

Keynote Address





Avik Roy

Foundation for Research & Equal Opportunity,
Co-Founder and President



FREOPP: A NEW MODEL FOR BIPARTISAN REFORM









Our Mission

A non-partisan, non-profit think tank focused on expanding economic opportunity to those who least have it

Our Values

We advance ideas that achieve progressive policy outcomes using the tools of free enterprise, individual liberty, technological innovation, and pluralism

Our Focus

Market-based reforms that help the private sector meaningfully improve the lives of Americans whose incomes or wealth is below the U.S. median

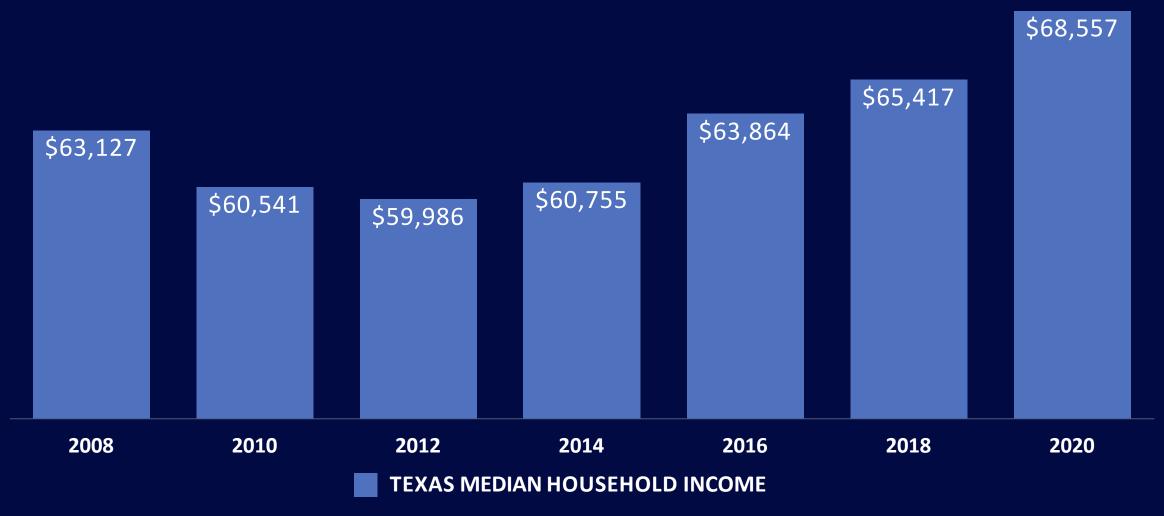
Our Structure

Traditional 501(c)(3) think tank; funded exclusively by charitable donations from people like you



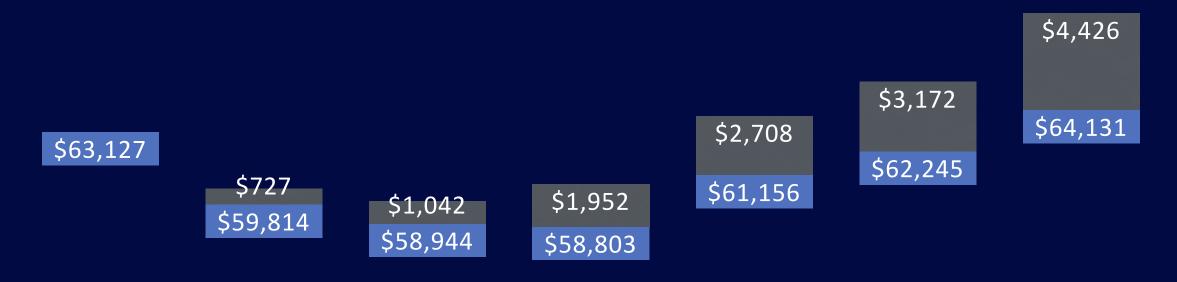
TEXAS: AN ECONOMIC SUCCESS STORY?

Texas median household income, 2008–2020 (nominal dollars)



HEALTH CARE IS ERODING TEXAS LIVING STANDARDS

Texas median household income, 2008–2020 (nominal dollars)

