# Health Care Industry Alert

### Election 2020: Presidential Candidates' Health Care Plans

Candidate	Health Insurance	Drug Pricing	Transparency and Surprise Billing	Rural Health	Mental Health and Substance Use Disorder	Maternal Health	Other Health Proposals
Donald Trump U.S. President	<ul> <li>Opposes Medicare for All<sup>1</sup></li> <li>Signed into law the repeal of the ACA individual mandate<sup>2</sup></li> <li>Approved Medicaid waivers to require work<sup>3</sup></li> <li>Expended access to short-term insurance policies<sup>4</sup></li> <li>Cut funding for the ACA Navigator programs<sup>5</sup></li> <li>Supports ACA repeal and replace<sup>6</sup></li> <li>Signed into law a 10-year reauthorization of CHIP</li> </ul>	<ul> <li>Likes the Prescription Drug Pricing Reduction Act of 2019 (S. 2543)<sup>7</sup></li> <li>Establish drug prices based on international prices<sup>8</sup></li> <li>Supports allowing the safe and legal importation of prescription drugs from other countries, including Canada<sup>9</sup></li> <li>Impose payment penalties to discourage "pay-for-delay"<sup>10</sup></li> <li>Prohibit brand manufacturers from denying access to reference materials necessary for generic applications<sup>11</sup></li> <li>Allow HHS Secretary to leverage Medicare Part D plans' negotiating power for certain drugs covered under Part B<sup>12</sup></li> <li>Cap the growth of the ASP payment of Part B drugs at CPI-U<sup>13</sup></li> <li>Eliminate the cap on Medicaid drug rebates<sup>14</sup></li> <li>Establish and collect user fees from 340B Drug Pricing Program participating covered entities<sup>15</sup></li> </ul>	<ul> <li>Require hospitals to increase transparency by making standard charge and patient OOP information for scheduled health care publicly available in a consumer-friendly format<sup>16</sup></li> <li>Ban surprise billing and ensure patients are given information about whether the care providers are out-of- network and the related costs<sup>17</sup></li> <li>Establish alert icon in Nursing Home Compare for nursing homes cited for abuse, neglect, or exploitation<sup>18</sup></li> </ul>	<ul> <li>Expand health care apprenticeship programs<sup>19</sup></li> </ul>	<ul> <li>Reduce opioid demand and over prescription, including educating individuals about the dangers of misuse</li> <li>Reduce supply of illicit drugs by cracking down on the international and domestic supply changes</li> <li>Assist individuals with addiction through evidence-based treatment and recovery support services</li> <li>Provide grants to accredited medical schools and teaching hospitals to develop substance abuse treatment curricula<sup>20</sup></li> <li>Increase the number of psychiatric institutions<sup>21</sup></li> </ul>	<ul> <li>Test interventions to improve maternal mortality and morbidity in Medicaid under CMMI authority<sup>22</sup></li> <li>Allow states to provide Medicaid benefits for one- year postpartum for pregnant women diagnosed with a SUD<sup>23</sup></li> </ul>	<ul> <li>Expand value-based payments in Medicare, including value-based purchasing programs for hospital outpatient departments and ambulatory surgical centers<sup>24</sup></li> <li>Consolidate Medicare's hospital quality programs<sup>25</sup></li> <li>Reform the medical liability system<sup>26</sup></li> <li>Make it easier to open and use HSAs<sup>27</sup></li> <li>Accelerate adoption of public health strategies to reduce new HIV infections by 90 percent within 10 years<sup>28</sup></li> <li>Require a minimum level of charity care for hospitals to receive uncompensated care payments<sup>29</sup></li> </ul>

