



A partnership of patients and their allies advocating for the next generation of healthcare based on key principles of patient-centered and culturally competent quality care, availability, transparency and affordability.

WHO WE ARE

We are a partnership of patient and disease advocacy groups who believe that Americans should have the necessary information and access to healthcare resources to improve their health and the health of their families.

WHY YOU

We realize this is a huge undertaking and we can not improve the health system alone. That's why we, a coalition of patient advocates, are reaching out to responsible industry leaders in the U.S. health system, including insurers, hospital systems, and provider groups, who believe in multi-stakeholder cooperation to achieve optimum patient care.

OUR MEMBERS



OUR FOCUS



Patient-Centered, Culturally Competent Quality Care

The U.S. healthcare system is undergoing the greatest transformation in its history. The ultimate goal is to achieve the triple aim—improving the experience of care, improving the health of populations, and reducing per capita costs of health care. We are committed to ensuring the voice of the patient is at the center of this transformation.

Additionally, we would like to further strengthen non-discrimination regulations and requirements to ensure patients have access to dignified, culturally competent quality care.

Transparency

We understand the operational and business issues associated with increasing transparency. We are committed to working with partners and regulatory bodies across the health care industry to identify opportunities to expand patient access to all necessary benefit, formulary, price and quality information.

While we know that predicting out-of-pocket costs is challenging, we believe patients should have access to calculators and tools to make predictions about expected utilization and understand potential expected costs.



Finally, we want to ensure that patients are able to easily find all necessary information related to appeals, the timing of a decision and potential alternatives in the event the coverage decision is still denied.



Availability and Accessibility

Preauthorization requirements ensure proper use of expensive and non-preferred therapies, and we want to work with all stakeholders to make the process as easy as possible for patients and providers. It is critical that patients get access to needed care and therapies without bypassing health plan protocols, so we would like to find to approaches to avoid overly burdensome preauthorization and renewal processes.

We also recognize that networks are a vital tool for contracting with high quality providers and lowering costs. However, many challenges exist to ensure that patients have access to the necessary range of providers within their networks and that all providers that touch a patient are included in a provider network.

We would like to align network adequacy requirements with patient needs, especially with respect to specialist caring for the most vulnerable, while carefully balancing the need of plans to create narrow networks to better control the quality and cost of their providers.

Affordability

We are concerned with recent benefit design trends that have increased patient cost-sharing as high as 50% coinsurance for certain services. We are worried that such high out-of-pocket costs, in addition to high premiums and deductibles, will result in health coverage being treated as catastrophic insurance by many patients.

We are committed to finding a solution to ensure that patients do not delay or forgo medically necessary care and treatments because of deductibles, co-pays, coinsurance or other out-of-pocket costs.