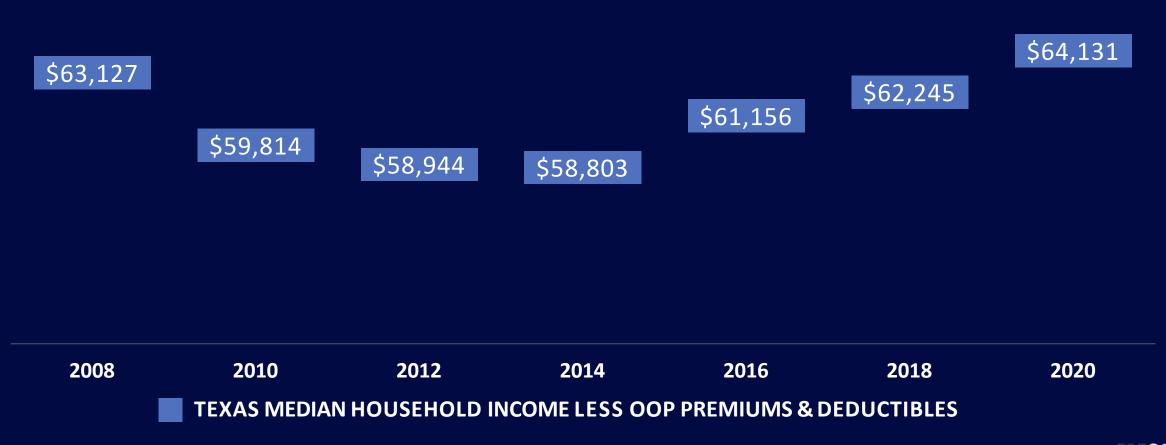






HEALTH CARE IS ERODING TEXAS LIVING STANDARDS

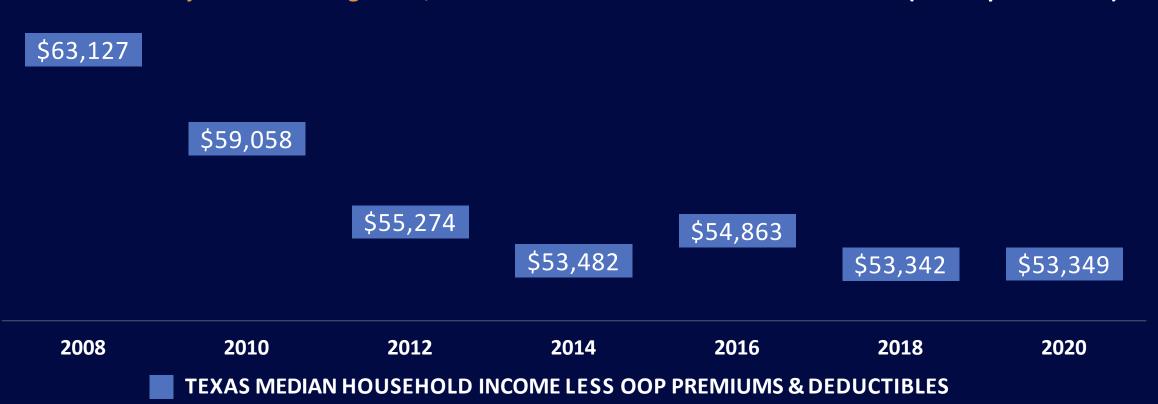
Texas median household income, 2008–2020 (nominal dollars)



HEALTH CARE IS ERODING TEXAS LIVING STANDARDS

Texas median household income, 2008–2020 (inflation-adjusted dollars)

Inflation-adjusted income growth, net of OOP health insurance costs: -15.5% (-1.4% per annum)



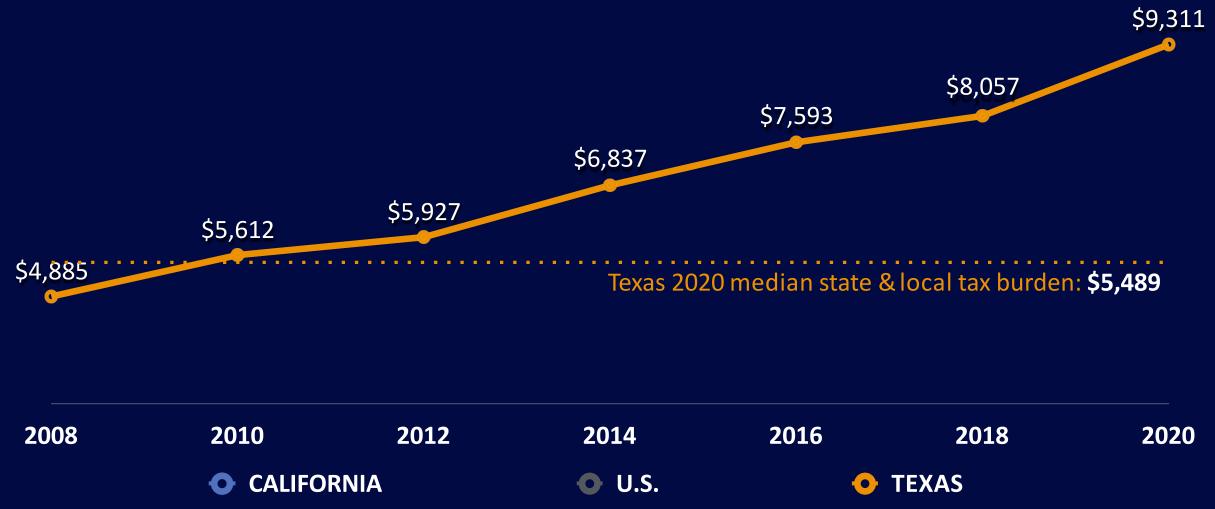
TEXANS ARE MORE EXPOSED TO RISING HEALTH COSTS

Average employee out-of-pocket premium contribution + deductible, family coverage



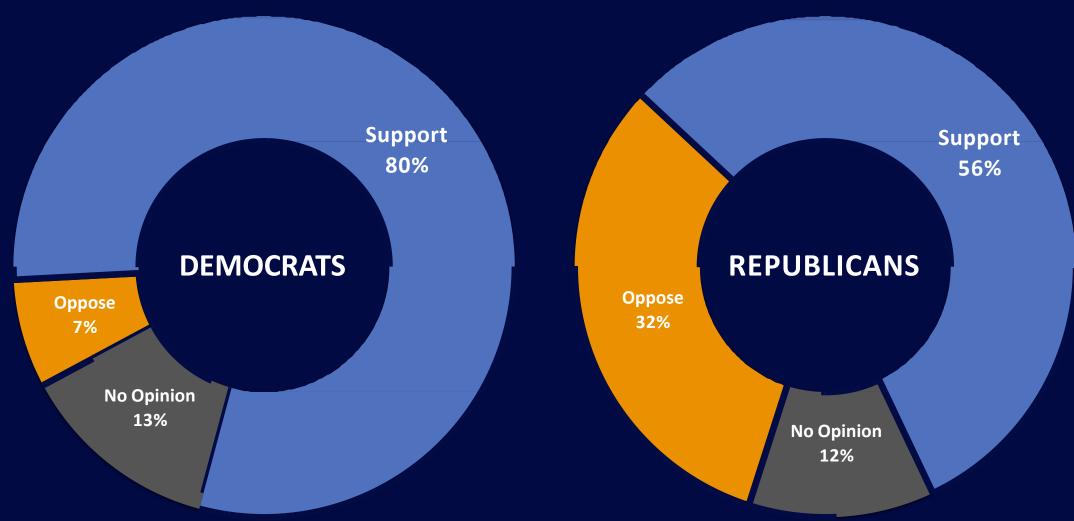
TEXANS ARE MORE EXPOSED TO RISING HEALTH COSTS

Average employee out-of-pocket premium contribution + deductible, family coverage



