Aimed Alliance Poll: Principles for U.S. Health Care

December 15, 2016

To help inform the incoming Trump administration and Republican-led Congress, the non-partisan, nonprofit Alliance for the Adoption of Innovations in Medicine ("Aimed Alliance") conducted a poll of Americans to determine what they value most in managing their health care and treatments ("the Poll"). The Poll's findings will also help inform state policymakers as they consider insurance reform and consumer protection legislation in 2017.

KEY FINDINGS:

Americans value the patient-provider relationship.

While insurers, the federal government, and advocates have pushed for institutional price controls and initiatives that would limit coverage options, the Poll found that Americans do not support such interference with their health care decisions, even if it means lower out-of-pocket costs for them.

- When given a choice of who should be responsible for their decisions, 95 percent stated that the decision should remain with them and their health care providers, three percent stated that insurers should make the decision, one percent selected a panel of experts, and less than one percent selected the federal government.

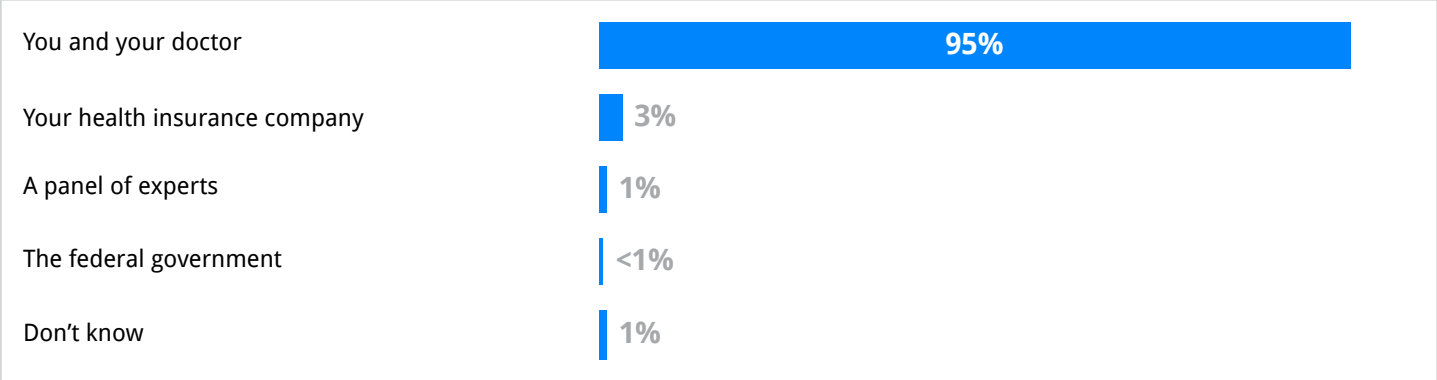

Figure 1: Interference with Practitioner-Patient Relationship.

Many Americans value innovative treatments and are willing to pay more for them.

The Poll also showed that Americans prioritize their health care and treatments and are willing to pay more for effective treatments for themselves and loved ones.

- Eighty-one percent of respondents stated that they would be willing to give up eating out in restaurants for one year to able to afford a medication that would allow them to live for three more months, while 88 percent said that they would be willing to give it up for two years to allow a family member to live for three more months.

