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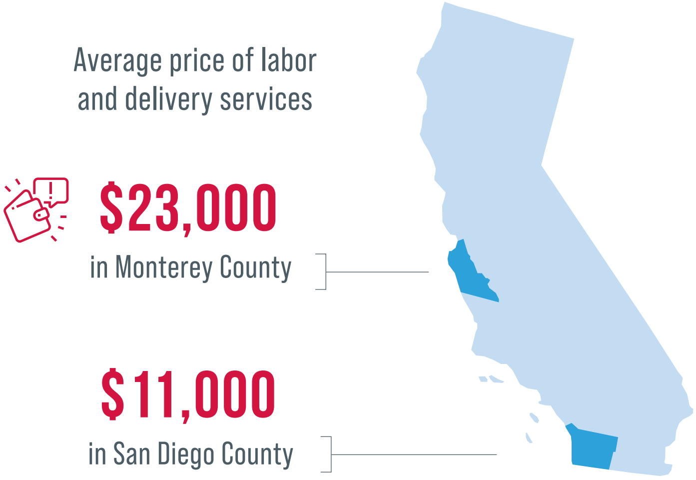
California's Office of Health Care Affordability: An Opportunity to Realize True Affordability

In 2018, San Francisco resident Nicki Pogue ran a high-altitude race with a chest cold. After returning home from the race, Nicki's cold symptoms quickly worsened, prompting her to go to see her doctor, who diagnosed her with bronchitis and prescribed her antibiotics and a decongestant. Following her doctor's advice, Nicki took her medication and lay down for a nap. When she woke up, she immediately knew something was wrong. Her ears were ringing, her heart was pounding, her hands and feet were tingling, and she was dizzy. Nicki's neighbor rushed her to the closest emergency room, where they ran multiple tests — an electrocardiogram, chest X-rays and blood tests — but could not pinpoint Nicki's condition. By the end of the night, her heart rate stabilized, and she was sent home with a diagnosis of viral syndrome. A month later, Nicki received a shocking $13,000 bill from the hospital. The biggest charge on her bill was a line item for a Level V emergency with a fee of more than $11,000. After months of research and discussions with advocates and attorneys about the outrageous bill, Nicki uncovered that she was a victim of upcoding — a practice of hospitals billing for more expensive medical services or diagnoses in order to maximize reimbursement rates even when they may not be medically necessary or may not result in any additional services being delivered to patients.[1] Billing tactics such as these are common and drive up costs on individuals at their most vulnerable moments. In Nicki's case, her insurance company eventually covered the full cost of her visit even though it was out of network because it was an emergency. For many others, however, these unfair billing practices can lead to mountains of medical debt that are nearly impossible to overcome. And these practices drive up the cost of health care for all Californians.

Health care (un)affordability in California

Stories like Nicki's are not rare. Californians are grappling with some of the highest hospital costs in America. For example, the average price of a hip or knee replacement in California is 26% higher than the average price in the rest of the country.[2,3,4] And while Californians often experience higher health care prices than the rest of the country, they are also grappling with a wide variance of prices across the state. For example, the average price of labor and delivery services in Monterey County is nearly $23,000 while the same service is roughly $11,000 in San Diego County.[5] These high prices have grown much worse in recent years because of health care industry consolidation, particularly among hospitals, which has eliminated healthy competition and led to monopolistic pricing.[6] These high and variable health care prices are not new to the state or its residents. Over the last decade, hospital prices in California increased over 76% statewide — increasing more than three times faster than both household income and inflation during that same period.[7] These needlessly high hospital prices resulting from health care industry consolidation ultimately come directly out of workers' paychecks as annual increases in employer-sponsored health insurance premiums and cost sharing, and become profits or margins for large health care corporations.[8]



These exorbitant costs have led to over half of Californians having to skip or postpone needed care, directly causing harm to their health.[9,10] With more than one-third of Californians suffering from medical debt, millions cannot afford the health care they need.[11] And the impact is much worse for lower income, as well as Black and Latino Californians, who suffer from disproportionately higher levels of debt.[12] Adding insult to injury: despite how much the people of California spend on health care, they often receive low quality care.[13]

76%

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It does not have to be this way

