

## **Improve Access to Testing, Treatment, and Affordable Health Care**

The United States health care industry is largely profit-driven and does not always work on the side of the consumer. During this crisis, elected officials should focus on patient-centered policies, while being cautious of industry tactics to increase costs in health care, especially for COVID-19 testing and treatments, prescription drug prices, and insurance premiums.

### ***Policy recommendations for the state:***

#### **Require fully insured plans and PEHP to cover all COVID-19 testing without cost sharing**

As passed in the Families First Coronavirus Response Act, individual and group insurers, Medicaid, and Medicare are required to fully cover “[certain](#)” diagnostic tests, including COVID-19 and other respiratory viruses. This is a key step to accurately provide treatment to infected individuals, and an important precedent for testing cost-sharing.

Although there has been vast improvement on testing availability and access, there are still large [shortages](#) of COVID-19 tests in Utah and nationwide. As we’ve seen from [consumer stories](#), a complicated health care system will lead to gaps in testing coverage, despite Congress’ recent bill. While Utah is securing better access to tests, Governor Herbert should sign an executive order to require all individual and group insurers to eliminate cost-sharing for all diagnostic testing.

#### **Require all health insurance carriers to cover all COVID-19 treatment without cost sharing**

One of the most valuable protections health insurance gives to consumers is coverage during unexpected emergencies, exactly like COVID-19. Governor Herbert should sign an executive order that requires insurance carriers in Utah to provide full coverage for all COVID-19 related treatment, including emergency room visits, hospitalization, and prescription medication (similar to the coverage of treatment under Medicaid required by the Families First Act).

The state should look to the [District of Columbia](#), [Massachusetts](#), and [New Mexico](#) who have all passed policy to prohibit cost-sharing for COVID-19 treatment and set the example of how states can ensure affordable access to COVID-19 treatment.

### **Require short term plans and self-insured plans to abide by state COVID-19 treatment regulations**

Any resistance from private insurers to fully provide coverage for COVID-19 will [significantly interfere](#) with efforts made to end the crisis. Requiring all insurance carriers to abide by statewide regulations has been difficult in the past. Insurance plans have developed strategies to sidestep federal and state regulations by selling short term, limited (STLD) plans and by becoming self-insured.

STLD plans, or “junk” plans, provide consumers with very limited coverage. They advertise as cheaper, often to targeted groups of low-income people, but are not upfront about consumer liability for unexpected health care needs. They can be extremely dangerous for consumers during a public health crisis and they interfere, generally, with the health system operating efficiently. STLD plans must expand their emergency benefits to cover COVID-19 testing and treatment.

Several insurance companies in Utah have become [self-insured](#), rather than being fully insured. This allows employers to assume more financial risk of their employees' medical claims, but gives more flexibility to cut benefit packages in potentially harmful ways to consumers.

In order to safely combat COVID-19, Governor Herbert should sign an executive order to require all health insurance carriers, including STLD plans and self-insured carriers, to abide by state COVID-19 regulations.

### ***Policy recommendations for Congress and the Trump Administration:***

#### **Prohibit surprise billing**

Johns Hopkins University published [research](#) showing that, in Utah, 15.5% of emergency room visits from privately insured people result in out-of-network chargers. This is above the national average of 13.9%. The practice of surprise billing is a product of a badly incentivized health care system, and has [proven to increase](#) in-network payments, and overall health care costs. During the COVID-19 emergency, patients may have little, or no, choice over what facility they are taken to, or who provides care for them and Congress should pass legislation to prohibit surprise billing practices.

### **Prohibit price gouging**

The health care system will soon see a huge influx of patients, and consequently the industry stands opportune to big profits. Congress should enforce policy prohibiting inexplicable price increases from any of the following industry stakeholders: pharmaceutical manufacturers, hospitals, providers, and clinical laboratories.

### **The bottom line:**

No person in the United States should be deterred from seeking necessary COVID-19 related health care because of financial concerns. Policymakers should provide universal access to testing and treatment of COVID-19, while also minimizing factors that contribute to high costs and financial strife, like surprise billing and price gouging.