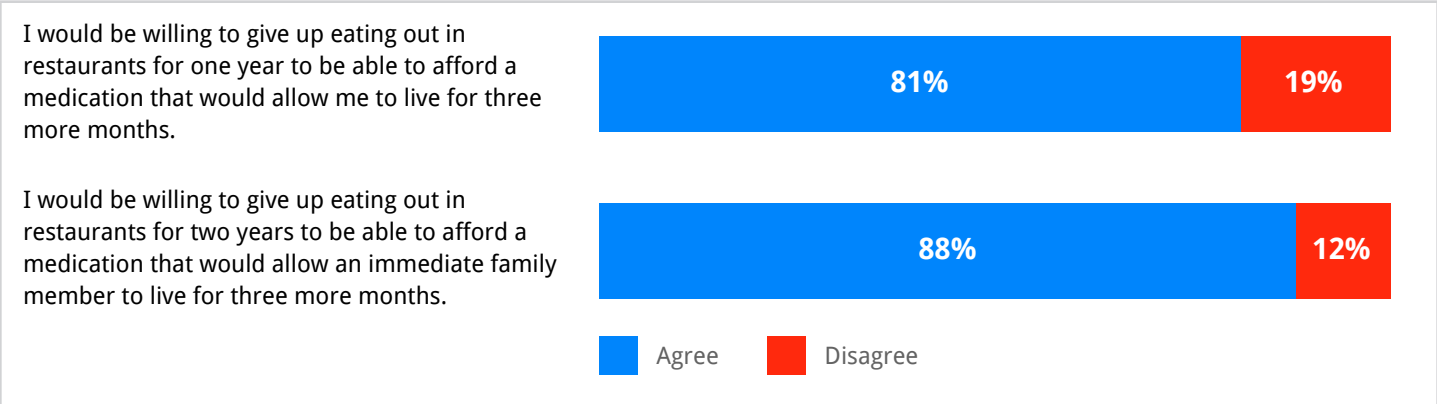

Figure 2: Value of Treatment.

- A majority of respondents (68 percent) stated that $50,000 would not be too high of a price for a health insurer to pay for a medication that saved $500,000 in health care costs and prevented unnecessary pain and suffering.

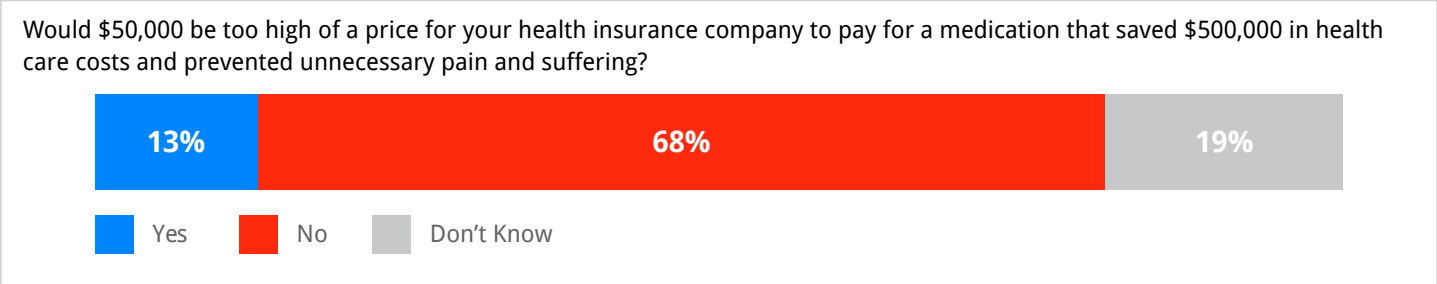

Figure 3: Value of Treatment Continued.

- A majority of respondents (54 percent) said that they would pay more not to suffer certain adverse effects of medications, for example, taking a medication that would result in permanent hair loss.

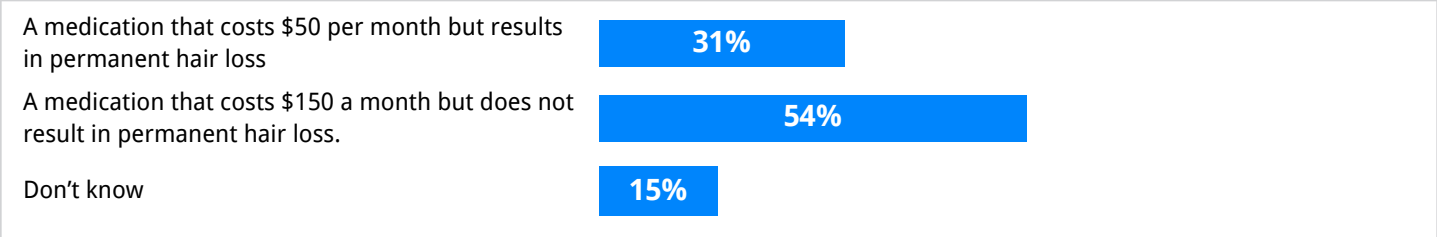

Figure 4: Trade-offs.

- Approximately 82 percent stated that they preferred to purchase a medication that cost $50 if it was made in a facility regulated by the U.S. Food and Drug Administration rather than paying $25 for a medication made in a facility regulated by an underdeveloped country with unknown safety protocols.

