

Public Sector HealthCare Roundtable Principles to Ensure Quality, Affordable Health Care Coverage for Every American

Who we are –

The Public Sector HealthCare Roundtable is a non-partisan, member-directed coalition organized to provide a voice in our nation’s healthcare debate to public employers, who collectively provide health care benefits to nearly 16 million American workers and their families at a cost of over \$125 billion annually. These benefits have a far-reaching positive impact on the economies of our states and help to fuel a robust provider network and health care delivery system that benefits all our citizens.

What we believe –

The members of the Public Sector HealthCare Roundtable have a long-term commitment to maintaining programs that enable public workers, retirees, and their families to obtain high quality health care services at a cost that is affordable and sustainable for the workers, their families, and their employers.

How to accomplish our goals –

Roundtable members believe that it will take national leadership to achieve a system that constrains cost growth and ensures quality, affordable health coverage for every American. National leaders should recognize that preserving existing employer provided health benefit programs should be a critical component of any reform initiative. Recognizing the importance of coverage in building a high-quality, value-oriented health care system, a successful reform initiative should establish a national commitment to health coverage for every single American including innovative cost containment initiatives such as chronic care management and the promotion of wellness and healthy lifestyles

Given the unique needs of public health care purchasers, we support the following specific goals and objectives:

- **National health care reform should include innovative proposals to constrain costs, increase value, and improve quality and efficiency in the health care delivery system while preserving patient choice.**
 - Support efforts to implement a nationwide Health IT system that will improve the efficiency and effectiveness of our health care delivery system while accumulating data that is essential to both health care purchasers and providers.
 - Support transparency in the operations of health care service plans and other providers to the fullest extent possible without impairing patient-provider confidentiality.

- Support legislation that will enhance evidence-based research and disclosure in order to enable meaningful comparative effectiveness research – including both the cost and quality of drugs, medical devices and services.
 - Support efforts to implement a fully coordinated delivery system that pays for outcomes as opposed to individual transactions.
 - Support legislation to standardize provider reporting of quality and financial information.
- **Controlling the high cost of prescription drugs must be a major objective of any national health care reform initiative.**
 - Support efforts to maximize the utilization of generic drugs by reducing inappropriate barriers and by preventing so-called “pay-not-to-play” settlements between brand name and generic drug manufacturers.
 - Support enactment of legislation that would provide a pathway to FDA approval for generic biopharmaceuticals that will enable a competition in the marketplace while recognizing the need for a reasonable period of exclusivity.
 - Support efforts to limit direct-to-consumer advertising of pharmaceuticals and other medical devices.
 - Support efforts to require greater transparency on the part of pharmacy benefit management (PBM) providers.
 - Support legislation that would require drug companies and medical device manufacturers to disclose payment and/or other incentives that are provided to physicians.
 - Support consideration of a plan that would establish the fair and reasonable cost of new drugs as they enter the marketplace that would include the potential for enhanced patent protection for those drugs that target critical and/or chronic conditions.
- **Medicare is an essential component of long-term health care security for most public workers, retirees, and their families.**
 - Support efforts by Congress and the Administration to assure the solvency of Medicare and solutions that do not result in cost-shifting to other plan providers.
 - Support ongoing initiatives within Medicare to identify and eliminate fraud and abuse that unnecessarily increase program costs.
 - Support the continuation of funding for the Medicare Part D which recognizes the commitment that plans make to providing retiree prescription drug coverage.
 - Encourage more aggressive efforts by Medicare, as the nation’s largest purchaser of health care, to exercise its market leadership in order to serve as a national model – perhaps through innovative pilot programs in partnership with large public purchasers and private providers – to stimulate provider competition and to implement systemic reforms, such as enhanced system-wide transparency, incentives for lifelong wellness initiatives, and primary care, prevention, and chronic care case management.
- Support efforts to develop consensus-based measures that will enable value-based purchasing that pays for quality health care while at the same time eliminating incentives to provide unnecessary, inappropriate, and harmful care.

- Support efforts by Medicare to effectively implement new e-prescribing requirements in order to reduce errors, improve effectiveness, and increase value as well as to serve as a model for future system-wide Health Information Technology (IT) implementation.
- Support proposals that would allow individuals to “buy-in” to Medicare at an earlier age.
- Support consideration of strategies that would allow Medicare to develop a “shared savings plan” that would allocate the value of projected long-term savings to provide ongoing incentives to plan providers to implement and maintain lifelong wellness initiatives.

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