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Joe Biden Former Vice President, Former U.S. Senator (D-DE) RCP Average: 29.1	<ul> <li>Supports public option</li> <li>Eliminate the 400 percent income cap on ACA tax credit eligibility and lower the limit on cost of coverage from 9.86 percent of income to 8.5 percent</li> <li>Increase the ACA tax credits by calculating them based on the cost of a gold plan, rather than a silver plan</li> <li>Supports auto enrolment into the public option for individuals below 138 percent FPL</li> </ul>	<ul> <li>Repeal non-interference clause</li> <li>Establish a review board to assess the value of new drugs without competition and to recommend a "reasonable price" based on the average price in other countries; Medicare, public plan and plans offered on exchanges will pay reasonable rate</li> <li>Allow individuals to import drugs as long as HHS has certified that the drugs are safe</li> <li>Eliminate advertising tax deduction</li> <li>Prohibit brand manufacturers from denying access to reference materials necessary for generic applications</li> <li>Establish Medicare/public option condition of participation that price increases cannot be greater than inflation</li> <li>Establish a tax penalty for manufacturers that increase prices more than the inflation rate</li> </ul>	Ban surprise billing	<ul> <li>Provide \$20 billion for rural broadband infrastructure</li> <li>Create a new hospital designation, the Community Outpatient Hospital</li> <li>Expand funding and flexibility for rural providers to test innovative care models</li> <li>Eliminate rural hospital payment cuts (bad debt, sequestration, Medicare and Medicaid DSH); extend permanently the low-volume, Medicare dependent hospital and Medicaid primary care payments; and reinstate sole community hospital "hold harmless" payments</li> <li>Expand the NCSC to increase the number of providers in rural areas</li> <li>Increase grant funding to accelerate deployment of telehealth for mental health and specialty care</li> </ul>	<ul> <li>Ensure enforcement of MHPA</li> <li>Increase funding for mental health services</li> </ul>	<ul> <li>Implement California's maternal health strategy nationwide (research, development of quality improvement toolkits based on research findings and creation of a maternal data center used by the majority of the state's hospitals<sup>30</sup>)</li> </ul>	<ul> <li>Provide caregivers with a tax credit of \$5,000</li> <li>Improve tax benefit to use retirement savings to buy long-term care insurance</li> <li>Double funding for community health centers</li> </ul>

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Elizabeth Warren U.S. Senator (D-MA) RCP Average: 20.6	Supports Medicare for All	<ul> <li>Repeal the non- interference clause</li> <li>Allow HHS to manufacture generic drugs when no company is manufacturing a drug, when only one or two companies manufacture a drug and its price has increased, the drug is in shortage, or the medicine is listed as essential by the WHO and faces limited competition and high prices</li> </ul>		<ul> <li>Create a new Medicare designation for rural hospitals that reimburses them at a higher rate and offers flexibility of services to meet community needs</li> <li>Fight hospital mergers that increase costs, lower quality, and close rural facilities</li> <li>Establish a \$25 billion capital fund to support options for improving access to care in health professional shortage areas</li> <li>Lift the cap on medical residency placements, targeted in underserved areas, by 15,000 over the next five years</li> <li>Increase the NHSC and IHS loan repayment</li> </ul>	<ul> <li>Hold insurers accountable for providing adequate mental health benefits and enforce MHPA</li> <li>Invest \$100 billion to fight the opioid crisis</li> <li>Expand access to medication-assisted treatment</li> <li>Demand states use Medicaid to its fullest to tackle the opioid crisis</li> <li>Ensure treatment programs and recovery residences meet high standards</li> <li>Hold drug manufacturers accountable for contributing to the opioid epidemic</li> </ul>	<ul> <li>Penalize or reward hospitals based on maternal mortality rates of African American moms<sup>31</sup></li> <li>Improve workforce diversity so teams look like the communities they serve<sup>32</sup></li> </ul>	<ul> <li>Increase funding for community health centers by 15 percent over five years</li> <li>Increase health workforce by scaling up apprenticeship programs</li> </ul>
Bernie Sanders U.S. Senator (D-VT) RCP Average: 16.6	Supports Medicare for All	<ul> <li>Repeal the non- interference clause</li> <li>Allow patients, pharmacists, and wholesalers to buy prescription drugs from Canada and other industrialized countries</li> <li>Tie drug prices to the median drug price in Canada, the United Kingdom, France, Germany and Japan</li> </ul>		<ul> <li>Provide funding to rebuild and expand rural health care infrastructure, including hospitals, maternity wards, mental health clinics, dental clinics, dialysis centers, home care services, ambulance services and ERs</li> <li>Expand funding for the NHSC</li> <li>Expand access to public addiction recovery services in rural areas</li> </ul>		<ul> <li>Address racial disparities<sup>33</sup></li> <li>Provide funding for implicit bias training<sup>34</sup></li> <li>Establish a pilot program that includes additional supports for mothers on Medicaid through their pregnancy<sup>35</sup></li> </ul>	
Pete Buttigieg Mayor (D) of South Bend, Indiana RCP Average: 7.1	<ul> <li>Supports public option</li> <li>Automatically enroll individuals eligible for free coverage in Medicaid or the public option</li> <li>Restore and expand ACA cost-sharing reduction payments to insurers</li> <li>Reverse Trump administration rules on association health plans</li> </ul>	<ul> <li>Repeal non-interference clause</li> <li>Make Medicare-negotiated rates available to other public and private insurance programs</li> <li>Cap Medicare OOP drug costs at \$200 a month</li> </ul>	<ul> <li>Ban surprise billing</li> <li>Require in-network hospitals to bill all services at in-network rates</li> <li>Push insurers to improve price transparency tools</li> <li>Encourage price information in EHRs</li> </ul>	<ul> <li>Increase Medicare reimbursement rates</li> <li>Encourage states to increase Medicaid reimbursement rates</li> </ul>	<ul> <li>Enforce parity for mental health and addiction treatment by requiring health plans to annually report; health plans that fail to comply will face fines, penalties and possibly be publicly named</li> <li>Remove Medicare's 190-day lifetime limit on inpatient psychiatric admissions</li> </ul>	<ul> <li>Expand Medicaid coverage for pregnant mothers to one year post-childbirth</li> <li>Support implicit bias training</li> <li>Establish state-based maternal mortality registries</li> <li>Encourage prenatal home visits and telemedicine to expand access to care</li> </ul>	<ul> <li>Cap OOP costs for enrollees in Medicare FFS plans</li> <li>Strengthen hospitals' community benefit requirements</li> <li>Cap providers' out-of- network rates at twice what Medicare pays (cap will be flexible in underserved areas to ensure providers can cover costs)</li> </ul>