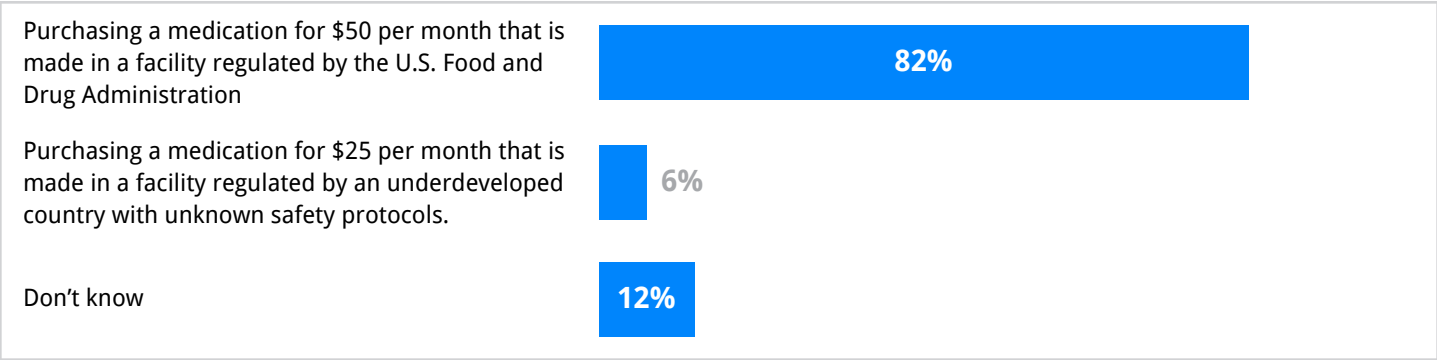

Figure 5: Reimportation.

- Respondents stated having money to cover health expenses, such as co-pays and deductibles (88 percent) was more important to them than having money to pay for their cell phone or mobile data plan (eight percent).

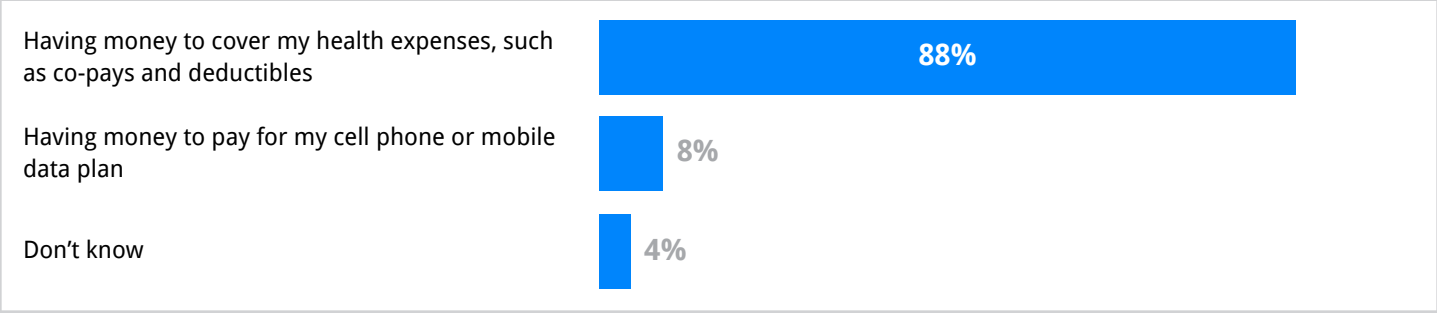

Figure 6: Trade-offs Continued.

Americans support patient protections.

The Poll found that Americans value patient protections under current law and may want even stronger protections moving forward.

- Responders supported the protection for people with preexisting conditions and the protection against discrimination, which prevents insurers from discriminating on the basis of health condition, gender, and other considerations. For example, 88 percent of Poll participants stated that insurers should be prohibited from refusing coverage on the basis of a preexisting condition, while

93 percent of respondents agreed that their health insurance should cover all health conditions they have or could possibly get.