Right now, California policymakers are working to implement one of the most important health care laws in the state — one that is designed to address the underlying drivers of unaffordable, low-quality health care in California, including cracking down on the ability of medical monopolies to price gouge Californians.[14]

The Office of Health Care Affordability (OHCA) was created through Senate Bill 184 during California's 2022 legislative session and is tasked with combatting the drivers of unaffordable care and slowing the rapid growth of health care costs in the state by developing and managing spending targets, assessing impacts of consolidation, and overseeing system performance.[15]

The ability of California's new Office of Health Care Affordability to rein in pricing abuses driven by big hospital corporations in the state is particularly important as our nation's health care affordability and quality crisis continues to worsen. Not only can California's OHCA directly address high and rising health care costs within the state but also serve as a model as policymakers across the country and in Congress debate policy solutions to address the role of medical monopolies in driving our nation's health care affordability and quality crisis.[16,17,18]

Hospital prices are major drivers of health care unaffordability in California

We have all watched as our community hospitals have become health systems, and those health systems have been bought by large health care corporations. These large health care corporations have destroyed competition in the health care sector, and hospitals are dramatically increasing

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their prices year after year, while at the same time engaging in predatory debt collection, leading to records levels of medical debt among Californians.[19,20,21,22] The core business model of health care corporations is to generate high volumes of tests and procedures through fee-for-service payment, the predominant payment model in the U.S. health care system, and to generate the highest possible fees (price) for each service.[23]

A key strategy in hospitals' current business model is to generate profit by buying up other hospitals and doctors' offices to become large health care corporations that maximize service volumes and increase health care prices. The financial incentives of the hospital business model — to buy up local competition so that the hospital can engage in price gouging and to increase volume on fee-for-service payment — is costly, wasteful and bad for the health of surrounding communities.[24,25,26] The imperative to generate a high volume of the priciest hospital services is in direct conflict with ensuring that consumers and patients have the best health and the affordable health care they deserve.

This "revenue above all" business model has been in full swing for the last 30 years. There has been dramatic consolidation in the health care sector, which has resulted in most geographic areas across the country being dominated by large health care corporations that can unscrupulously drive up health care prices.[27,28,29] The vast majority of counties in California are now considered "highly concentrated health care markets," which means that there are few truly competitive health care markets left in California.[30] Between 2010 and 2016, California hospital employment of specialty physicians grew 170% due to hospitals buying up independent physician practices.[31] This consolidation has directly resulted in higher health care costs and higher health insurance premiums for patients.[32,33] For example, the price of a cesarean section in California's most consolidated hospital markets is nearly $4,000 higher than in markets with more competition.[34]

California's Office of Health Care Affordability has the authority to significantly address the abusive pricing practices of these big hospital corporations and their role in driving up health care prices and in the proliferation of unaffordable, low quality care across the state.[35]

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Role of California OHCA

California policymakers, stakeholders and advocates developed the OHCA to combat the high and rising costs of health care in California and to promote access to high-quality health care for all of the state's residents. In creating the OHCA, California has taken the most comprehensive approach of any state to containing its health care spending.[36] The OHCA has a broad statutory mandate to evaluate health care market consolidation, establish health care cost targets, and develop and monitor health care quality, equity and alternative payment benchmarks. This allows the OHCA to directly tackle high health care costs and hold major hospital corporations accountable not only for the rising cost of health care but also for the quality of care patients receive. For example, through the development and enforcement of cost targets, the OHCA can establish statewide health care cost growth targets that can allow the state to begin reining in excessive increases and slow the overall rises in health care costs across the state, while promulgating substantive quality and equity standards.[37] Under this mandate and with this authority, the Office has the ability to facilitate the delivery of truly affordable, equitable, high-quality care for people across California.

Over the next several years, the Office will begin setting health care cost targets, publishing reports on health care spending, adopting standards for alternative payment models, and establishing quality and equity measures. Still early in its inception, the OHCA offers an opportunity not only to reduce health care costs but also to reorient the California health care market toward a more value-centered model that prioritizes the health of Californians and affordable health care.[38] It will be critical for the media, advocates and policymakers to pay close attention to OHCA's policy development and decisions to ensure strong implementation, and that OHCA adequately reins in needlessly high hospital prices and delivers affordable, quality health care to the people of California.