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Pete Buttigieg (Continued)	and short-term limited duration plans • Lower the limit on cost of coverage from 9.86 percent of income to 8.5 percent • Increase the ACA tax credits by calculating them based on the cost of a gold plan, rather than a silver plan	<ul> <li>Tax pharmaceutical companies on gross sales of the drug starting at 65 percent and increasing by 10 percent up to a maximum of 95 percent every quarter the company fails to participate in negotiations or leaves negotiations before a fair price is agreed upon</li> <li>Cap OOP costs under \$250 a month on public option plan</li> <li>Establish a \$0 co-pay for high-quality generic medicines for low-income individuals on Medicare, Medicaid and the public option plan</li> <li>Require insurance plans and pharmaceutical companies to pay their more in the Part D catastrophic phase</li> <li>Use "march-in rights" to seize patient licenses for "worst offender" pharmaceutical companies</li> <li>Increase the Branded Prescription Drug Fee</li> <li>Require branded pharmaceutical companies to pay a rebate for Medicare and public option plan drugs that increase faster than inflation</li> <li>End "pay-for-delay"</li> <li>Prohibit brand manufacturers from denying access to reference materials necessary for generic applications</li> <li>Invest in and expand incentives for American manufacturing, especially for essential drugs prone to shortages and quality problems</li> </ul>	<ul> <li>Improve provider directories, drug formulary comparisons and plan quality ratings</li> <li>Establish a national all- payer claims database</li> <li>Require integration of EHRs, billing and reporting systems</li> </ul>		Encourage states to require parity in Medicaid		<ul> <li>Harmonize standards for provider transactions with health plans, including for eligibility and benefit verification, prior authorization, claims attachment and claims status inquiry</li> <li>Increase funding for antitrust authorities to review more mergers and bring enforcement cases</li> <li>Authorize the FTC to monitor conduct of nonprofit hospitals and take action against anti- competitive behavior</li> <li>Lower reporting thresholds for mergers, requiring more transactions to be reviewed</li> <li>Expand funding for BARDA</li> <li>Increase support for the work of Army Futures Command to fight pandemics and other national threats to health</li> <li>Expand funding for the Combating Antibiotic Resistance Bacteria program</li> <li>Increase staff for foreign inspections of drug manufacturing facilities</li> <li>Require the government to evaluate the safety of drug imports</li> <li>Increase the drug transshipment and importation tracing initiatives</li> </ul>