68% OF REGISTERED VOILES SUPPORTA PUBLIC OPTION

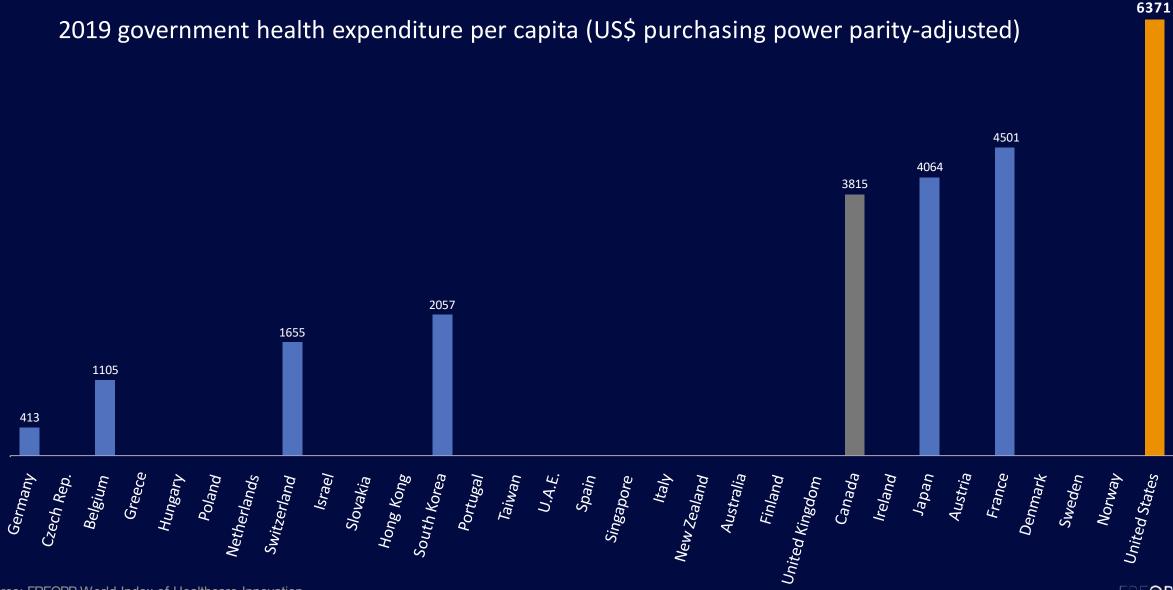
Support for a government-run health program to compete with private insurance



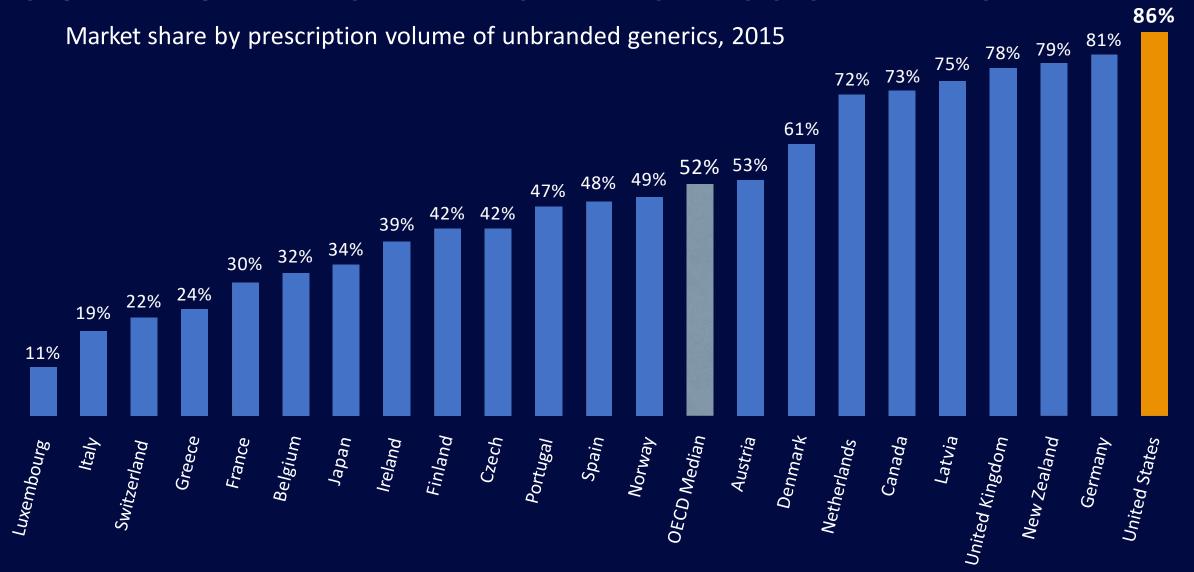
THE MYTH OF 'FREE-MARKET' U.S. HEALTH CARE

6371 2019 government health expenditure per capita (US\$ purchasing power parity-adjusted) 5673 4928 4663 4402 3815 3919 3443 3537 3620 2560 2626 2057 2069 2075 2001 1889 1912 1542 1568 1572 1412 1105 453 413 South Korea United States Germany Czech Rep. Netherlands United Kingdom *Denmark* Belgium Poland Switzerland Hong Kong Portugal Taiwan U.A.E. Singapore New Zealand Australia Canada Japan Austria France Sweden Hungary Israel Slovakia Finland Ireland Spain

FEE-FOR-SERVICE WORKS...JUST NOT IN THE U.S.



U.S. LEADS THE WORLD IN GENERIC DRUG UTILIZATION



935

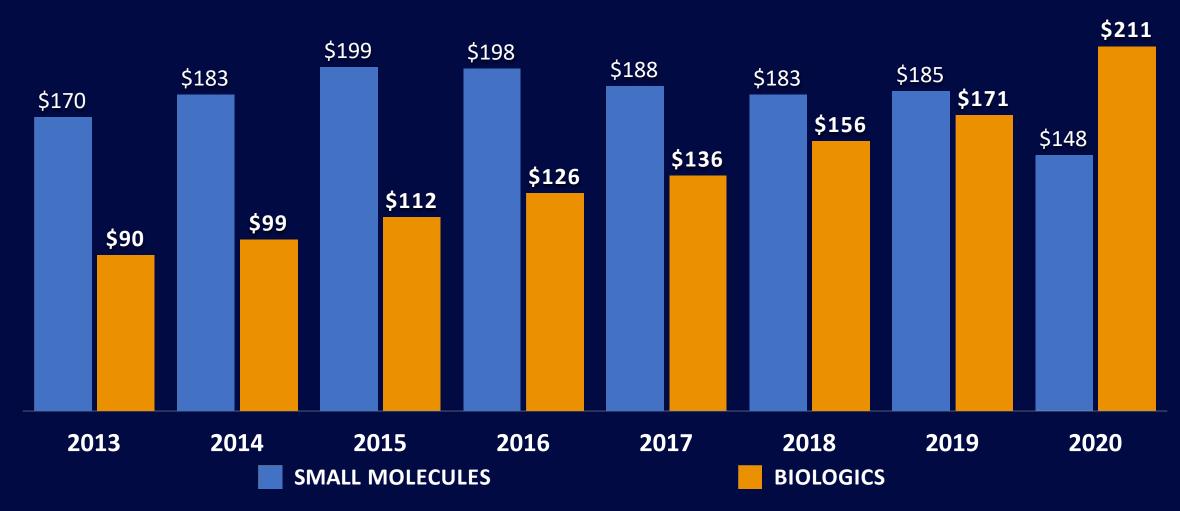
U.S. PHARMA SPENDING FAR EXCEEDS PEER NATIONS