Key policy considerations for implementation

Data collection and publication

One of the most significant responsibilities of the OHCA is the collection and reporting of health care sector data.[39] Promoting transparency regarding health care sector expenditures, prices, payments, investments, and quality is critical to understanding fully California's health care affordability crisis and in particular where exorbitant health care cost growth exists. Transparent data can support and inform state actions that hold hospitals accountable for their role in driving up health care costs. In addition, big hospital corporations can benefit from evasive or misleading information around their finances in order to support their claims that drastic price increases are necessary for the delivery of care.[40] For example, a 2022 review of the financial statements of the largest 10 nonprofit hospital systems, including Sutter Health, found that the primary source of reported financial losses were investment losses, not losses due to labor and supply costs as medical monopolies had claimed.[41] Despite Sutter Health earning an operating revenue of $14.5 billion, the dominant hospital system ended 2022 with $249 million in stock market losses, an amount that was ultimately covered by taxpayer-funded subsidies and tax breaks.[42,43] Deceptive tactics like these prove adequate data collection and reporting are critically important to understanding the truth of the health care pricing landscape. It will be critical for the OHCA to collect and publicly report detailed and disaggregated data that gives lawmakers, advocates and the public a deeper understanding of the source of health care cost growth and hold hospital systems accountable and inform cost growth targets.

Health care cost targets

The health care affordability board, the decision-making body of the OHCA, is tasked with developing statewide and localized cost targets, adding California to the list of only 10 states with cost target programs.[44] However, California is one of the first states to support these targets with potentially significant, escalating penalties for failure to meet the targets. The development of cost targets typically involves setting a limit on how much health care spending can grow within a year, leaving it up to providers and payers to decide whether to constrain growth in price, volume or both.[45] While health care cost targets are an effective way to limit irrational growth in prices, it is critical that the Office monitor the ways health systems respond to these targets to ensure there are no negative impacts on patient experience, quality of care or health equity.[46] Fortunately, the OHCA was designed with explicit quality and equity workforce standards and was granted the responsibility of developing a set of measures assessing quality and equity. [47]

One of the key features of the OHCA is that it has the ability to set cost targets on individual health systems or hospitals that may be disproportionately increasing health care costs. The board should utilize its ability to set a variety of cost targets, including entity specific targets for certain healthy systems or hospitals, to ensure the health care cost targets address the varying financial experiences of health care providers. For many hospitals, 2021 profit margins were at an all-time high while others, such as community or rural hospitals, operate on significantly smaller margins and continue to struggle to keep their doors open.[48] Through the Office's ability to create and enforce specific cost targets, the OHCA can target the drivers of high hospital costs, including hospitals with the highest costs and highest profit or revenue margins.[49] In addition, the Office should leverage its unique ability to penalize providers financially for noncompliance to ensure major health care corporations are adequality meeting their targets.

Health care market evaluation

The OHCA has the authority to monitor cost trends, including conducting research on health care consolidation, the evaluation of market power, and healthy competition within the health care market.[50] The Office also has important regulatory oversight over health care entities attempting to engage in mergers or acquisitions or other types of similar transactions. These health care entities are required to provide notice to the OHCA before entering into agreements. The OHCA will then evaluate prospective transactions for potential risks or benefits and refer any relevant findings to the CA Office of the Attorney General.[51] This oversight is key to preventing further health care consolidation in California and ensuring health care access and quality are not diminished as a result of further consolidation. To strengthen the evaluation process, the board should include the experiences of community members to get a comprehensive understanding of impacts on consumers. The board should also ensure these evaluations are made public and are written in a consumer-friendly way.

Alternative payment model benchmarks

Alternative payment models (APMs) are an important tool that can be used to create new financial incentives that shift the health care payment system away from a system that incentives high volumes of high-priced health care services and drives wasteful spending, and toward a system that pays providers based on meeting population health outcomes and holds providers accountable for delivering affordable, high-quality health care.[52] By definition, APMs shift economic incentives away from fee-for-service economics. The OHCA is tasked with promoting the adoption of APMs and establishing standards and benchmarks for these models that define what qualifies as a payment model with non-fee-for-service economics, and sets goals for APM adoption in order to fundamentally shift the economic incentives of health care payment toward paying providers to achieve health.