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Pete Buttigieg (Continued)		<ul> <li>Reduce regulatory and financing barriers to new drug contracting models</li> <li>Require pharmaceutical companies that sell to public plans to report information regarding sales volume, price, discounts, rebates, promotion, manufacturing costs, and research and development spending</li> <li>Require that manage prescription drug benefits for public plans to report annual dollar sales, sales volume, pricing, spread pricing and rebates</li> <li>Increase funding to \$100 million for bioequivalence research</li> <li>Direct the government to streamline regulations and approval processes for complex generics and biosimilars</li> </ul>					
Kamala Harris U.S. Senator (D-CA) RCP Average: 3.5	Supports Medicare for All with a Medicare buy- during transition period	<ul> <li>HHS will set a "fair price" for prescription drugs that are sold for a cheaper price in a comparable OECD country or increases its annual price by more than inflation; a fair price will be no more than 100 percent of the average price for that drug in comparable OECD countries (i.e., Canada, United Kingdom, France, Germany, Japan or Australia); HHS will update the fair price for each identified drug at least annually with a cap for inflation</li> <li>Tax profits pharmaceutical companies make by selling a drug above the fair price in the United States at a rate of 100 percent, which will be provided to consumers as rebates</li> </ul>				<ul> <li>Provide funding for implicit bias training<sup>36</sup></li> <li>Establish a pilot program that includes additional supports for mothers on Medicaid through their pregnancy<sup>37</sup></li> <li>Expand postpartum Medicaid coverage for new moms<sup>38</sup></li> </ul>	

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Kamala Harris (Continued)		<ul> <li>Eliminate the advertising deduction</li> <li>Investigate whether pharmaceutical companies are price gouging; such companies will receive a warning letter demanding a price reduction within 30 days. Failing a price reduction, HHS will import the drug</li> <li>Use "march-in rights" to seize patient licenses for prescription drugs as a last resort</li> </ul>					
Andrew Yang Founder of Venture for America RCP Average: 2.8	Supports Medicare for All	<ul> <li>Direct the FDA and DOJ to bring more criminal cases against pharmaceutical executives who use misleading marketing techniques or take shortcuts through the testing and approval process</li> <li>Direct the DOJ to strictly enforce all laws regarding fraudulently presenting clinical research during the FDA approval process</li> </ul>		<ul> <li>Increase resources and incentives for counselors, social workers and psychologists in rural areas</li> <li>Promote the use of telemedicine</li> </ul>	<ul> <li>Tax opioid manufacturers retroactive to 2005</li> <li>Direct the FDA to regulate drug manufacturers' marketing in conjunction with regulation of new drugs</li> <li>Increase federal funding to \$20 billion annually for opioid addiction treatment</li> <li>Declare an opioid state of emergency</li> <li>Decriminalize at the federal level small quantities of opioid use and possession</li> <li>Provide grants to states for their own treatment programs that decriminalize small quantities of opioid use and possession</li> <li>Mandate that individuals who overdose be sent to treatment centers for three days to convince them to seek long-term treatment</li> <li>Encourage states to limit the size of opioid prescriptions and require all prescriptions to be made by hospitals</li> </ul>	Mandate coverage for postpartum depression screening for new mothers	<ul> <li>Pay physicians a flat salary rather than by a FFS model</li> <li>Create tax incentives for individuals to use innovative medical technology</li> <li>Increase investments in research on innovative medical technologies</li> <li>Work with licensing agencies to create new levels of medical licensure for Primary Care Specialists (who have less training than doctors to help with routine health issues while knowing when to refer a case to a physician)</li> </ul>