Annual per-capita drug spending, 2019 (US\$ purchasing power parity-adjusted)



BIOLOGIC DRUGS: 59% OF NET DRUG SPENDING

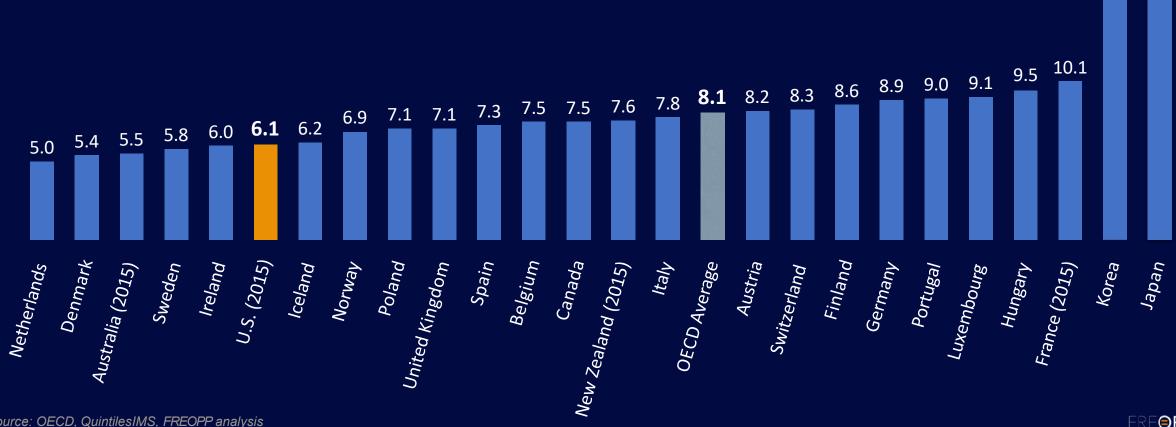
U.S. net drug spending, biologics vs. small molecules, 2013–2020 (billions)



18.1

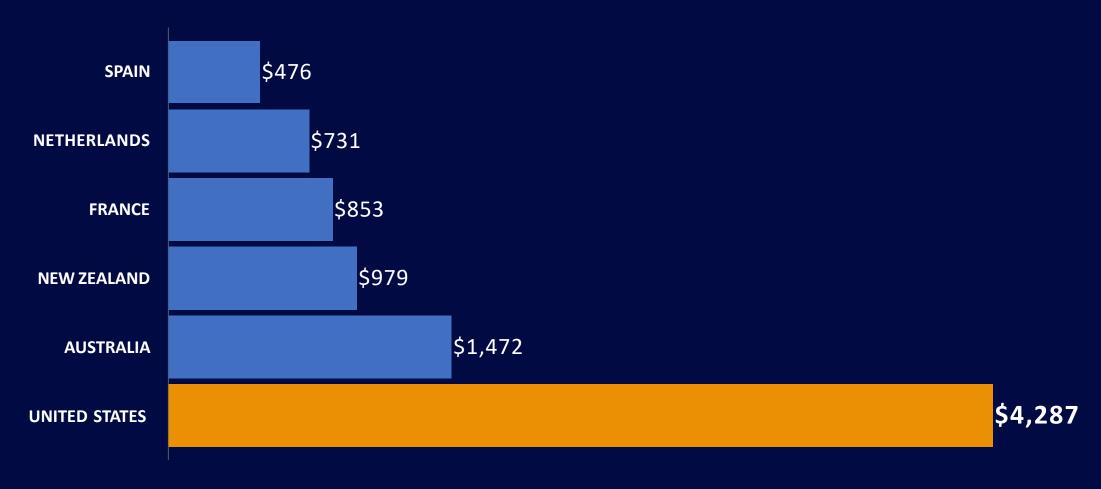
U.S. HOSPITAL UTILIZATION IS WELL BELOW AVERAGE

Average hospital length of stay, all causes, 2016



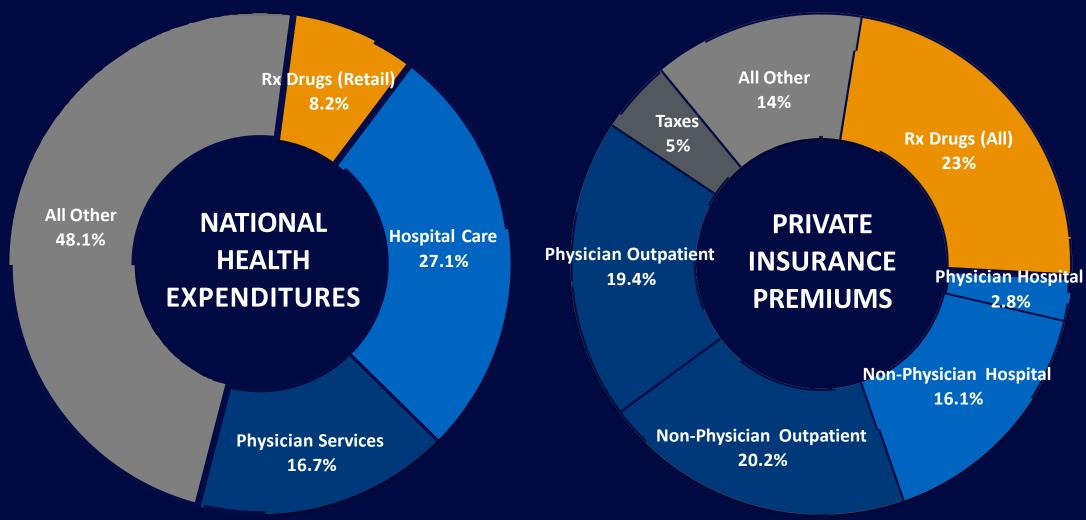
HIGHER FEES FOR THE SAME SERVICE

Despite lower avg. lengths of stay, U.S. per-diem hospital costs far exceed others



OUTPATIENT CARE: 40% OF PRIVATE INSURANCE PREMIUMS

Prescription drugs as a share of national health expenditures vs. private insurance claims



BUT AT LEAST WE'RE INNOVATIVE?