OHCA has the potential to promote the health and financial security of all Californians

Californians are grappling with some of the highest health care costs in the country. Exorbitant health care costs, and in particular hospital costs, are having far-reaching consequences for the health and financial security of California residents. Through implementation of California's OHCA, California policymakers have the ability to rein in these exorbitant health care prices and better align the business interests of the health care sector with the financial security and health needs of consumers and families across California. In creating the OHCA, California has taken a lead role in reining in high health care prices, which all too often are disconnected from quality care and health outcomes. The creation of the OHCA presents a promising opportunity and path toward ending the abusive pricing practices of hospitals and large health care corporations. These efforts work to ensure that patients like Nicki Pogue, and all people, never have to confront the financial burden of unfair health care pricing practices again.

Endnotes

[1] Alberto Coustasse, "Upcoding Medicare: Is Healthcare Fraud and Abuse Increasing?" *Perspectives in Health Information Management* 18, no. 4 (Fall 2021): 1f, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8649706/.

[2] Zack Budryk, "The 10 Most Expensive Cities for Healthcare," Fierce Healthcare, July 10, 2014, https://www.fiercehealthcare.com/finance/10-most-expensive-cities-for-healthcare#:~:text=Sacramento%2C%20California%20is%20the%20most,a%20new%20analysis%20from%20Forbes

[3] "Hospital Adjusted Expenses Per Inpatient Day," KFF, n.d., https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[4] Richard M. Scheffler, Daniel R. Arnold, and Brent D. Fulton, *The Sky's the Limit: Health Care Prices and Market Consolidation in California* (California Health Care Foundation, October 2019), https://www.chcf.org/wp-content/uploads/2019/09/SkysLimitPricesMarketConsolidation.pdf.

[5] Ibid.

[6] Gerard F. Anderson, Peter Hussey, and Varduhi Petrosyan, "It's Still the Prices, Stupid: Why the US Spends So Much on Health Care, and a Tribute to Uwe Reinhardt," *Health Affairs* 38, no. 1 (January 2019): 87–95, https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05144.

[7] Hospital Prices Increase in California, Especially Among Hospitals in the Largest Multi-hospital Systems - Glenn A. Melnick, Katya Fonkych, 2016 (sagepub.com)

[8] David I. Auerbach and Arthur L. Kellerman, "A Decade of Health Care Cost Growth Has Wiped Out Real Income Gains for an Average US Family," *Health Affairs* 30, no. 9 (September 2011): 1620–1636, https://www.rand.org/pubs/external_publications/EP201100172.html.

[9] California Health Care Foundation, "New CHCF California Health Policy Survey," CHCF press release, February 16, 2023, https://www.chcf.org/press-release/new-chcf-california-health-policy-survey/#:~:text=Just%20over%20half%20of%20Californians,got%20worse%20as%20a%20result.

[10] Luke Koushmaro, *Issues That Could Impact Californians' Health Care Coverage in 2023 and Beyond* (Sacramento, CA: Legislative Analyst's Office, December 2022), https://lao.ca.gov/Publications/Report/4654#:~:text=Coverage%20Has%20Declined-,Over%20the%20last%20decade%2C%20various%20state%20and%20federal%20policy%20changes,roughly%208%20percent%20in%202022.

[11] Lucy Rabinowitz Bailey et al., *The 2023 CHCF California Health Policy Survey* (California Health Care Foundation, February 2023), https://www.chcf.org/wp-content/uploads/2023/02/2023CHCFCAHealthPolicySurvey.pdf.

[12] Ibid.

[13] Let's Get Healthy California, *California spends $3.1 billion each year on hospital-acquired infections, n.d.,* https://letsgethealthy.ca.gov/goals/redesigning-the-health-system/hospital-safety-and-quality-of-care-acquired-conditions/. See also, California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS) – Key Findings, 2023. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx#key-findings. See also, The Commonwealth Fund, 2022 Scorecard on State Health System Performance, June 2022. https://www.commonwealthfund.org/publications/scorecard/2022/jun/2022-scorecard-state-health-system-performance.