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Andrew Yang (Continued)					<ul> <li>Require the DEA to enforce a stricter limit on the number of opioid medications that can be produced each year</li> <li>Establish a national anti- stigma campaign for mental health issues, "Everybody Needs Help Sometimes"</li> <li>Invest in Al counselors and promote use of AI for social workers and those who need a psychologist</li> </ul>		
Amy Klobuchar U.S. Senator (D-MN) RCP Average: 2.6	Supports public option	<ul> <li>Repeal non-interference clause</li> <li>Allow personal importation of prescription drugs from "safe countries" like Canada</li> <li>End "pay-for-delay"</li> </ul>	• Ban surprise billing <sup>39</sup>	<ul> <li>Improve recruitment, retention, training and workplace protections for the mental health and SUD health care workforce in rural areas</li> <li>Promote remote monitoring technology and telehealth services in Medicare</li> <li>Establish a new Rural Emergency Hospital classification under Medicare to ensure rural hospitals stay open</li> <li>Provide expanded support to CAHs</li> <li>Adjust Medicare's geographic practice cost index to reflect actual cost of providing health care in rural areas</li> <li>Eliminate the two percent Medicare sequestration cut for rural hospitals</li> </ul>	<ul> <li>Expand funding for states and localities to detect and respond to mental health conditions, including mental health programming and resources for schools, as well as training for pediatricians and primary care doctors</li> <li>Support school and community drug early- intervention programs</li> <li>Lead new initiatives focused on risks of alcohol and alcohol addiction</li> <li>Increase funding for state and local suicide prevention initiatives</li> <li>Mandate that physicians and pharmacists use prescription drug monitoring programs</li> <li>Invest in research and development of pain alternatives to opioids</li> <li>Establish incentives for states to enact ignition interlock laws for convicted drunk drivers</li> <li>Increase the number of beds in mental health and SUD treatment centers</li> <li>Expand CCBHC and treatment facilities</li> </ul>	<ul> <li>Address shortage of maternity care professionals in underserved areas40</li> <li>Develop best models of care to address racial disparities41</li> </ul>	<ul> <li>Expand training and support services for families and caregivers of those with Alzheimer's disease, other forms of dementia or chronic conditions</li> <li>Expand Medicare-covered services for Alzheimer's disease</li> <li>Invest in research into health disparities</li> <li>Reform Medicare payment policies by adopting site neutral payments and bundled payments</li> <li>Support investment in public health infrastructure for Alzheimer's that reduces risk; improves early detection and diagnosis; and focuses on tribal, rural, minority and other underserved populations</li> <li>Establish a new refundable tax credit, targeted toward those who are most in need of support, to help offset the costs of long-term care</li> <li>Create a new targeted tax credit long-term care insurance</li> </ul>

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Amy Klobuchar (Continued)					<ul> <li>Increase investments in early intervention and treatment programs for drugs including cocaine and methamphetamine</li> </ul>		<ul> <li>Establish a tax credit of up to \$6,000 a year for those caring for an aging relative or a relative with a disability</li> </ul>
					<ul> <li>Repeal Medicaid's IMD Exclusion</li> </ul>		
					<ul> <li>Increase NIH funding for research on impact of SUD and the development of safe treatments</li> </ul>		
					<ul> <li>Increase support for drug courts, mental health courts and treatment alternatives to incarceration</li> </ul>		
					<ul> <li>Establish a two cent fee on each milligram of active opioid ingredient in a prescription pain pill paid by the manufacturer or importer to pay for the cost of expanding access to SUD and mental health treatments</li> </ul>		
					<ul> <li>Establish a MSA that provides funds to states for the cost of addiction treatment and social services—paid for by requiring hedge funds to pay more taxes on their investment earnings</li> </ul>		
Cory Booker U.S. Senator (D-NJ) RCP Average: 1.9	Supports Medicare for All	<ul> <li>Repeal non-interference clause</li> <li>Allow importation</li> <li>Compulsory license patents from manufacturers that sell drugs for less in other countries</li> </ul>			<ul> <li>Treat addiction like a disease</li> <li>Provide resources for communities</li> <li>Hold pharmaceutical companies accountable</li> </ul>	<ul> <li>Extend Medicaid coverage for new moms to one year past childbirth<sup>42</sup></li> </ul>	<ul> <li>Increase asset limits for LTSS to \$200,000 and income limits to 300 percent FPL with allowance for individuals with assets of incomes exceeding those levels being able to buy into the program with cost- sharing determined on a sliding scale</li> </ul>