In the 2021 FREOPP World Index of Healthcare Innovation, the U.S. dominated in Science & Technology, but ranked 29th out of 31 in Fiscal Sustainability, and only 20th on Choice

Why?

 #2 in access to new treatments, but last (#31) in affordability of coverage

Overall Rank	Country	Overall Tier	Overall Score	Quality	Choice	Science & Technology	Fiscal Sustainability
1	Switzerland	Excellent	65.15	65.39	68.25	53.92	73.06
2	Netherlands	Excellent	62.99	62.65	73.31	42.56	73.43
3	Germany	Excellent	59.79	52.73	70.25	37.69	78.48
4	Ireland	Excellent	56.67	58.16	61.48	32.52	74.50
5	Israel	Excellent	55.72	63.21	59.67	38.38	61.62
6	United States	Excellent	54.78	56.33	54.53	73.93	34.35
7	Australia	Good	50.76	60.07	65.44	25.27	52.25
8	Hong Kong	Good	50.72	40.56	61.58	24.96	75.77
9	Belgium	Good	50.51	48.84	56.23	35.43	61.53
10	United Kingdom	Good	50.21	52.15	57.04	47.18	44.46
11	Denmark	Good	49.87	49.20	52.20	45.37	52.70
12	Singapore	Good	49.71	46.83	66.44	32.63	52.95
13	Taiwan	Good	49.26	50.22	60.10	17.75	68.96
14	South Korea	Good	48.36	51.81	63.35	18.14	60.16
15	New Zealand	Good	48.28	58.47	54.61	25.47	54.56
16	Czech Republic	Good	47.58	38.84	56.84	15.58	79.06
17	Portugal	Good	46.92	63.15	58.83	15.78	49.93
18	Sweden	Moderate	45.35	48.72	53.87	40.99	37.82
19	Austria	Moderate	45.33	50.86	55.45	29.84	45.16
20	United Arab Emirates	Moderate	45.19	46.72	45.86	22.41	65.79
21	Finland	Moderate	44.64	50.45	42.34	36.99	48.78
22	Spain	Moderate	44.53	47.13	56.85	23.52	50.63
23	Canada	Moderate	44.31	53.26	54.05	27.63	42.29
24	Norway	Moderate	44.17	57.10	48.59	33.76	37.22
25	France	Moderate	42.60	53.25	54.04	32.79	30.34
26	Greece	Moderate	41.55	38.72	58.67	19.66	49.14
27	Hungary	Moderate	40.31	32.34	48.82	17.72	62.34
28	Italy	Poor	37.90	44.22	44.21	19.37	43.80
29	Slovakia	Poor	37.70	28.75	48.66	14.32	59.06
	Japan	Poor	37.52	57.20	56.09	36.76	0.04
31	Poland	Poor	35.52	25.23	44.01	8.40	64.45





