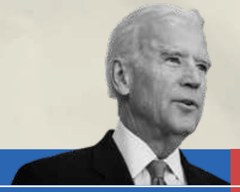
The Healthcare Divide

Where Trump and Biden stand on key healthcare issues

The 2020 presidential election has the power to influence the future of healthcare reform in the United States, regardless of which candidate claims victory. Here's where each candidate stands on key issues impacting affordability of and access to healthcare.

By Katie Oberkircher



PRIORITY	BIDEN	TRUMP
Affordable Care Act (ACA)	▸ Increase premium subsidies and cost-sharing assistance ▸ Lower the percentage of income households pay for premiums ▸ Repeal the ACA provision prohibiting households offered "affordable" ESI from receiving subsidies on the exchanges	▸ Supported the elimination of cost-sharing subsidies, reduced advertising dollars and removal of the individual mandate from the law ▸ Opened the ACA to risk in the courts by removing the individual mandate–the entire law's constitutionality is now in the hands of the Supreme Court ▸ Approved 13 Section 1332 waivers for state reinsurance pools to grants states more flexibility to design alternatives to the ACA and provide flexibility in offering health coverage ▸ In the largely symbolic "America First Healthcare Plan" Executive Order released September 2020, it states that it will "make it the policy of the United States to ensure coverage of individuals with pre-existing conditions" as a response to the administration's attempt to chip away at the ACA
Data/ Interoperability	Not directly mentioned, but was part of the Obama administration's push to promote the adoption of health information technology, specifically among providers with the Health Information Technology for Economic and Clinical Health (HITECH) Act	▸ Launched MyHealtheData to focus on giving patients more control over their health data ▸ Launched Blue Button 2.0, which uses a FHIR-based API to give Medicare beneficiaries access to their claims data ▸ ONC and CMS issued final rules in March 2020, which will require providers and insurers to adopt standard application programming interfaces to streamline information and eliminate unnecessary roadblocks to a health data exchange
Health Reimbursement Accounts (HRAs)	Not directly mentioned	▸ Released a rule allowing employers to offer individual coverage HRAs to employees so that they may purchase their own plan on the exchanges ▸ The IRS proposed a rule allowing employers to reimburse employees through HRAs for direct primary care arrangements
Health Savings Accounts (HSAs)	Not directly mentioned	▸ Has talked extensively about using administrative action to expand HSAs ▸ The CARES Act expanded the use of HSAs for thousands of OTC products ▸ New rules allow for chronic care to be included in HSA coverage
Medicaid Reform	▸ Scale back and end work requirements ▸ Potentially provide 100% federal funding to states for the first three years to incentivize Medicaid expansion ▸ Under a public option plan, states that have already expanded Medicaid will have the choice of moving the expansion population to a premium-free public option as long as the states continue to pay their current share of the cost of covering those individuals	▸ Encouraged expanded use of Section 1115 waivers to allow flexibility to experiment with new methods not consistent with what current federal law permits. Since 2018, CMS has granted waivers allowing nine states to adopt work requirements for Medicaid patients who generally have to "participate in work-related activities for 20 hours per week or 80 hours per month" to qualify for health insurance. In February 2020, the U.S. Court of Appeals for the District of Columbia Circuit struck down the Trump administration's Medicaid work requirements in Arkansas. ▸ In February 2020, the White House announced it would allow states to take a block grant or lump sum instead of traditional Medicaid funding
Medicare Advantage	Not a specific focus, but has endorsed expanding Medicare by lowering the eligibility age from 65 to 60	Signed an executive order in October 2019 to offer seniors more affordable options through the privatized program, like telehealth services and supplemental benefits for chronic diseases