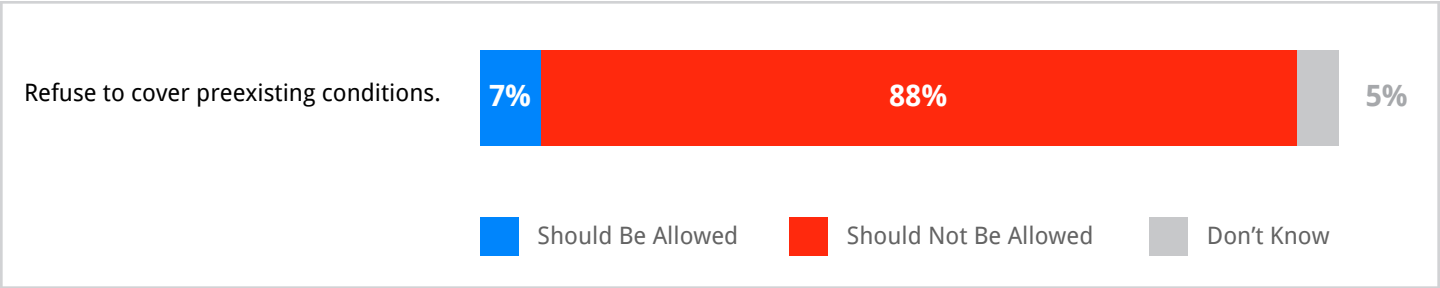

Figure 7: Preexisting Conditions.

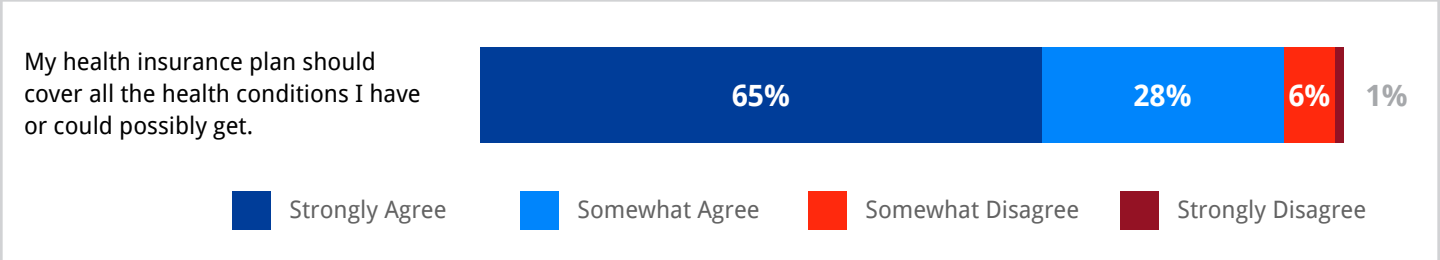

Figure 8: Coverage for All Conditions.

- According to respondents, insurers should not be allowed to refuse the coverage of treatment for individuals with a mental health condition (91 percent) or a substance use disorder (55 percent). Essential health benefits, parity for mental health and substance use disorder treatment, preexisting condition protection, and nondiscrimination protection currently prevent insurers from refusing such coverage.

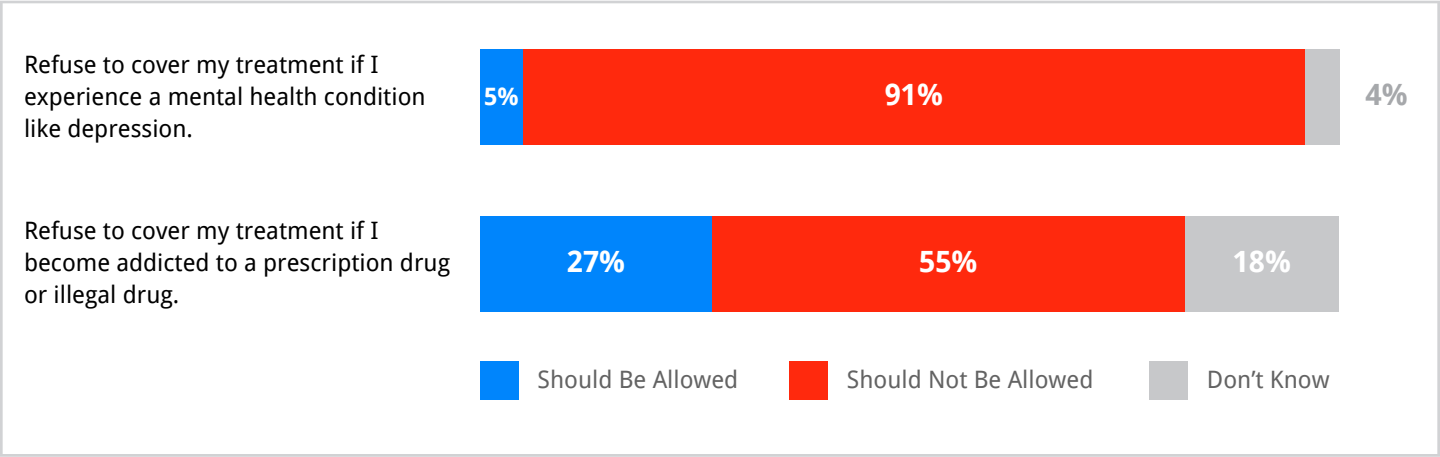

Figure 9: Essential Health Benefits.

