

Hospital Fair Price in Action

PEOPLE MATTER



How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families



Table of Contents

Summary of the National Alliance Hospital Fair Price Initiative..... 1

**The Fair Price Story from Various Perspectives:
Driving Change through Policy and Other Actions..... 3**

Coalition Initiatives 3

Employer Stories 9

Patient Testimonials about the Burden of High Hospital Costs 10

Better Solutions for Healthcare 14

In the News 15



Summary of the National Alliance Hospital Fair Price Initiative

Given the reality that employees are being pushed into medical debt and forced to forego raises and benefits enhancements, and employers are facing unprecedented profitability headwinds, the National Alliance is equipping coalitions and employers/purchasers to operationalize the tools of transparency to achieve a fair price for hospital services.

Data that only recently became available through [Sage Transparency](#) reinforces what we have long known: Hospital prices are out of control, and we can't rely on health systems and health plans to course correct. In fact, data indicate that for most hospitals a "fair price" for patients privately insured by employers is 140%–200% of what Medicare pays for the exact same products, procedures and services at the exact same facilities—with some hospitals charging more than 500% of Medicare prices. A fair price should allow for a reasonable markup from verifiable costs.

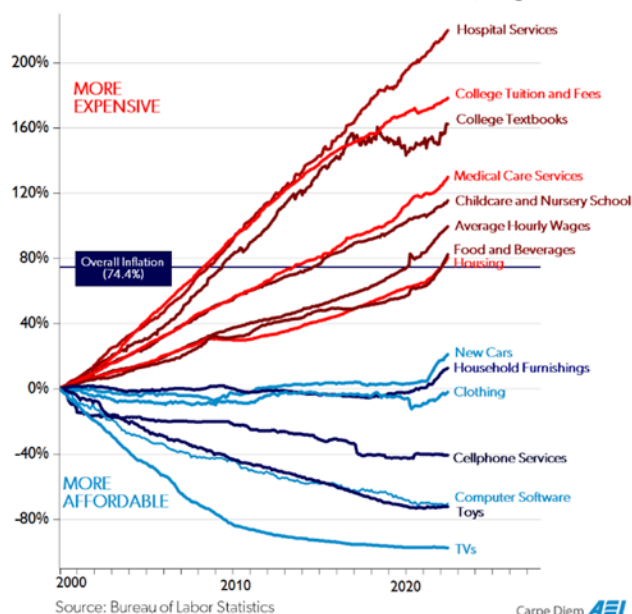
This resource includes the real stories of coalitions and employers that are driving change and employees who are stretched thin and falling behind.

These resources offer insight and guidance about the National Alliance Hospital Fair Price Initiative:

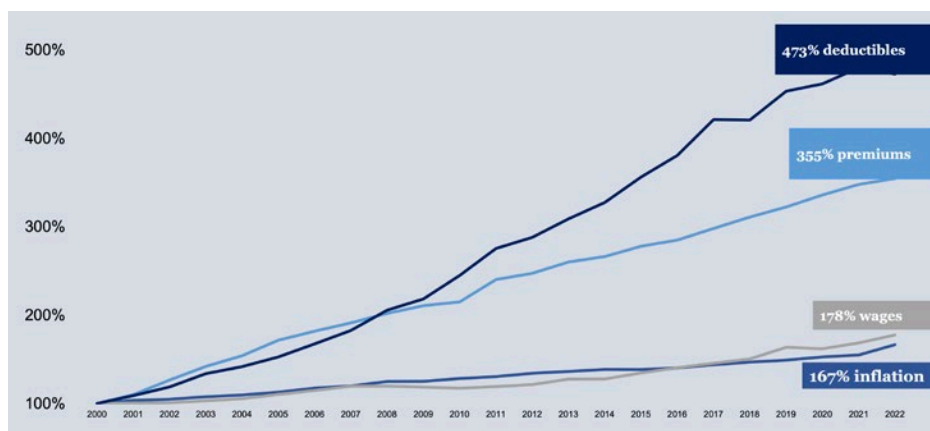
- ▶ [Beyond Hospital Transparency: Getting to Fair Price](#) (employer playbook)
- ▶ [Setting the Record Straight: The Urgency of Achieving Hospital Fair Price](#) (includes myths and facts)

Rising hospital prices drive spending growth

Price Changes: January 2000 to June 2022
Selected US Consumer Goods and Services, Wages



Premiums and deductibles outpace wages



HOSPITAL FAIR PRICE IN ACTION: PEOPLE MATTER

How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families

Today's Healthcare Landscape

- ▶ The US healthcare system now accounts for over 18% of GDP.
- ▶ High costs are crowding out wages and harming employer competitiveness (family coverage is currently \$22,463/year—a 20% increase in just five years).
- ▶ Over 41% of American adults have medical debt—the number 1 cause of personal bankruptcy, accounting for over 61% of all filings.
- ▶ Families, particularly the ethnically and culturally diverse, are stretched thin and continue to fall behind due to healthcare costs.

