration</strong></td>
<td>Collaborative Care Model—more than 70 randomized controlled trials have shown collaborative care for common mental disorders such as depression to be more effective and cost-effective than usual care, across diverse practice settings and patient. And both consumers and providers loved it.</td>
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<td><strong>Empowering primary care providers</strong></td>
<td>Vermont Blueprint for Health Patient-Centered Medical Home shows significantly lower cost and cost growth over 6 years—saving over $500 per person per year while also improving access to social services, access to chronic care management, and Medication Assisted Treatment for Opioid disorder.</td>
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<td><strong>Addressing drivers of emergency department utilization (and related reforms)</strong></td>
<td>In first year of Washington State ER is for Emergencies program, Medicaid ED costs fell by nearly $34 million through a reduction in ED visits. ED visits by Medicaid patients declined by nearly 10 percent, with rates of visits by high utilizers (5+ visits/year) declining by approximately 11 percent.</td>
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<td><strong>Evidence-based housing interventions for complex patient populations</strong></td>
<td>2016 study of Housing-First intervention in Oregon demonstrated significantly improved access to primary care and self-reported health outcomes as well as $8,724 per person savings to state Medicaid program.</td>
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<td><strong>Coordinating transitions in care</strong></td>
<td>North Carolina Community Care program, 1 readmission was averted for every 3 of the highest-risk patients, overall NCCC credited with a 9 percent savings to the Medicaid program (2009) and $382 million savings to Medicaid from 2007-2010.</td>
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