- Respondents supported the need for transparency in health plans: 93 percent stated that insurers should not write lengthy policies using language that is hard to understand. While current transparency rules require insurers to disclose the details of health plans in plain language before consumers enroll in plans, the Poll shows that future laws should go further to ensure transparency. For example, while 89 percent of respondents answered that they know where they can find their insurance policy, 52 percent stated that the details of their coverage and copay policies were not easy to understand. These responses show that current transparency provisions do not go far enough.

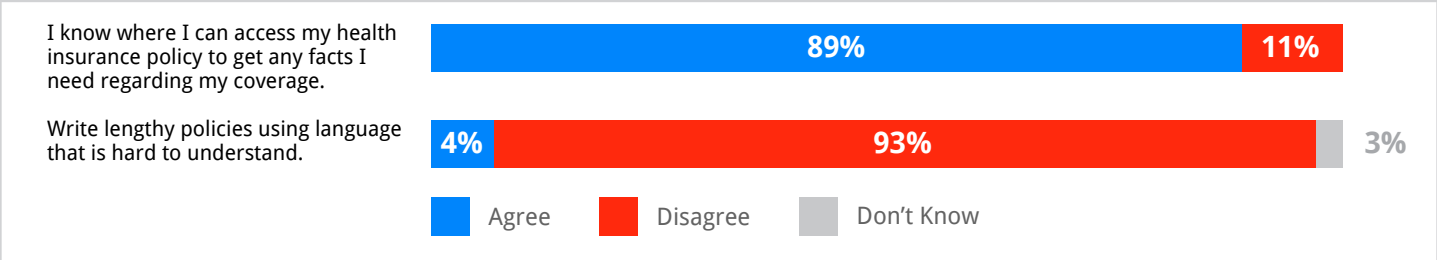

Figure 11a: Transparency Continued.

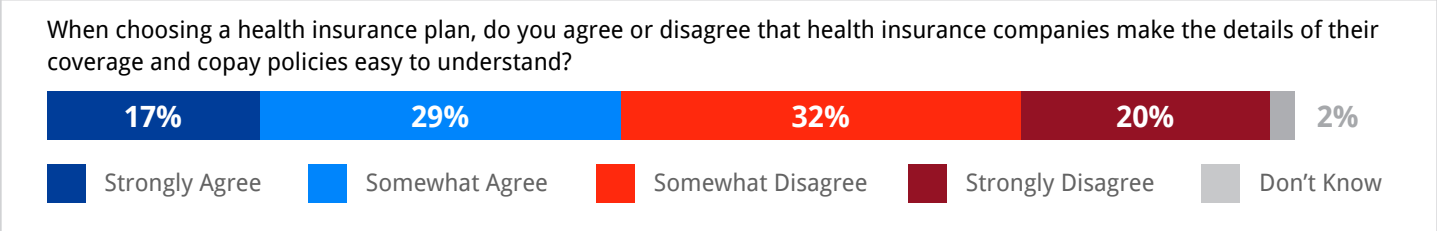

Figure 11b: Transparency Continued.

Most Americans are satisfied with their health plans, but there is still a disconnect between what they expect to receive and what they actually receive.

The Poll found that many Americans are currently satisfied with their health plans, with 86 percent of respondents stating that their plans met their needs and 81 percent stating that their plans met their expectations. Moreover, 83 percent felt confident that they could rely on their health insurer if they were to be diagnosed with a life-threatening condition, such as cancer.