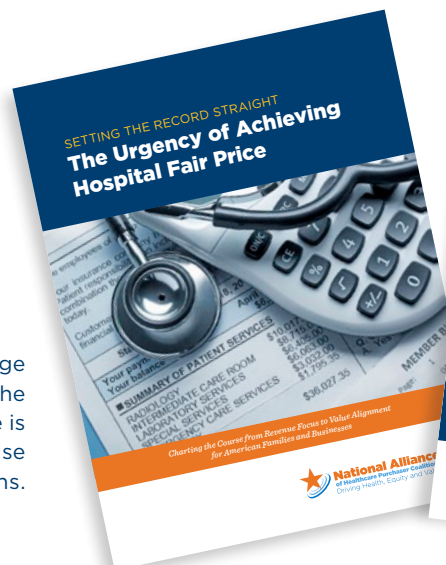
The Role Hospitals Play

- ▶ Hospital prices are the leading driver of healthcare costs, making up roughly 1/3 of all costs.
- ▶ Hugely inflated costs are borne by America's businesses and passed on to employees and their families through higher insurance premiums, increased deductibles, and lower wages.
- ▶ High and rising hospital prices are largely the result of industry consolidation and the use of anti-competitive contracting prices to gain market power.
- ▶ Federal action is needed to ensure a level playing field.

What Hospitals Falsely Assert

1. Hospital prices are based on the cost of providing care to patients and the ability to invest in improvements in quality and infrastructure.
2. Medicaid reimburses hospitals well below the cost of care.
3. Hospitals are currently in an unsustainable workforce crisis that threatens their ability to care for patients.
4. Hospitals use facility fees to help operate outpatient clinics that expand access to care and increase care coordination, particularly in underserved areas.
5. Mergers help keep hospitals open—particularly hospitals that are financially challenged.
6. Hospitals are not in a position to dominate contract negotiations.
7. Hospitals are not overcharging payers, and, in fact, provide tremendous amounts of uncompensated care and discounted care.
8. Hospitals do not inflate the cost of life-saving drugs. The cost of new and existing drugs has skyrocketed and hospital expenses for drugs have risen in kind.
9. Rural hospitals are at serious risk of closure as they continue to face skyrocketing expenses and depleted resources.

Click on the image to see how the National Alliance is responding to false assertions.



Click on the image for a helpful employer/plan sponsor playbook.

HOSPITAL FAIR PRICE IN ACTION: PEOPLE MATTER

How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families

The Fair Price Story from Various Perspectives

DRIVING CHANGE THROUGH POLICY AND OTHER ACTIONS

Coalition Initiatives

The Alliance



The Alliance is supporting the formation of an

independent organization called Advancing Free Market Healthcare (AFMH) to amplify the voice of employers in health policy matters. In 2023-2024, AFMH has created a brand, a website, and an organizational framework replete with mission, vision, and guiding principles, plus a legislative agenda outlining policy priorities.

The Alliance played a role in convening employers around health policy advocacy and supporting the formation of AFMH, although the effort includes both Alliance and non-Alliance employers.

During the 2023–24 legislative session, AFMH was successful in stopping legislation that would have been detrimental to free market forces in healthcare. The Alliance and AFMH also supported legislation, [SB 328](#), that would have codified federal hospital price transparency regulations into state law and imposed state level penalties—a bill that was opposed by the Wisconsin Hospital Association. SB 328 had strong support from the business community, and advocacy on this issue gave employers the opportunity to educate lawmakers about the benefit of investing in actionable price transparency beyond simple compliance with federal regulations. After the bill stalled, a compromise proposed by AFMH would have used the state’s All Payer Claims Database to create public dashboards displaying all-in real prices for 300 shoppable procedures that could be used by employers to design high-value benefit plans and enable consumers to compare real prices by provider.



While the compromise was not enacted in the waning days of the legislative session, the Wisconsin Speaker of the House recommended a study committee to make recommendations on the issue for the start of next session (January 2025). Lawmakers remain interested and engaged in the issue.

The real measure of success is the level of employer engagement in health policy and their influence. At the start of the 2023 session, employer concerns about healthcare costs were largely overlooked by policymakers. Today, AFMH and its activities ensure employer voices are heard. Employers will start the next legislative session with a seat at the table on healthcare price transparency.