[14] "Office of Health Care Affordability (OHCA)," California Department of Health Care Access and Information (HCAI), CA.gov, n.d. https://hcai.ca.gov/ohca/.

[15] HCAI, "Office of Health Care Affordability (OHCA)."

[16] Karen Feldscher, "What's Behind High U.S. Health Care Costs," Harvard Gazette, March 13, 2018, https://news.harvard.edu/gazette/story/2018/03/u-s-pays-more-for-health-care-with-worse-population-health-outcomes/.

[17] "Health Subcommittee Hearing: 'Lowering Unaffordable Costs: Examining Transparency and Competition in Health Care,'" U.S. House of Representatives Energy and Commerce Committee, March 28, 2023, https://energycommerce.house.gov/events/health-subcommittee-hearing-lowering-unaffordable-costs-examining-transparency-and-competition-in-health-care.

[18] "Wyden Announces Finance Committee Hearing on Consolidation and Corporate Ownership in Health Care," U.S. Senate Committee on Finance, June 1, 2023, https://www.finance.senate.gov/chairmans-news/wyden-announces-finance-committee-hearing-on-consolidation-and-corporate-ownership-in-health-care.

[19] Martin Gaynor, *What to Do About Health-Care Markets? Policies to Make Health-Care Markets Work* (Washington, DC: The Hamilton Project, March 2020), https://www.brookings.edu/wp-content/uploads/2020/03/Gaynor_PP_FINAL.pdf.

[20] Robert A. Berenson et al., *Addressing Health Care Market Consolidation and High Prices: The Role of the States* (Washington, DC: Urban Institute, January 2020), https://www.urban.org/sites/default/files/publication/101508/addressing_health_care_market_consolidation_and_high_prices_1.pdf.

[21] LA Times, *L.A. County residents struggling with more than $2.6 billion in medical debt, June 2022.* https://www.latimes.com/business/story/2023-06-07/la-county-residents-burdened-medical-debt

[22] California Healthline, *Personal Medical Debt in Los Angeles County Tops $2.6 Billion, Report Finds, June 2023. https://californiahealthline.org/news/article/la-county-california-medical-debt-burden-report/*

[23] Emily Sokol, "Healthcare Reimbursement Still Largely Fee-for-Service Driven," RevCycle Intelligence, March 26, 2020, https://revcycleintelligence.com/news/healthcare-reimbursement-still-largely-fee-for-service-driven.

[24] Berenson et al., *Market Consolidation and High Prices*.

[25] *2020 Health Care Cost and Utilization Report* (Health Care Cost Institute, May 2022), https://healthcostinstitute.org/images//pdfs/HCCI_2020_Health_Care_Cost_and_Utilization_Report.pdf.

[26] Heather Lyu et al., "Overtreatment in the United States," *PLOS ONE*, September 6, 2017, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181970#pone.0181970f.

[27] Jaime S. King et al., *Preventing Anticompetitive Healthcare Consolidation: Lessons From Five States* (Source on Healthcare Price and Competition and Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, University of California Berkeley School of Public Health, June 2020), https://sourceonhealthcare.org/profile/preventing-anticompetitive-healthcare-consolidation-lessons-from-five-states/; Martin Gaynor, Kate Ho, and Robert J. Town, "The Industrial Organization of Health-Care Markets," *Journal of Economic Literature* 53, no. 2 (June 2015): 235–284.

[28] Brent D. Fulton, "Health Care Market Concentration Trends in the United States: Evidence and Policy Responses," *Health Affairs* 36, no. 9 (September 2017): 1530–1538, https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0556.

[29] Robert A. Berenson et al., *Market Consolidation and High Prices*.

[30] California Health Care Foundation, "California Health Care Foundation Study — Health Care Markets in California Approaching Monopoly Levels: New CHCF Report Reviews Impacts and Offers Policy Recommendations," CHCF press release, December 1, 2021, https://www.chcf.org/press-release/california-health-care-foundation-study-health-care-markets-in-california-approaching-monopoly-levels/.

[31] Richard M. Scheffler, Daniel R. Arnold, and Christopher Whaley, "Consolidation in California's Health System Leads to Higher Prices and Premiums," Commonwealth Fund, September 6, 2018, https://www.commonwealthfund.org/publications/journal-article/2018/sep/consolidation-california-health-system-higher-prices.