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Tulsi Gabbard U.S. Representative (D-HI-2) RCP Average: 1.8	Supports Medicare for All	<ul> <li>Repeal the non- interference clause</li> <li>Allow HHS Secretary to import safe, affordable medicine from Canada and other advanced countries</li> <li>Establish price controls on prescription drugs to ensure prices in the United States are lower than the median price in Canada, the United Kingdom, France, Germany and Japan</li> </ul>	• Ban surprise billing <sup>43</sup>		<ul> <li>Prohibit and penalize illegal marketing and distribution of opioids</li> <li>Establish criminal liability for opioid manufacturer executives</li> <li>Require drug manufacturers to reimburse HHS for the economic impact of opioids</li> <li>Reduce market exclusivity of drug manufacturers that illegally advertise, market or distribute opioids</li> </ul>		
Tom Steyer Former Hedge Fund Manager RCP Average: 0.9	Supports universal coverage						
Julian Castro Former Secretary, U.S. Department of Housing and Urban Development RCP Average: 0.6	<ul> <li>Make Medicare available for all</li> <li>Enroll newborns and anyone who loses employer-sponsored insurance immediately into Medicare</li> </ul>	<ul> <li>Repeal non-interference clause</li> <li>Negotiate drug prices using international prices as a reference point</li> <li>Reform IP laws to promote generic drugs</li> <li>Allow importation from countries that meet strong consumer protection and safety standards</li> </ul>		<ul> <li>Increase reimbursement rates for areas with higher costs, including rural and underserved communities</li> <li>Expand high-speed internet access to enable telemedicine</li> <li>Improve reimbursement for telemedicine services</li> <li>Fund residency programs, prioritizing hospitals that serve rural and underserved communities</li> <li>Reform immigration system to allow foreign- born doctors to more easily practice in the United States</li> <li>Establish incentives in Medicare to promote the use of nurse practitioners and physician's assistants to have full practice authority</li> </ul>			

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Julian Castro (Continued)				<ul> <li>Provide grants through Medicare to teaching hospitals and medical schools to establish urban-rural rotation programs</li> </ul>			
Michael Bennet U.S. Senator (D-CO) RCP Average: 0.6	<ul> <li>Supports public option</li> <li>Supports auto enrollment for Americans currently eligible for, but not enrolled in, Medicaid or CHIP</li> <li>Fix the "family glitch" to clarity that individuals can access tax credits for exchange plans if their employer coverage is not affordable for their family (inclusive of spouse and children)</li> <li>Cover Medicaid expansion at 100 percent for states that have not expanded and phase to 90 percent match over five years</li> </ul>	<ul> <li>Require government negotiation for Medicare and Medicare-X drugs</li> <li>End "pay-for-delay"</li> <li>Implement value-based reimbursement</li> <li>Require manufacturers to justify price increases</li> <li>Establish inflationary rebate</li> </ul>	<ul> <li>Create tools for Americans to compare services and chose the highest-quality, lowest- cost care</li> <li>Require providers and insurers to provide real- time cost-sharing information</li> <li>Ban out-of-network surprise billing for ER visits or hospital charges incurred when a patient selected an in-network hospital or physician</li> </ul>	<ul> <li>Close the rural health divide—expand coverage, lower cost of health care, harness tech and innovation, and increase access to providers</li> <li>Reimburse up to 25 percent more for services in rural and underserved areas</li> <li>Provide \$40 billion to support access to broadband so rural providers can connect with their patients and monitor health conditions remotely through telemedicine</li> <li>Provide loan forgiveness and repayment assistance of up to \$10,000 per year for health care professionals who work in rural areas</li> </ul>	<ul> <li>Integrate primary care with behavioral health</li> <li>Invest \$60 billion to combat SUDs</li> <li>Require opioid manufacturers and distributors to pay into a \$20 billion fund for treatment and prevention of SUDs</li> <li>Hold opioid manufacturers and distributors criminally liable and increase fines for illegal marketing of addictive opioids</li> <li>Eliminate restrictions on providers to prescribe addiction treatment</li> <li>Require insurers to cover addiction</li> <li>Require insurers to cover alternatives for pain management</li> </ul>	<ul> <li>Expand Medicaid coverage for pregnant women to six months postpartum</li> <li>Support midwives and home visitation in rural communities</li> <li>Increase research funding on maternal and infant health</li> <li>Address racial disparities through ending maternity care deserts, requiring culturally competent screening and treatment, and strengthening state and federal programs related to family planning and maternity care</li> </ul>	<ul> <li>Reimburse for health care services based on outcomes and value</li> <li>Direct the FTC to study the effect of consolidation in the provider and insurance industries</li> <li>Increase funding for the NIH by 40 percent by 2025</li> <li>Provide caregivers with a tax credit of up to \$3,000</li> <li>Implement a long-term care strategy</li> </ul>
Marianne Williamson Author	<ul> <li>Supports making Medicare available to all through ACA exchanges</li> </ul>				<ul> <li>Decriminalize drugs and treat drug addiction as a mental health issue</li> </ul>		Increase funding for agencies that focus on health policies (NIH, CDC and FDA)
RCP Average: 0.5							<ul> <li>Require the CFPB to investigate "how hospitals overcharge patients"</li> </ul>
							Require DOJ to explore     how to remove profit     motive from medicine
							Require CDC to focus more research on disease prevention