At the federal level, The Alliance believes there is room for vast improvement on the issue of price transparency, particularly in the following areas:

1. Hospitals are not posting prices for 300 shoppable services, opting instead to create consumer-facing cost-estimator tools that were allowed under the final regulations. These tools are misleading consumers by omitting charges for professional fees and ancillary care (see below), and not having the list of 300 shoppable services makes it extremely difficult for employers to compare and use the data.

2. “Compliant” hospitals are posting prices only for facility charges and ignoring all other charges that go along with an episode of care, making it impossible to compare prices for shoppable services between providers.
3. Employers own their data and have a right to their claims files from their TPAs and insurers. Having access to data is the only way to understand cost drivers and opportunities for cost savings and can typically be shared in a way that protects the privacy of employees.

Employers’ Forum of Indiana



Employers’ Forum of Indiana established that employers own their own data, and during their audits 837 and 835 electronic file transactions. (This is a big deal even if employers don’t know it yet.) The caveat is they need to amend PBM and TPA contracts because it doesn’t go into effect for all contracts until July 1, 2024. It applies to new, renewed or amended contracts, so the

coalition is encouraging employers to amend their contracts now. Indiana legislators are not typically comfortable intervening between two independent willing parties who agreed upon a contract, hence the coalition pushed for including amended and renewed contracts. Indiana is the only state in the country that has passed this law. It is also in Congressional S.3548.

The Forum gave an Indiana policy update at an all-stakeholder meeting recently. View the [slides](#) and the [detailed health summary](#).

Greater Philadelphia Business Coalition on Health

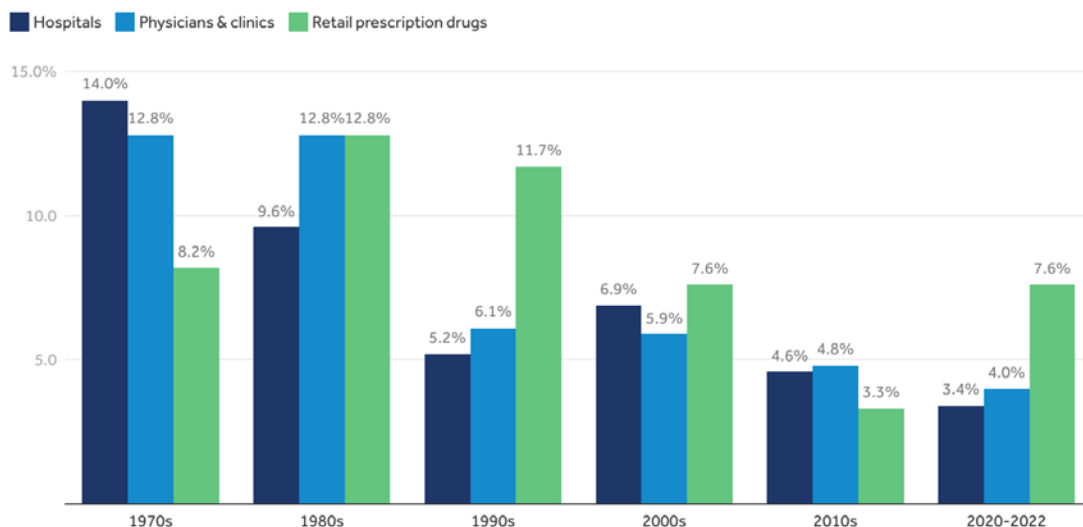


The Greater Philadelphia Business Coalition on Health produced a report in

2023 summarizing the NASHP, RAND, and Leapfrog hospital pricing data. The coalition then discussed the draft and the final report with the Transparency Interest Group, a coalition member.

Since 2020, spending growth on hospitals has increased

Average annual expenditures growth rate for select service types, 1970-2022



Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF
Health System Tracker

While the coalition received positive feedback on the report from several members, no resulting action is yet apparent. The initiative on hospital fair pricing is a work in progress, with no expectation of a sudden surge of activity.

In the Greater Philadelphia market, RAND and NASHP found that hospital pricing was not spectacularly out of line. A few hospitals had outrageous mark-ups or net margins above Medicare reimbursement levels, but employers seem reluctant to act on the data since the reported data were largely pre-pandemic. Many incorrectly assume hospitals took a major hit during the pandemic (view the myths and facts in this National Alliance Publication, “[Setting the Record Straight](#)”).