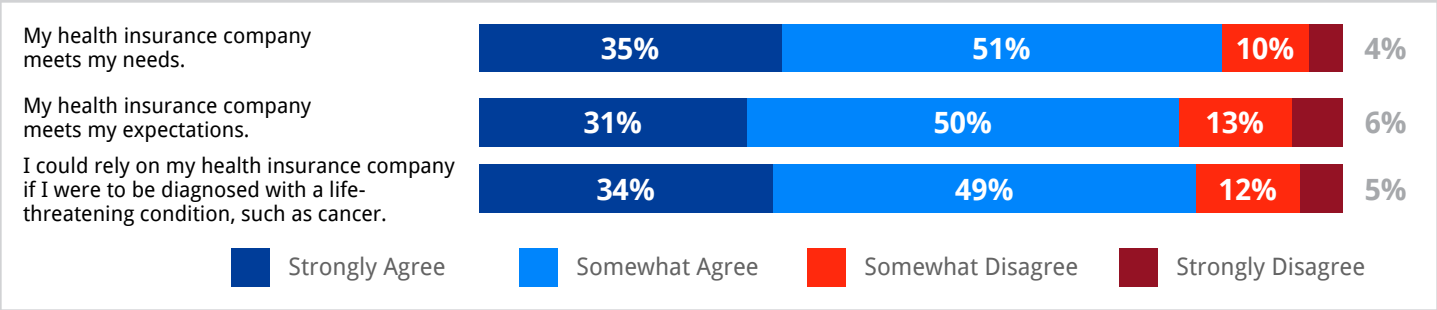

Figure 12: Satisfaction with Health Plan.

At the same time, 26 percent stated that they signed up for a health insurance plan with the understanding that a particular treatment was covered only to later learn that it was not, thereby showing a significant disconnect between expectations and reality.

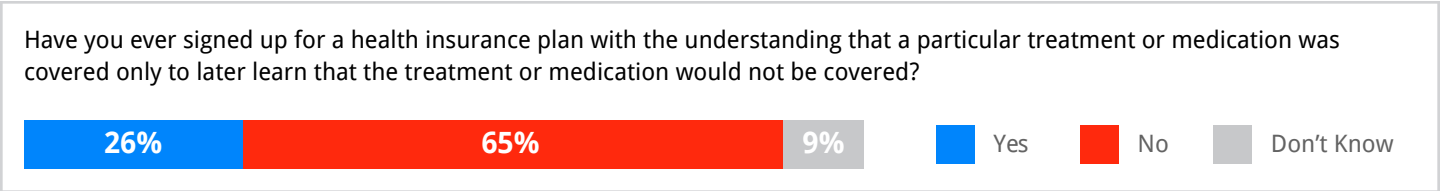

Figure 13: Disconnect.

Most Americans support laws limiting insurance practices that reduce access to quality care.

The Poll showed responders' support laws that limit commonly used insurance practices aimed at saving insurers money but that result in difficulty accessing quality care.

- Approximately 68 percent stated that insurers should not require all plan enrollees with the same health condition to obtain advance approval before covering a treatment (a policy known as prior authorization). Some states have passed or introduced legislation to limit burdensome prior authorization policies.

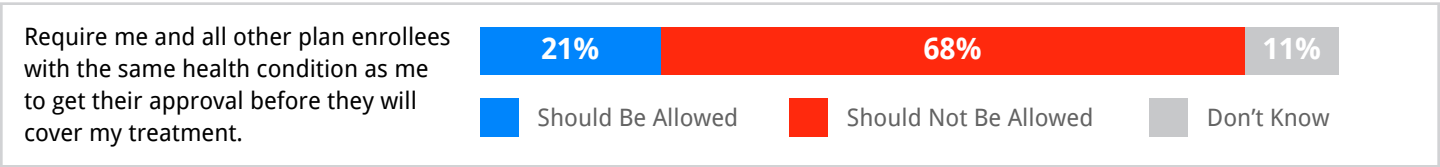

Figure 14: Prior Authorization.

- Additionally, 60 percent stated that insurers should not require plan enrollees with the same health condition to try a cheaper medication before the plan will cover a medication prescribed to the enrollee (a policy known as step therapy). Many states have passed or introduced legislation to allow for exceptions to the step- therapy process.

