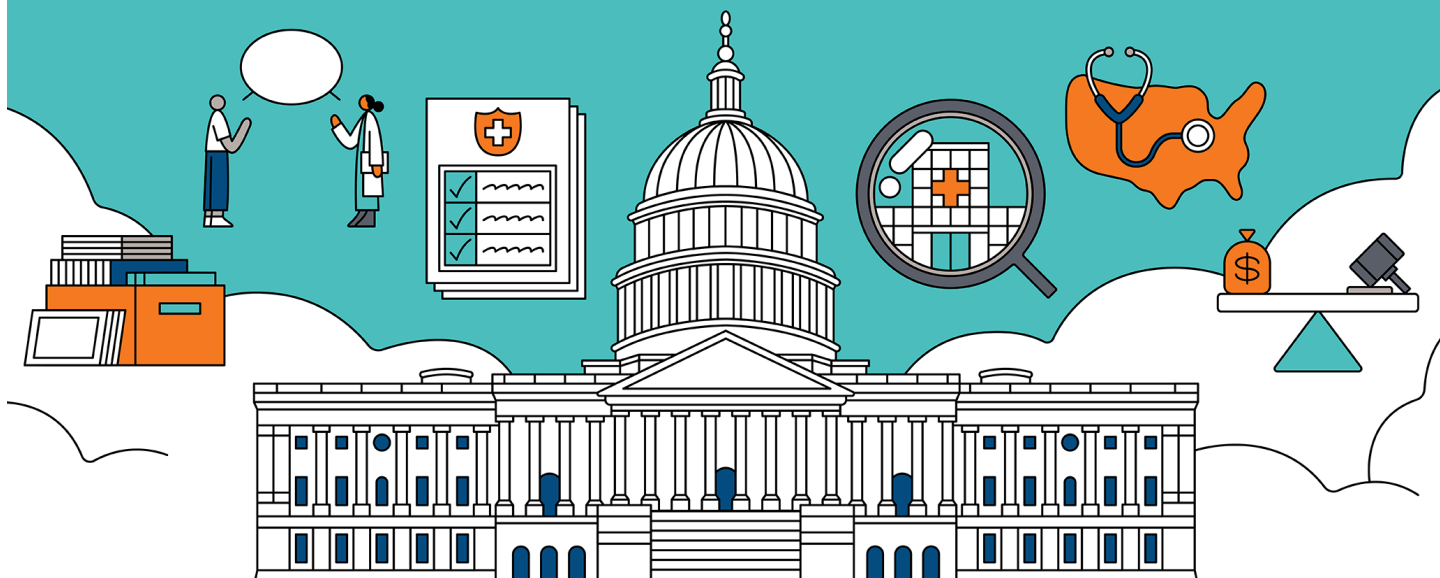


Recommendations for the U.S. Congress



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THE ISSUE: Despite its strengths, America's health care system does not work for everyone. For too many people, health care is unaffordable, inequitable, fragmented, unprepared, and of uneven quality. COVID-19 laid bare the severity of these flaws in U.S. health care delivery and the real consequences for people's health and lives.

THE SOLUTION: With the 2020 election behind us, Congress should seize this moment and strengthen our health care delivery system so it works better for all Americans. To reach that goal, the Commonwealth Fund's 18-member Task Force on Payment and Delivery System Reform **reviewed the evidence** and put forth potential solutions for Congress to consider for achieving a higher-quality, more affordable, and more equitable system.

OUR FOCUS: These recommendations are directed at delivery system reform, not insurance coverage, and the federal government, rather than states, because that is where the Task Force sees optimal opportunity for bipartisan collaboration to improve how health care is structured, paid for, and delivered.

WHAT WE RECOMMEND: The Task Force issued recommendations across six policy imperatives for Congress. (The full report, which includes recommendations for the administration, can be found [here](#).)