To raise hope that changes will happen over time with steady, if slow, progress, GPBCH has more positive employer examples on the quality/safety issue than on the pricing issue because of its role as a [Leapfrog Regional Leader](#). Employers were educated on Leapfrog data over many years and adoption was not rapid. Several employers now share the Leapfrog data with employees and incorporate quality/safety metrics into their employee portals. GPBCH has had several employers start to shift business away from low-scoring hospitals. One large employer had their health plan remove two “D” rated hospitals ([Leapfrog Hospital Safety Grade](#)) from its network.

GPBCH expects to see more uptake on the hospital pricing data in the future, but it will take continued education, not only on the data, but on best practices for using it. Also, a key leverage point will be to continue pressuring the health plans to use the data. For example, during a positive meeting with Aetna, they identified a problematic hospital system and promised to keep the pressure on.

Houston Business Coalition on Health



HBCH influenced the passage of [TX HB711](#) prohibiting anti-competitive language in

contracts between health plans and hospitals. Additionally, HBCH has created the TRUE value-based [population health services organization \(PHSO\)](#) for employers. This consumer-friendly, easy-to-use benefit plan offers high consumer satisfaction, lower costs, and improved clinical quality.

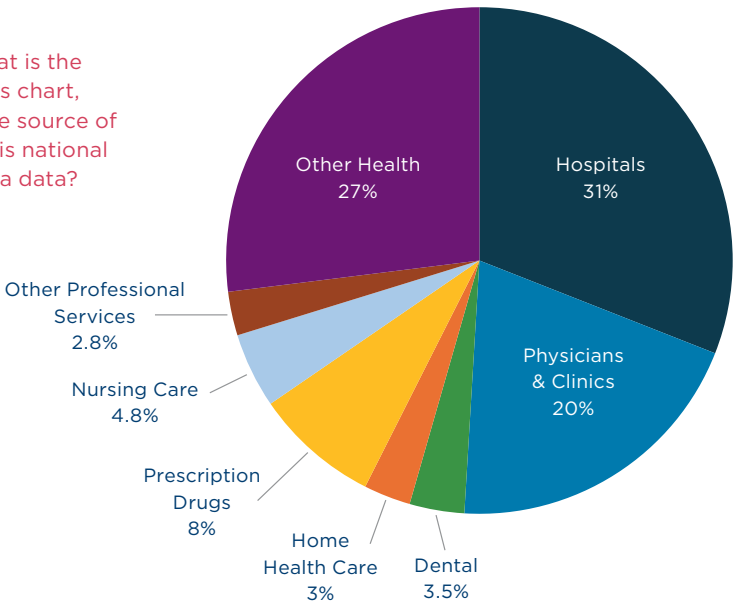
Nevada Business Group on Health/ Nevada Health Partners



The Nevada Business Group on Health (NVBGH), a group

purchasing organization committed to containing healthcare costs, has a negotiated hospital contract of

ED NOTE: What is the headline of this chart, and what is the source of the data? Is this national data or Nevada data?





150% of Medicare. Their contracted price is the lowest in their market, where the range for the state is between 155% and 535% of Medicare. When the price transparency data, such as NASHP and SAGE, were released, NVBGH Executive Director, Chris Syverson, began discussing it with her contracted hospitals, informing them that data would become an integral part of their contract negotiation process.

This has been a gradual rollout, as their contracts differ by year. However, this is promising news. In addition to encouraging hospitals to review their data, she also encouraged hospitals to see how they stack up against other health systems in the state.

NVBGH benchmarked its contracts against others in the market and shared the results with the Board of Directors, revealing that they successfully negotiated the lowest contract in the state. This proactive approach to education and engagement of their board and hospital stakeholders has yielded encouraging results. Syverson says, “We can now directly demonstrate the value of participating in our direct contracts. Price transparency equips us with the tools to deliver better value for health purchasers and their employees by providing us the information we need to get a fair price.”

The PEACH Group

The Public Employer Action Collaborative for Health (PEACH Group) advances and influences healthcare benefits’ quality and cost-effectiveness as the trusted resource for cities, counties, school districts, and other public employers in Minnesota. The PEACH Group has led the way in charting the course for ways to work collaboratively with insurance carriers on behalf of public sector payors.

The PEACH group initially partnered with a local nonprofit Minnesota health insurance carrier to inform them of the new price transparency tools, discuss market dynamics, and strategize how to achieve fair hospital costs for the public employers they represent. The work led to additional meetings with the Minnesota Council of Health Plans, a coalition of Minnesota’s largest nonprofit health plans. During one of those meetings, the PEACH Group leader and the National Alliance shared key analytics from NASHP and Sage with the carriers. Carriers were convinced to consider adding fair healthcare costs to their policy agenda. They plan to share these new insights with state legislators. Together, the PEACH Group and the carriers are working to improve healthcare costs on behalf of Minnesotans, including possible future legislative proposals.