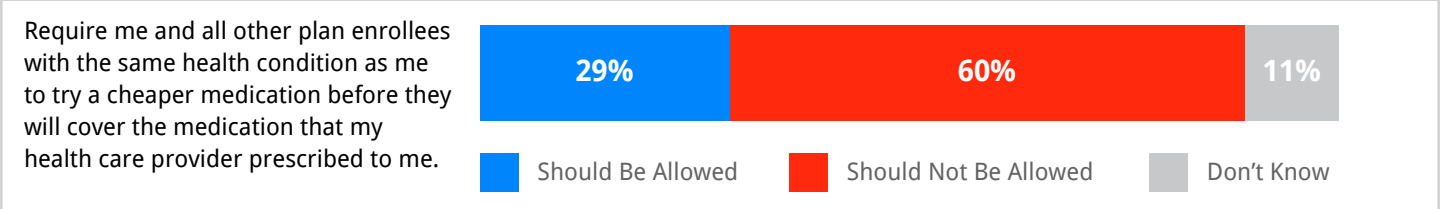

Figure 15: Step Therapy.

- Moreover, 92 percent stated that insurers should not be permitted to stop covering a medication that the plan enrollee has been taking after he or she signs up for a plan, and 89 percent stated that insurers should be prohibited from changing how much plan enrollees will pay out-of-pocket for a medication after they have signed up for a plan. These two tactics are part of nonmedical switching, the insurer practice of forcing a stable patient to switch medications by dropping the current medication from the formulary or increasing out-of-pocket costs so that the medication becomes unaffordable. States are just beginning to introduce legislation to address nonmedical switching.

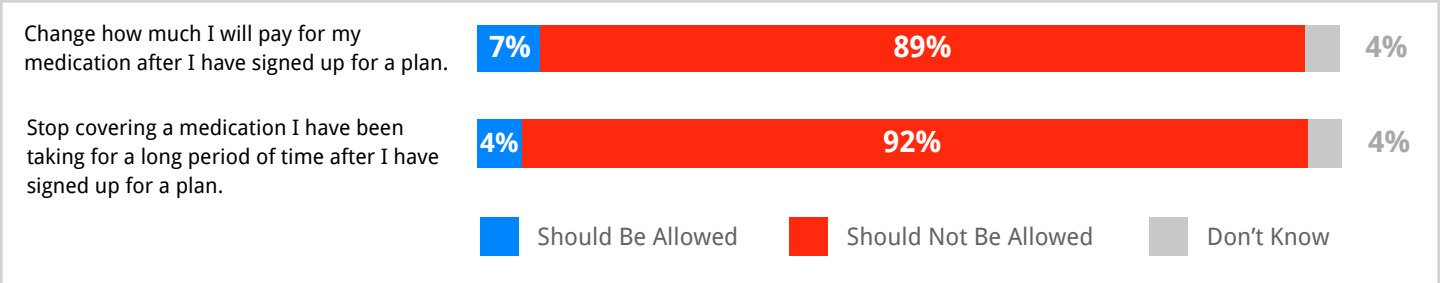

Figure 16: Nonmedical Switching.

Americans should be encouraged to appeal adverse denials of coverage.

While only 27 percent of respondents had appealed an insurance company's denial of coverage for a particular treatment or medication, the majority (61 percent) of those individuals won their appeal, with 38 percent winning entirely and 23 percent winning partially.

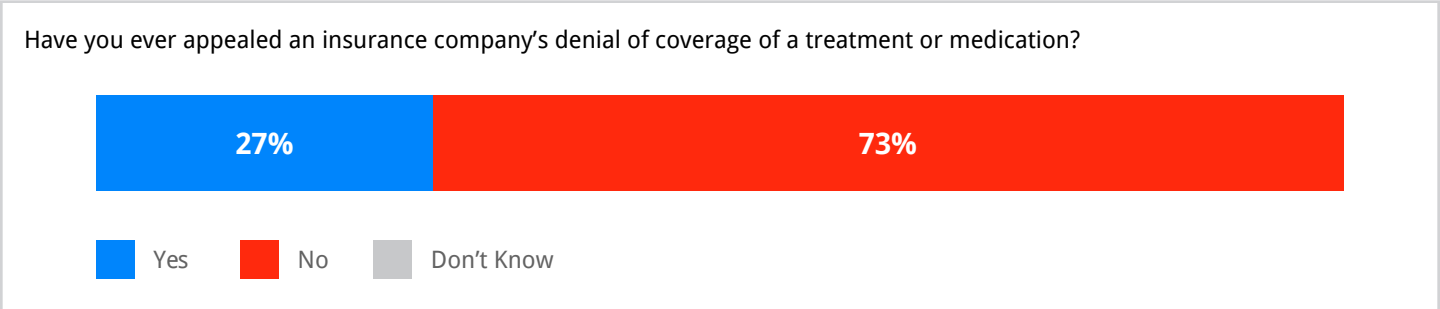

Figure 17: Appeals.