1. Increase Health Delivery System Disaster and Pandemic Preparedness

- Charge the U.S. Department of Health and Human Services (HHS) with developing and implementing: 1) a national preparedness surveillance system that tracks the effects of a health crisis and the supply of needed resources; and 2) an interoperable and secure public health information system.
- Legislate a national health data privacy and security framework that ensures the private, secure use of personal health data in managing national health disasters.
- Provide emergency funding to primary care practices during health emergencies.
- Develop and fund a national preparedness training program for community health workers.
- Fully fund provisions in the Affordable Care Act (ACA) that require HHS to train more experts with advanced degrees in emergency preparedness and response.
- Fund the Indian Health Service to prepare for national emergencies.
- Authorize an emergency response fund for the Centers for Disease Control and Prevention (CDC).
- Make permanent and extend appropriate regulatory flexibilities for telehealth.

- Establish a nonpartisan, independent commission to assess the nation's response to the COVID-19 pandemic and recommend improvements.

2. Increase Health System Accountability for Health Care Quality, Equity, and Cost

- Require Medicare providers to meaningfully participate in value-based payment arrangements that reward providers for slowing the rate of cost growth, reducing disparities, providing high-quality care, and partnering with community-based entities to comprehensively address patients' needs.
- Encourage the prescribing of lower-cost drugs in Medicare, for example, by reforming Medicare Part B reimbursement or requiring Medicare Part D plans to favor a biosimilar over a reference biologic through formulary management.
- Allow for automatic enrollment of dually eligible Medicare and Medicaid beneficiaries into integrated care plans, accompanied by protections for beneficiaries and support for states.
- Require HHS to consider the impact on disparities when selecting payment and delivery models to scale or spread.

3. Strengthen the Nation's Primary Health Care System

- Enhance compensation for primary care clinicians to increase recruitment and retention, especially in rural and underserved areas. This could be done by, for example, developing a target annual income, requiring Medicaid to reimburse primary care clinicians at Medicare rates, or requiring federally regulated private insurers to compensate nurse practitioners and physician assistants for providing primary care without physician supervision.
- Increase funding for programs to expand and diversify the primary care workforce and strengthen the community health center program.
- Enable HHS to offer financial incentives to states that prioritize spending on primary care.
- Make home-based primary care a permanent Medicare option and expand eligible populations.

- Legislate national rules for telemedicine scope of practice and licensure for qualified primary care clinicians and authorize grant and loan programs to support adoption of telemedicine in rural areas.

4. Support Empowerment and Engagement of Patients, Families, and Caregivers, Congress

- Require HHS to include patients, caregivers, and affected communities — especially people of color — in the design and implementation of care models and policies.
- Enable HHS to offer incentives to health systems to form and meaningfully engage diverse patient advisory councils that reflect the communities they serve.
- Encourage more use of community-based providers and community health workers.
- Direct the HHS secretary to establish an office of community engagement.
- Fund the establishment of broadband internet services in all communities.
- Direct HHS to develop protections against racial bias in health care technologies.
- Expand federal privacy and security protections to entities not currently covered.

5. Reduce Administrative Burden

- Direct HHS to create a uniform, national, standardized billing system and require participation by private payers that enroll Medicare or Medicaid beneficiaries.
- Direct HHS to establish and implement a standardized, parsimonious set of core quality and equity metrics for data collection and reporting for all public and private insurers, purchasers, and providers.
- Create national standards for credentialing, licensing, certification, and privileging to improve uniformity and portability, and establish a national database for licensure and credentialing, encouraging all states to participate.

6. Encourage a Balance of Regulatory and Competitive Approaches to Promoting a High-Performing Health System

- Require the federal government to remedy market distortions in cases where states do not intervene and where there is a clear monopoly.
- Improve antitrust enforcement in health care, for example, by increasing budgets for the Federal Trade Commission and the Department of Justice.
- Establish a commission to modernize antitrust law in health care.
- Promote competition and transparency in the prescription drug market, for example, by reforming patentability standards and establishing supply-chain transparency and reporting requirements.
- Replace the 340B Drug Pricing Program with a new program designed to realize its original intent: a) to support providers serving disproportionately large numbers of Medicaid, uninsured, and low-income patients; and b) to pass along discounts to patients.
- Enact legislation to prohibit surprise billing.
- Clarify that ERISA does not permit self-insured employers to withhold data from all-payer claims databases (APCDs).
- Direct HHS to create and use a national APCD, building off elements of, and lessons learned from, existing state APCDs.

*Read the **full report** for all Task Force recommendations.*