[32] Robert O'Neill, "Study Finds Vertical Integration in Medicine Is Leading to Higher Costs and Worse Health Outcomes," Harvard University John H. Kennedy School of Government, March 2, 2023, https://www.hks.harvard.edu/faculty-research/policy-topics/health/study-finds-vertical-integration-medicine-leading-higher.

[33] Scheffler, Arnold, and Whaley, "Consolidation in California's Health System."

[34] Scheffler, Arnold, and Fulton, *The Sky's the Limit.*

[35] Let's Get Healthy California, *California spends $3.1 billion each year on hospital-acquired infections, n.d.,* https://letsgethealthy.ca.gov/goals/redesigning-the-health-system/hospital-safety-and-quality-of-care-acquired-conditions/. See also, California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS) – Key Findings, 2023. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx#key-findings. See also, The Commonwealth Fund, 2022 Scorecard on State Health System Performance, June 2022. https://www.commonwealthfund.org/publications/scorecard/2022/jun/2022-scorecard-state-health-system-performance.

[36] Morgan McGrath, "California's New Law Targets High Health Care Costs," Arnold Ventures, August 29, 2022, https://www.arnoldventures.org/stories/californias-new-law-targets-high-health-care-costs.

[37] Hannah Saunders, "California Office of Health Care Affordability's 'Affordability Board' to Begin Regular Meetings This Year," State of Reform, January 17, 2023, https://stateofreform.com/featured/2023/01/california-office-of-health-care-affordabilitys-affordability-board-to-begin-regular-meetings-this-year/.

[38] "California's Office of Health Care Affordability Outlines Roadmap to Delivering Better Value and Outcomes for Patients," Blue Shield of California, December 14, 2022, https://news.blueshieldca.com/2022/12/14/californias-office-of-health-care-affordability-outlines-roadmap-to-delivering-better-value-and-outcomes-for-patients.

[39] Health and Safety Code, section 127501 - 127501.12

[40] Dave Muoio, "Sutter Health Ends 2022 With $249M Loss, But Draws Solace From $278M Operating Income," Fierce Healthcare, March 23, 2023, https://www.fiercehealthcare.com/providers/sutter-health-ends-2022-249m-loss-draws-solace-278m-operating-income#:~:text=Sacramento%2C%20California%2Dbased%20Sutter%20Health,%241.1%20billion%20profit%20of%202021.

[41] Dave, Muoio, "Taxpayers Shouldn't Foot the Bill for Health Systems' Massive 2022 Investment Losses, Health Economists Say," Fierce Healthcare, March 24, 2023, https://www.fiercehealthcare.com/providers/taxpayers-shouldnt-have-subsidize-health-systems-massive-2022-investment-losses-health.

[42] Christopher M. Whaley, Sebahattin Demirkan, and Ge Bai, "What's Behind Losses at Large Nonprofit Health Systems?" Health Affairs Forefront, March 24, 2023, https://www.healthaffairs.org/content/forefront/s-behind-losses-large-nonprofit-health-systems.

[43] Muoio, "Sutter Health."

[44] Blue Shield of California, "Office of Health Care Affordability."

[45] Maximilian Pany, Jeannie Fuglesten Biniek, and Tricia Neuman, "Price Regulation, Global Budgets, and Spending Targets: A Road Map to Reduce Health Care Spending, and Improve Affordability," KFF, May 31, 2022, https://www.kff.org/health-costs/report/price-regulation-global-budgets-and-spending-targets-a-road-map-to-reduce-health-care-spending-and-improve-affordability/.

[46] Pany, Fuglesten Biniek, and Neuman, "Price Regulation, Global Budgets, and Spending Targets."

[47] Health and Safety Code, section 127501 - 127501.12

[48] Bob Herman, Stat News, *Hospitals are not crumbling, Medicare experts tell Congress*, March 2023. https://www.statnews.com/2023/03/20/hospitals-not-crumbling/#:~:text=Hospitals'%20financial%20situations%20are,policy%20experts%20are%20telling%20Congress

[49] Ibid.

[50] Health and Safety Code, section 127501 - 127501.12

[51] Ibid.

[52] Health and Safety Code, section 127501 - 127501.12

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