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Prescription Drugs *The topic of prescription drug pricing and lack of industry transparency continues to receive broad bipartisan support. The drug industry has received temporary cover due to COVID-19, but the sector will likely face long-term political headwinds.*	▸ Repeal the existing law explicitly barring Medicare from negotiating lower prices with drug corporations ▸ Establish independent government review board run by HHS that uses international prices as benchmark in price-setting recommendations for newly introduced drugs ▸ Cap out out-of-pocket spending in Medicare Part D prescription drug coverage ▸ Allow consumers to import prescriptions from other countries, with safeguards in place	▸ The FDA established the Right to Try Act as a way for patients who have been diagnosed with life-threatening diseases or conditions who have tried all approved treatment options and who are unable to participate in a clinical trial to access certain unapproved treatments ▸ Ordered HHS to begin rulemaking for international reference-based pricing for Medicare Part B and D ▸ Proposed a rule to end the ability of pharmacy benefit managers to keep a percentage of rebates and discounts, and funnel them instead to American seniors with Medicare Part D plans ▸ Finalized a rule allowing states to develop safe importation plans for certain prescription drugs ▸ Established consumer education and transparency efforts (e.g., disclose list prices in TV ads, although courts have blocked these efforts) ▸ CMS announced Medicare Part D and Medicare Advantage plans will offer a maximum $35 copay on insulin, where patients will not be required to pay their deductibles or higher costs experienced during the "donut hole" stage
Pricing Transparency	Supports Medicare part D reform, which would likely include drug-price increase ceilings, out of pocket spending limitations, and the removal of tax-deductions for direct to consumer ads	Released a hospital pricing transparency rule, effective January 2021, which requires hospitals to publicly disclose their charges for common services and procedures along with the rates they negotiate with insurance companies
Public Option/ Government-Run Healthcare	▸ Offer a "Medicare-like" public health insurance option to everyone, including the uninsured, beneficiaries in the ACA exchanges, and individuals with employer-sponsored coverage ▸ People in states that have not yet expanded Medicaid who would otherwise be eligible would be able to enroll in the public option with no or low premiums and copays	The administration has publicly advocated against government-run healthcare and the idea of using government price-setting to crowd private insurers out of the marketplace
Short-Term Health Plans/Association Health Plans (AHPs)	Would likely return to Obama-era oversight levels for both AHPs and short-term health plans, restricting their availability	▸ Relaxed Section 1332 requirements by allowing non-ACA compliant plans, including short-term and AHPs, to be viewed as reasonable coverage options. The DOL also published a final rule allowing unrelated employers to participate in a single employer group health plan, increasing the accessibility of AHPs. ▸ Expanded short-term health plans to cover members for 12 months, with a potential three-year renewal—up from the Obama-era's three-month cap
Surprise Medical Billing *This issue continues to hold strong bipartisan support. Policies addressing surprise billing can meaningfully influence commercial insurance premiums. A well-designed policy to address this market failure could therefore reduce consumer healthcare spending.*	Supports ban on balance billing, but has not specified if he supports benchmark or arbitration approach	▸ Supports ban on balance billing, but has not specified if he supports a benchmark or arbitration approach ▸ In the largely symbolic "America First Healthcare Plan" Executive Order, HHS is directed to work with Congress to reach a legislative solution to end surprise billing by December 31, 2020
Telehealth	Previously referenced telehealth as the silver-lining of the pandemic and will support its continued use and expansion, especially to rural areas	▸ Removed several barriers to telehealth (communication technology, non-face-to-face care management, remote patient monitoring) ▸ Provided $500 million in waivers to encourage Medicare coverage of those services
Value-Based Care *While there isn't consensus on whether these models should be mandatory, there is widespread agreement that the current fee-for-service system fosters the wrong kind of incentives.*	Will push for bundled payment models and mandatory downside risk	▸ CMS proposed a rule to allow specialty groups to share patient records with PCPs and hospitals ▸ Shielded Medicare Accountable Care Organization (ACO) participants from financial penalties during COVID-19 pandemic ▸ Value-based competition is a stated priority at HHS and CMS

Source: Cicero Group, Data Driven Management Consulting