Candidate	Health Insurance	Drug Pricing	Transparency and Surprise Billing	Rural Health	Mental Health and Substance Use Disorder	Maternal Health	Other Health Proposals
John Delaney Former U.S. Representative (D-MD-6) RPC Average: 0.3	<ul> <li>Provide a government health care plan for every American under 65 with no premiums</li> <li>Decouple health care from employment</li> <li>Allow opt-out of government plan and provide tax credit to purchase private health insurance</li> <li>Allow employers to provide supplemental private insurance to their employees</li> </ul>	<ul> <li>Repeal non-interference clause</li> <li>Institute a 100 percent excise tax on manufacturers on the difference between the average price of a drug sold in the United States and the price of that drug in similarly economically developed countries</li> </ul>		Support hospitals, including rural providers			<ul> <li>Eliminate deduction for employer-sponsored insurance</li> <li>Invest in research to cure cancer, Alzheimer's and other diseases</li> </ul>
Steve Bullock Montana Governor (D) RCP Average: 0.1	<ul> <li>Supports public option</li> <li>Increase subsidies for ACA exchanges plans for families with income below 400 percent FPL</li> <li>Automatically enroll families who are Medicaid eligible or eligible for a 100 percent cost subsidy for an ACA exchange plan</li> <li>Expand Medicaid in all 50 states</li> </ul>	Repeal non-interference clause     Cap drug costs in Medicare	End surprise billing and out-of-network charges	<ul> <li>Preserve rural hospitals (HHS will conduct reviews to support hospitals and consider increasing Medicare and Medicaid reimbursement rates and the hospital wage index)</li> <li>Elevate the Office of Rural Health Programs to report directly to the HHS Secretary</li> <li>Ensure sufficient number of providers in rural areas by increasing nursing education and training funding and expanding the Teaching Health Center GME program (funded in part by insurers)</li> <li>Increase investment in telehealth</li> <li>Invest \$61 billion in rural broadband</li> </ul>	<ul> <li>Hold drug manufacturers accountable for negligent sales of opioids</li> <li>Increase funding for state SUD grants</li> <li>Increase investments in work programs that help those who have struggled with addiction return to the workforce</li> </ul>	<ul> <li>Increase funding for community health centers, providers, and state and local health departments focusing support on areas with high rates of maternal mortality<sup>44</sup></li> <li>Establish maternal mortality review committees<sup>45</sup></li> </ul>	<ul> <li>Fight mergers of giant insurance companies though an executive order to increase enforcement against health care consolidation</li> <li>Support value-based payment models</li> <li>Invest in eliminating Medicare improper payments</li> </ul>

### Glossary

ACA	Affordable Care Act	FTC	Federal Trade Commission
AI	Artificial Intelligence	GME	Graduate Medical Education
ASP	Average Sales Price	HHS	U.S. Department of Health and Human Services
BARDA	Biomedical Advanced Research and Development Authority	HIV	Human Immunodeficiency Virus
CAH	Critical Access Hospital	HSA	Health Savings Account
ССВНС	Certified Community Behavioral Health Clinic	IHS	Indian Health Service
CDC	Centers for Disease Control and Prevention	IMD	Institutions for Mental Diseases
CHIP	Children's Health Insurance Program	IP	Intellectual Property
CFPB	Consumer Financial Protection Bureau	LTSS	Long-Term Services and Supports
СНС	Community Health Center	MHPA	Mental Health Parity Act
СММІ	Center for Medicare and Medicaid Innovation	MSA	Master Settlement Agreement
CPI-U	Consumer Price Index for All Urban Consumers	NCSC	National Care Standards Commission
DEA	Drug Enforcement Administration	NHSC	National Health Services Corps
DOJ	U.S. Department of Justice	NIH	National Institutes of Health
DSH	Disproportionate Share Hospital	OECD	Organization for Economic Co-operation and Development
EHR	Electronic Health Record	OOP	Out-of-Pocket
ER	Emergency Room	PBM	Pharmacy Benefit Manager
FDA	U.S. Food and Drug Administration	PCS	Primary Care Specialist
FFS	Fee-For-Service	SUD	Substance Use Disorder
FPL	Federal Poverty Level	wнo	World Health Organization

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