Rhode Island Business Group on Health



Rhode Island Business Group on Health (RIBGH) launched a hospital

transparency and payment reform initiative. The coalition embarked on a campaign to educate and engage key stakeholders representing business, community, labor, legislative, consumer groups, and healthcare, including hospital trustees. A series of reports will be released to create pressure about aligning payment with affordability within Rhode Island.

The first [report](#) identified the primary drivers of rising commercial health insurance premiums, of which hospital costs represent 50%. The second report includes an examination of hospital expenses showing

that, at the national level, hospital overhead costs in the US have increased by almost 7% per year over the last 25 years. The primary focus of the second report is to introduce the question of hospital efficiency. Should hospital value be defined as high-quality services, at an affordable price, and efficiently produced?

RIBGH is also bringing data from the National Association of Insurance Commissioners to the community to provide more information in support of policy decision-making within the Rhode Island General Assembly. RIBGH committed to producing a series of briefs written in business-friendly language that will provide a more detailed analysis of all of the factors contributing to rising commercial health insurance premiums and healthcare costs to serve as a guide in making hospitals more efficient and health insurance more affordable.

Washington Health Alliance



The dataset the Washington Health Alliance

has versus the State of Washington All Payer Claims Database, which is what RAND received, has a different mix of self-insured data, which better represents the commercial market. With support from AV, they released a report on June 6, 2024. The report is an overview of commercial prices as a percent of Medicare for individual hospitals and by region. AV has asked to keep it general, and if there appears to be value in digging deeper, then they will go back for additional funding.



CONSUMER HARM

THE IMPACT OF HIGH PRICES AND UNEVEN QUALITY IN HEALTHCARE

Unaffordable healthcare is a top concern for consumers. It's time to work together toward better value in our healthcare system.

LESS MONEY FOR HOUSING AND FOOD

Overpaying for care means less money for food, housing and other necessities of daily life.



MIDDLE AND LOWER-INCOME FAMILIES HIT HARDEST

One in five middle-income people spends more than 10% of income on healthcare expenses. Lower-income families are less likely to have sufficient health insurance to assist with medical costs.



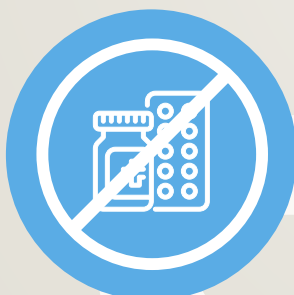
DIVERTS GOVERNMENT RESOURCES

State, local and federal governments make tough budgetary tradeoffs due to high healthcare prices, which may include lower spending on education, social programs, police and important infrastructure projects.



CONSUMERS FOREGO NEEDED CARE

Half the US population goes without needed care due to cost concerns, leading to poorer health outcomes.



CONSUMERS SUFFER MEDICAL HARM

Medical harm is the third leading cause of death in the US. An estimated nine million people suffer from medical harm each year, including an estimated 400,000 deaths, and unnecessary spending that costs tens of billions of dollars.



© National Alliance of Healthcare Purchaser Coalitions. All rights reserved.

HOSPITAL FAIR PRICE IN ACTION: PEOPLE MATTER

How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families

Employer Stories

A large public employer attempted to negotiate with a hospital after discovering a huge discrepancy between their price and Medicare's price.

They paid \$89,317 for 12 Eloxatin infusions for which Medicare would've paid \$185. The hospital's current pricing transparency file shows they are charging \$27,820.53 for 100 mg. of this drug that Medicare reimburses at \$14.20. After reaching out to the hospital COO, he had a consultant call after several weeks of study.

Her response? The hospital was unwilling to release the price they pay for Eloxatin since it's "proprietary and confidential" but that the employer should be assured the hospital is only charging 6%–8% above cost. Further, she said Medicare underpays and brought forth the tired

payer mix argument. She mentioned they'd reduced the price last summer and would be willing to direct contract for a further reduction—to a level where the price we pay would be "grossly inflated instead of super grossly inflated" and the employer would have to be exclusive with them for this one cancer drug.

As the employer said, "I'm continuing to needle them, saying that price transparency means they can't say it's 'proprietary and confidential,' but in the end I think they only have to report what they charge. It seems to me that reporting the drug's procurement cost (less rebates, etc.) should be part of the transparency mandate. It's harder to get to the real cost of a medical procedure but the drug cost is the drug cost. Maybe this is something we could get legislators to pursue."