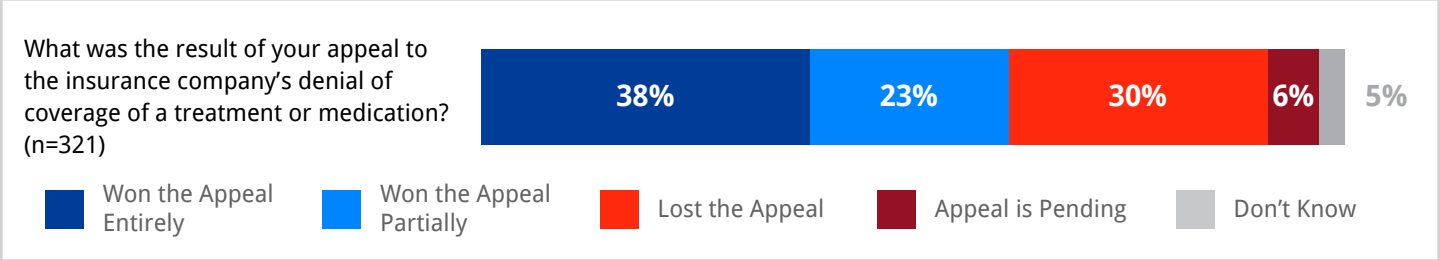

Figure 18: Appeals Continued.

Furthermore, 77 percent of respondents stated that if their health care provider prescribed a medication or treatment for them and their insurer denied coverage of that medication or treatment, it would be worth their time and effort to appeal the denial.

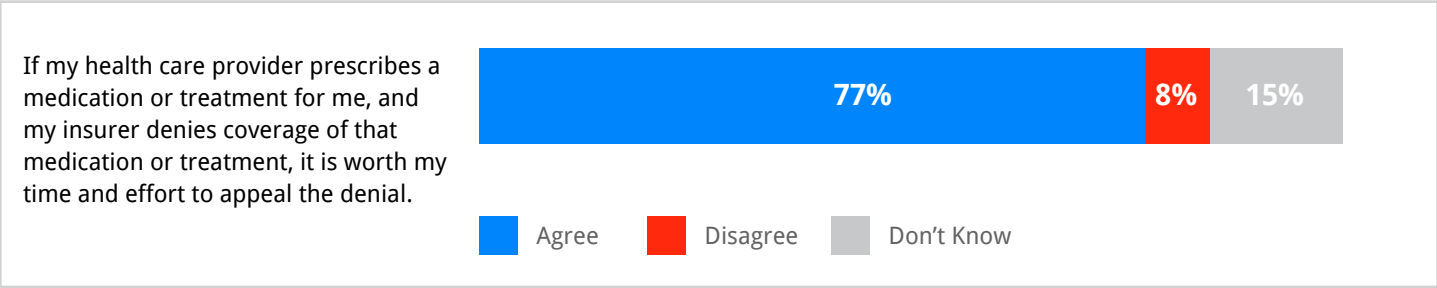

Figure 19: Appeals Continued.

METHODOLOGY

This Poll was designed, carried out, and analyzed by Aimed Alliance in collaboration with David Binder Research. The survey was conducted from December 3 to December 8, 2016, among a nationally representative random online sample of 1,200 adults who have had private health insurance for at least two years, either through an employer, a spouse's employer, a parent, or individual plans. Persons employed by the media, marketing, and health insurance industries were excluded.

All participants were aged 25 and older, living in the United States. Quotas were set to be representative of the U.S. population aged 25 and older in regards to gender, age, ethnicity, geography, and party identification.

The margin of sampling error for the full sample is plus or minus 2.8 percentage points. For results based on key subgroups, the margin of sampling error is higher.

ABOUT AIMED ALLIANCE

Aimed Alliance is nonprofit organization that works to improve health care in the U.S. through access to evidence-based treatments and technologies. To learn more about our organization, go to www.aimedalliance.org. For a list of our funders, see www.aimedalliance.org/collaborators.