Congressional Budget Office: 2021 long-term budget projections

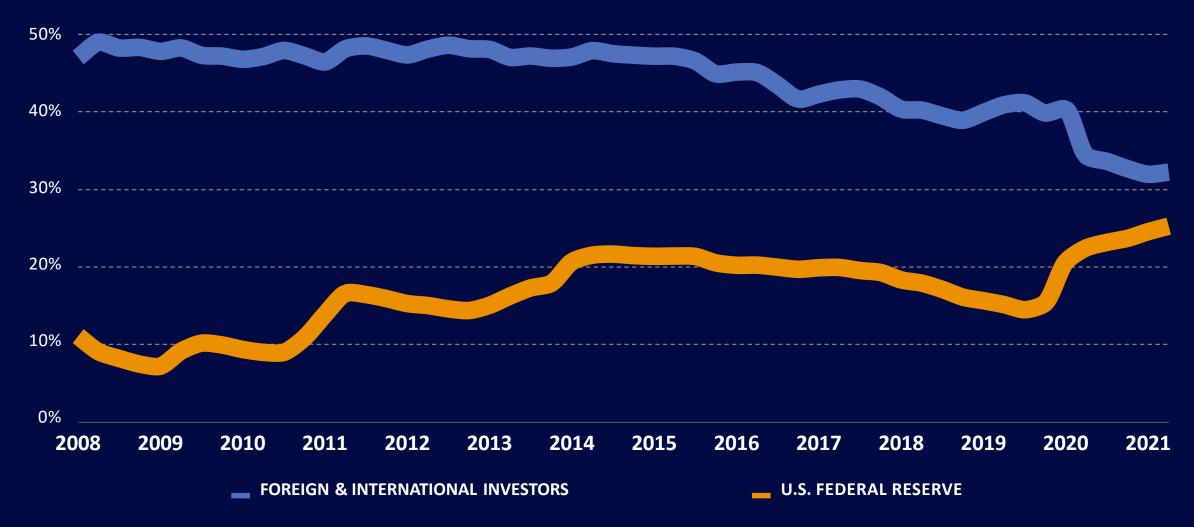


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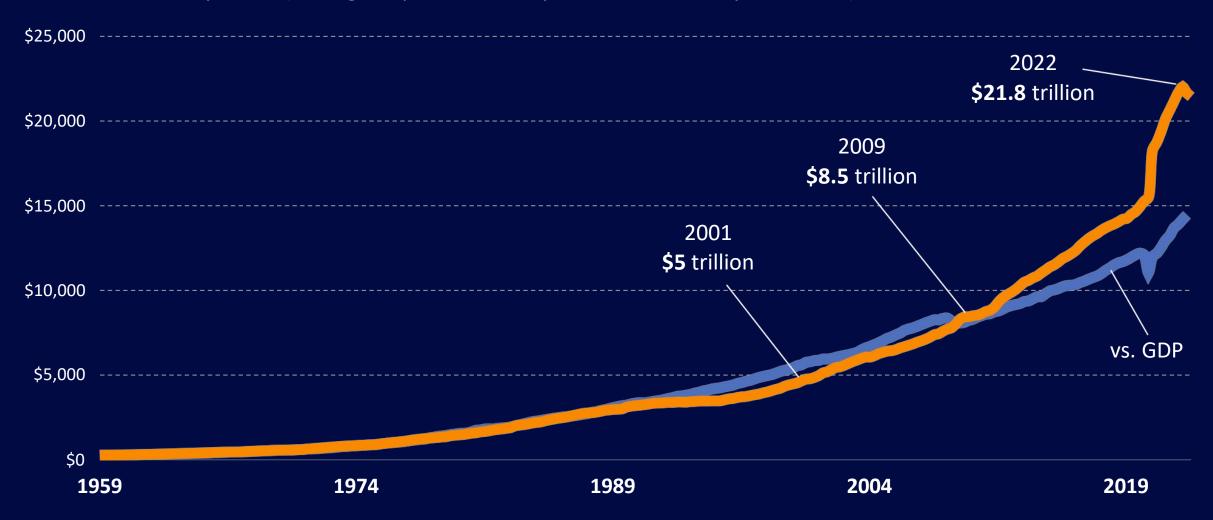
FEDERAL DEBT INCREASINGLY OWNED BY...THE FED

Ownership share of Treasury securities since the 2008 financial crisis

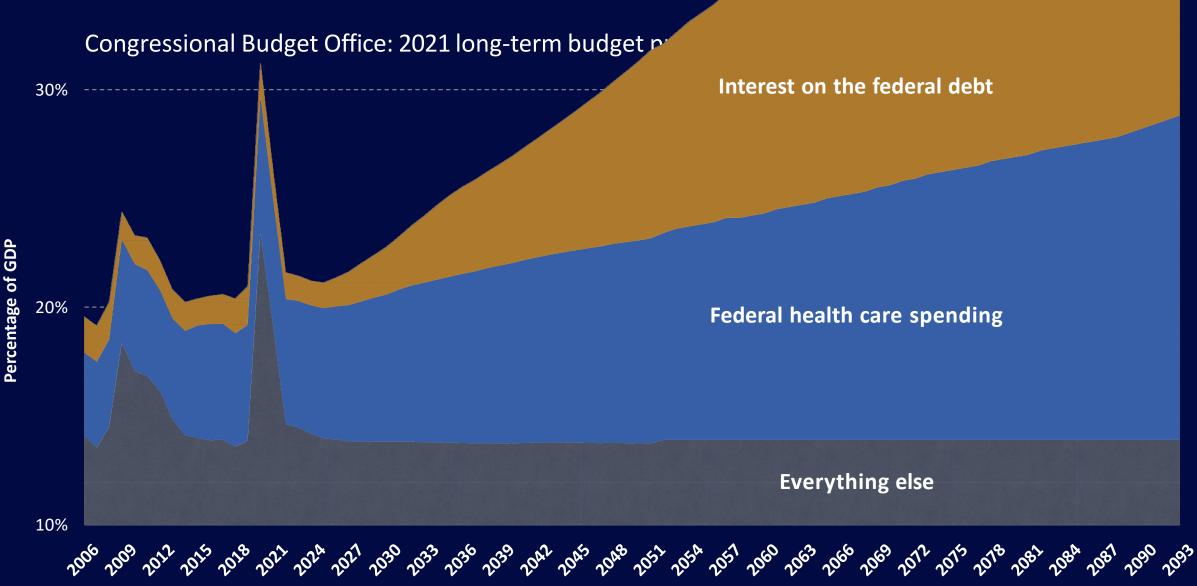


THE FED PRINTS MONEY OUT OF THIN AIR TO LEND TO U.S.

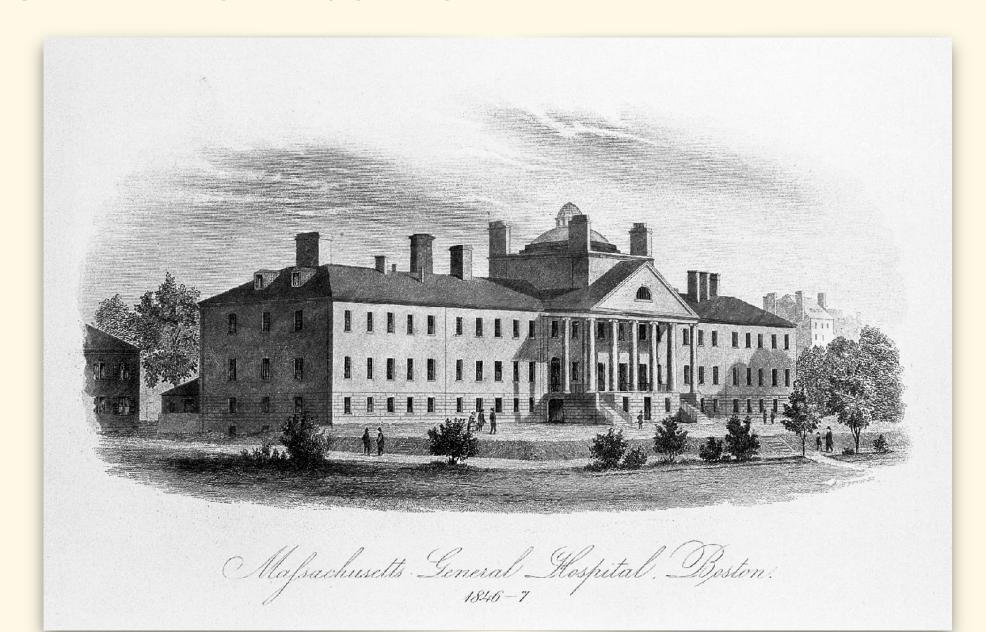
M2 money stock (savings deposits, money market funds deposits, etc.), billions



FEDERAL HEALTH SPENDING DRIVES OF



HOW DID U.S. HEALTH CARE GO FROM HERE...