"Employers basically have no visibility into the contracts insurers cut with hospitals. We've handed them a credit card and said, 'Go out and spend our money.'"

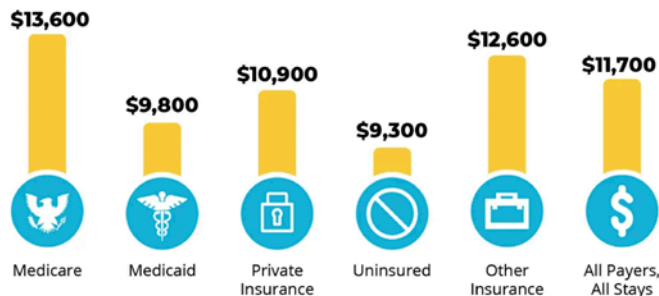
SHAWN GREMMINGER

National Alliance President and CEO

(May 21, 2024, [WSJ article](#); subscription required)

HOSPITAL STAY COSTS BY INSURANCE TYPE

According to data from the Agency for Healthcare Research and Quality, most hospital stays hover around an average of \$11,700 per stay.



Source: [Agency for Healthcare Research and Quality](#)

Encourage Exemplary Practices

Some hospitals are role models and can help others realize the promise of profitability, while adopting fair price, high-quality practices. For example, Cleveland-based University Hospitals launched its "Medicare Breakeven" project in August 2022 to reduce expenses, grow revenue, and develop a model to help the system bend its cost curve.

The project delivered [significant reductions](#) in fixed and indirect costs while continuing to provide high-quality patient care.

Learn more about how UH is "truly thinking differently" about how they run their business in [Becker's Hospital CFO Report](#).



Medical bills are reportedly the number-one cause of US bankruptcies, accounting for over 61% of bankruptcy filings.

Patient Testimonials about the Burden of High Hospital Costs

UNITE HERE Local 483

Hector Azpilcueta, March 2023 meeting

(152) Health Care Affordability Board Meeting 3.21.2023

- YouTube (1:16)

My name is Hector Azpilcueta. I'm the head of the local union in the Monterey Peninsula: UNITE HERE Local 483. I am the chief negotiator for 1,500 members in 12 different hotels in the area. I'm also a trustee for a Taft-Hartley health fund. I have done at least three rounds of negotiations in the last 10 years.

As you know, Monterey Peninsula seems to be an island, and it is one of the most expensive areas for hospitals to operate. Due to Monterey County having the most expensive hospitals in the state, not just in Monterey County, we are paying more than 20% more into the health fund to maintain the same level of benefits that we have had for a long time. And this is just for the period of 2015 to 2021. What we are looking at for 2021 to 2026 is going to double that to almost 46%. That's a huge increase for us.

The way we negotiate the contracts is something that we call bucket money, which is that employers give a certain amount of money, and we distribute the money between wages, health insurance, pensions, and other benefits. Most of that money has ended up in health insurance. So, these healthcare increases basically reduced the amount of wage raises for our members to survive economically living in the Monterey Peninsula. As you probably know, the

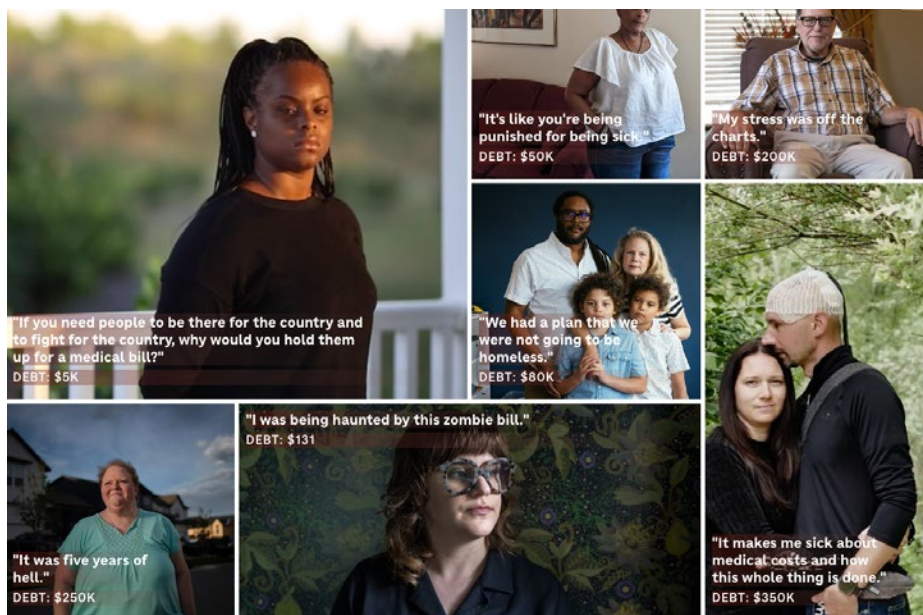
PLEASE NOTE: While these stories have been gathered by the National Alliance, we are seeking more and invite others to submit their stories to info@nationalalliancehealth.org.

View additional patient stories:

- ▶ [Medical Debt Upended their Lives. Here's what it took from Them](#)
- ▶ [Americans' Challenges with Health Care Costs](#)
- ▶ [They were Entitled to Free Care. Hospitals Hounded them to Pay.](#)
- ▶ [A Hospital Charged more than \\$700 for each Push of Medicine through her IV.](#)
- ▶ [100 Million People in America are Saddled with Health Care Debt](#)

Monterey Peninsula and the Central Coast are some of the most expensive areas in the state. The ever-increasing hospital costs will continue to burden our members and hospitality workers.

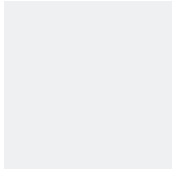
While we pressure employers to pay as much as possible, it is never enough. Employers also have more operating expenses, due to these rising healthcare costs. On behalf of the Monterey County Hospitality workers and their families, please hear our voices and do what you can to get hospital costs under control.



HOSPITAL FAIR PRICE IN ACTION: PEOPLE MATTER

How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families

Clementina Gonzalez, March 2023 meeting



Good afternoon, my name is Clementina Gonzalez and I made the three-hour trip here to tell you about my experience with the very expensive hospitals in Monterey

County. I am a housekeeper at the Monterey Tides Hotel and member of UNITE HERE Local 483.

About 10 years ago, I went to the Community Hospital of Monterey (CHOMP) for treatment for my anemia. I was hospitalized and received transfusions and other procedures. Even with my union health insurance, I had to pay over \$10,000 that I did not have. We tried our best to pay the hospital what was due over a few months but could not do it in a timely fashion. The hospital had a collection agency pressure us to pay. My family and I were very stressed out and depressed. We cut down on food and other needs. My credit rating is damaged to this day!

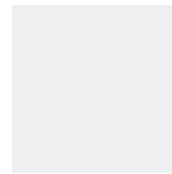
During this time, my daughter was supposed to start college, but she decided to stay home for a couple years to take care of me. She understood that we used savings for her college to pay CHOMP, so she made big sacrifices to help me.

In the past few months, the illness became bad again. I knew that Community Hospital of Monterey was very

expensive so this time I decided to seek treatment at Natividad Hospital in Salinas. I thought the costs would be a lot less as Natividad is the county hospital. I was wrong. It was as expensive as CHOMP. I was billed a few more thousand dollars that my husband and I are trying to pay back. Even though my insurance covered most of the bills, we are in debt again and I'm so worried.

Please do what you can to lower these hospital costs. I tried to avoid going to the hospitals but I get too sick without treatment. Monterey is very expensive to live so these expensive hospital bills make it so hard for people like me to just survive.

Alicia Ortiz, August, 2023



Good afternoon, everyone, my name is Alicia Ortiz. I live in Marina, California, in Monterey County. The one-way trip here is three-and-a-half hours, but I'm here because it's

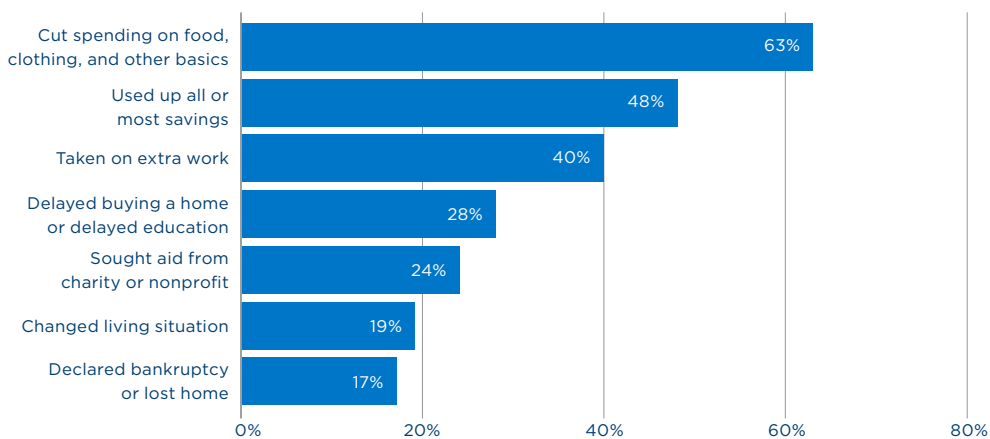
important to bear testimony about how expensive Monterey hospitals are. Those hospitals are Natividad, Salinas Valley Health, and CHOMP.