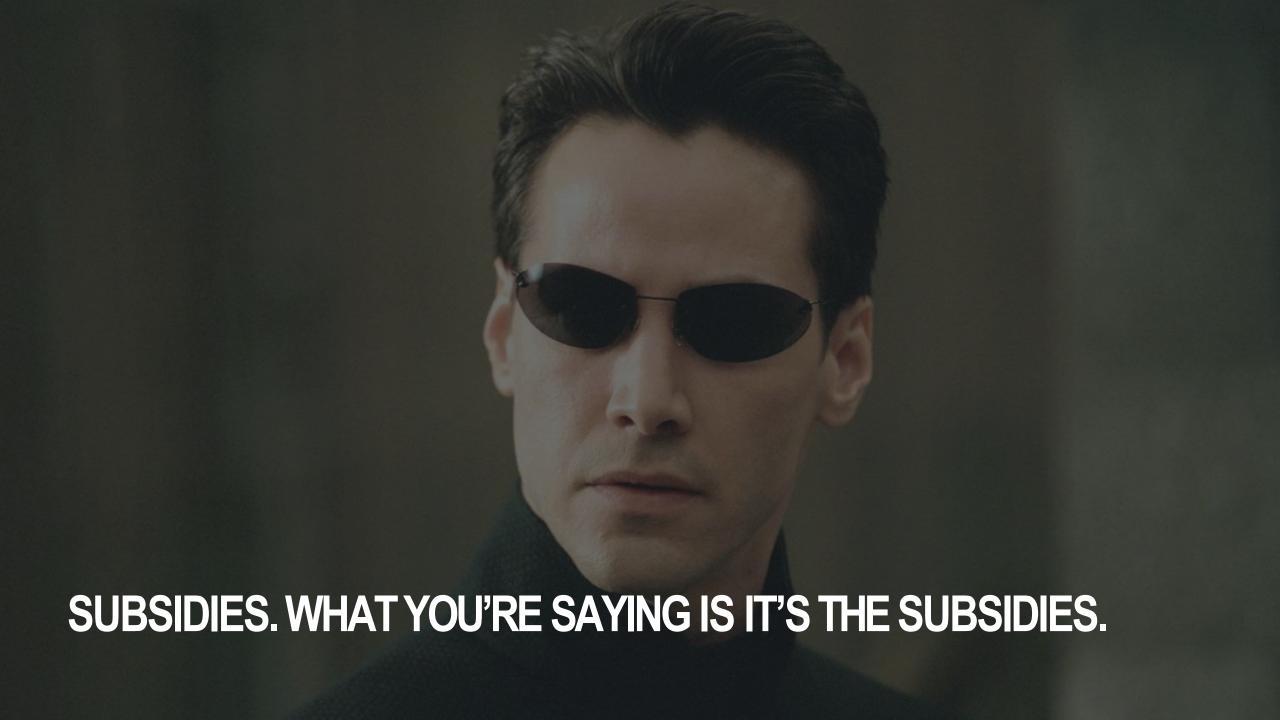


AMERICAN HEALTH CARE EXPLAINED—IN ONE CHART

Government subsidizes health insurance

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ကိုလို Consumers become insensitive to health costs Hospitals, doctors, drugmakers, et al. raise prices Governments spend more than expected Managed care increases penetration, *8 Government cuts reimbursement rates negotiates lower payments Industry gains market Industry charges more power through patent to private insurers lawsuits & consolidation Private insurers increase their premiums × Health insurance less affordable to consumers



HOW FAR CAN PRIVATE-SECTOR SOLUTIONS TAKE US?





Because 80-90% of health care is paid out by insurers, and because few people shop for their own insurance, consumers need transparency and choice for insurance more than for individual health care services



Health insurance across state lines

of-state insurers to build enough market power (covered lives) to negotiate better prices with monopoly providers or drug companies



Advanced primary care

Innovative primary care models can improve health outcomes and reduce costly utilization, the high unit cost of hospital care, prescription drugs, and specialty physician care drives health spending



THE MYTH OF 'FREE-MARKET' U.S. HEALTH CARE

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THE WIHI TOP 5: UNIVERSAL PRIVATE HEALTH INSURANCE





Maximum freedom of choice; #1 in producing medical advances

Quality: #1 Choice: #3

Science & Technology: #2
Fiscal Sustainability: #6



#2 Netherlands

Highly competitive insurance market; #1 in patient-centered care

Quality: #4 Choice: #1

Science & Technology: #5
Fiscal Sustainability: #5



#3 Germany

Perennial balanced budgets; #1 in access to new treatments

Quality: #13 Choice: #2

Science & Technology: #8
Fiscal Sustainability: #2



#4 Ireland

#1 in measures of preventable disease; global pharma hub

Quality: #7 Choice: #8

Science & Technology: #13

Fiscal Sustainability: #4



#5 Israel

#1 in Nobel prizes per capita; #2 in prevention & patient-centered care

Quality: #2 Choice: #10

Science & Technology: #7
Fiscal Sustainability: #11



WHAT THE U.S. CAN LEARN FROM SWITZERLAND





#1 Switzerland

Maximum freedom of choice; #1 in producing medical advances

Quality: #1 Choice: #3

Science & Technology: #2
Fiscal Sustainability: #6

Universal coverage through private insurance

 Regulated, transparently priced insurance products similar to Medicare Parts C & D, ACA exchanges, & Paul Ryan Medicare proposals

Heavily means-tested financial assistance

- Subsidized coverage only for vulnerable populations
- Significantly lower health care prices
 - Insurers at the cantonal level are allowed to band together to jointly negotiate drug & hospital reimbursement rates
- •73% less per-capita subsidies than the U.S.



IN MEDICARE, PRIVATE INSURANCE WINS HEAD-TO-HEAD





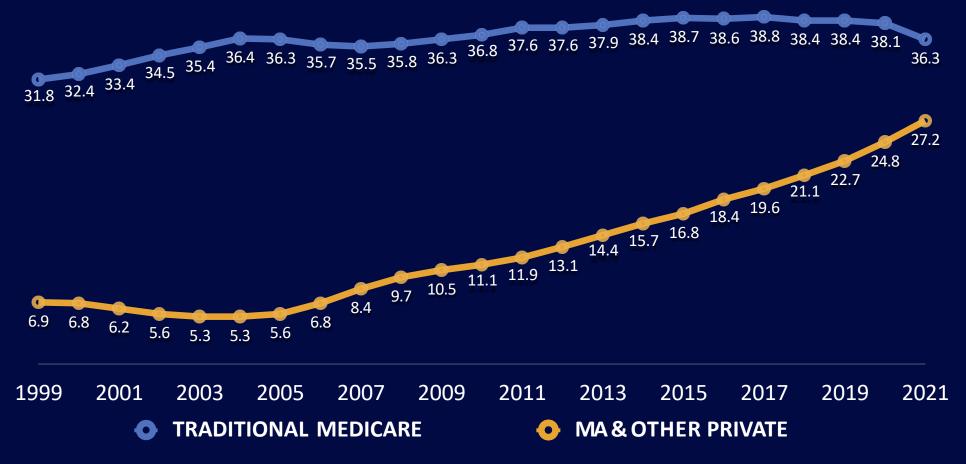
#6 United States

Very strong in scientific innovation, but fiscally unsustainable & dead last in affordability

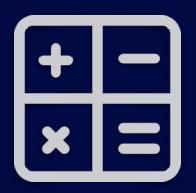
Quality: #10 Choice: #20

Science & Technology: #1
Fiscal Sustainability: #29

Medicare enrollment by payer type (millions)



MEDICARE ADVANTAGE FOR ALL: 4 CORE PRINCIPLES









Affordable for Every Generation

Universal—and universally affordable—coverage for today's Americans, and a fiscally sustainable system for the generations to come

Personalized Insurance

All Americans should have the freedom to choose among a wide variety of private plans that suit their needs

Fairness to Taxpayers

Taxpayer-funded subsidies should be reserved for the poor, the sick, and the vulnerable—not the wealthy

Innovation & Competition for Patients

Enabling competition and curtailing the power of health care monopolies will lower patients' costs and increase innovation in patient care







- •Step 1: Strengthen individual insurance
 - Reinsurance reduces premiums & protects those w/pre-existing conditions
 - Enable businesses to help their workers buy their own coverage
 - Merge federal employees' health benefits into individual market





- •Step 2: Reduce health care prices
 - Prescription drug reform
 - Curtail the power of health care monopolies



- Step 3: Medicare & Medicaid reform
 - Improve Medicare Advantage
 - Eliminate Medicare eligibility for wealthiest Americans
 - Integrate able-bodied Medicaid enrollees into individual market



- Step 4: Expand innovation
 - Digital & telehealth reform (HIPAA, Stark)
 - Enable veterans to obtain private coverage & care
 - Reform medical malpractice
 - And much more





THE FAIR CARE ACT: MARKET-BASED UNIVERSAL COVERAGE







Legislation introduced in the U.S. House & Senate

Lead sponsors:
Rep. Bruce Westerman (Ark.), Rep. Jim
Banks (Ind.), Sen. Mike Braun (Ind.)

Anyone who wants insurance can afford it

Like Medicare Advantage, meanstested subsidies ensure that everyone can afford private coverage, increasing the number of insured by 9 million U.S. residents

Reduces the deficit & reduces taxes

By means-testing health insurance subsidies, and reducing health care costs, the bill reduces the deficit by \$152 billion over 10 years



THE FAIR CARE ACT: HEALTH COVERAGE IN 2030

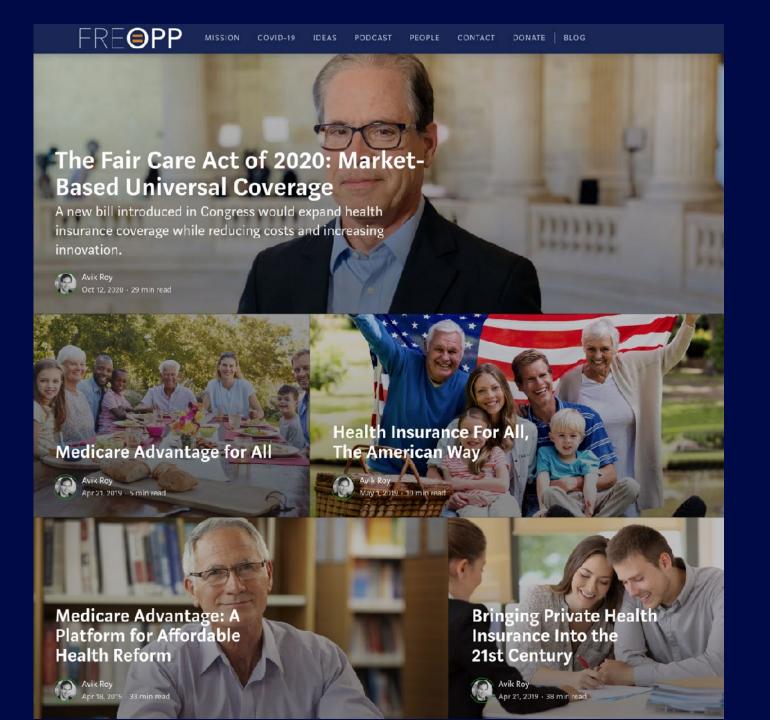
Under current law

(millions of U.S. residents)

Under the Fair Care Act

40 Medicare Advantage	Medicare Advantage 50
16 Individual (ACA marketplaces)	
8 Federal Employees Health Benefits (FEHB) Program	Individual (FCA marketplaces) 66
149 Employer-sponsored group coverage	
143 Employer-sponsored group coverage	
	Employer-sponsored group coverage 136
26 Uninsured (legal residents)	
39 Medicare (single-payer / fee-for-service)	Uninsured (legal residents) 17
	Medicare (single-payer / fee-for-service) 29
26 Medicaid (able-bodied non-elderly)	Medicaid (able-bodied non-elderly) 16
36 Medicaid & CHIP (children)	Medicaid & CHIP (children) 26
8 Medicaid (blind & disabled non-elderly)	Medicaid (blind & disabled non-elderly) 8





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