I had COVID at the beginning of the pandemic in March 2020. My union's health plan paid over \$500,000 for my three-week stay at CHOMP, about \$25,000 per day. Because I had COVID, all my bills were paid. I didn't

have to pay anything from my pocket. But that's not the whole story. CHOMP still takes money from my pocket because the hospitals get paid from the same bucket of money that my union negotiates for my wages and my pension. If hospitals like CHOMP charge a lot, there's less money left for raises.

What people sacrificed to pay medical debt

Share of indebted adults who have done the following because of health care debt



Source: KFF Health Care Debt Survey of 2,375 U.S. adults, including 1,674 with current or past debt from medical or dental bills, conducted Feb. 25 through March 20. The margin of sampling error for the overall sample is 3 percentage points.

Credit: Daniel Wood/NPR and Noam N. Levey/KHN.

HOSPITAL FAIR PRICE IN ACTION: PEOPLE MATTER

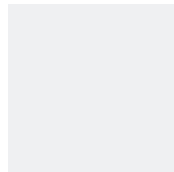
How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families

My union's health plan covers hospitality workers like me across the country. A lot of us got COVID since we work with the public. On average, our union plan paid \$40,000 per COVID case across the country, including places like Boston and NY. In Monterey the average was \$173,000. That's four times higher! All of this comes out of the pockets of workers like me.

My case of COVID lasted a long time. I had to stop working and even declared bankruptcy. It's wrong that hospitals like CHOMP made so much money during COVID, off of the backs of working-class people like me.

Thank you for listening to me. I hope that you can take the necessary steps to end these abuses.

Raúl Salazar, fall 2023



Hello everyone, my name is Raul Salazar and I come from Salinas California. It takes me 3.5 hours to get here and hopefully it will be the same hours back home. I made this

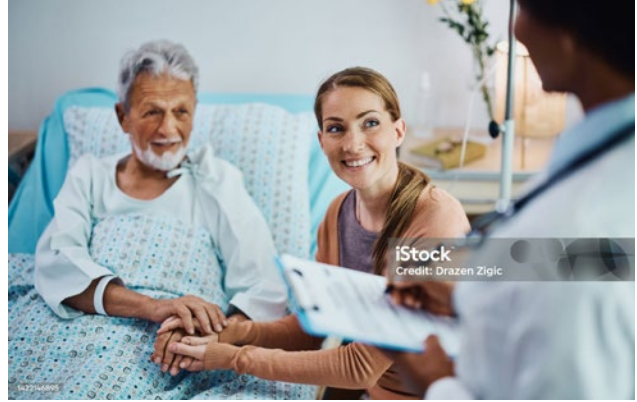
trip here to let you know about my experience with one hospital in particular, CHOMP.

My wife had a heart attack and was taken to the emergency department. CHOMP performed emergency surgery and kept her for one night in the ICU and then transferred her to California Pacific Medical Center where she spent another week in the ICU.

The surgery and one night stay at CHOMP cost about \$566,000. More than half a million dollars in 24 hours! Some people say that the prices at CHOMP are high because they are providing a high level of care, but CHOMP couldn't take care of my wife after her surgery—they had to send her to San Francisco.

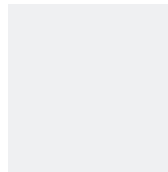
This was an emergency, so we didn't have time to look for another hospital. CHOMP is the only hospital in our area and they're taking advantage of us.

I'm lucky that I have a union insurance plan that paid almost the entire bill. My portion was capped at \$6,350 which is still a lot of money.



Thank you for listening and we need your help to stop this type of abuse.

Catalina Hernandez, December 2023



My name is Catalina Hernandez. I have worked at the Hyatt Regency Monterey for 18 years, but I have been a housekeeper in Monterey Peninsula for 38 years.

Four years ago, my husband wasn't feeling good. The doctors were trying to figure out what was wrong with him. They did a lot of studies. They thought it was cancer.

He had surgery in 2019 at CHOMP. After the insurance paid around \$185,000, we paid more than \$20,000. It took us more than three years to pay that money.

We had a payment plan of \$400 per month. The payment plan caused me hardship because it was money that we couldn't use to buy basic things such as food. I have a big family. We had to limit ourselves when we bought groceries. We limited our family from buying other things for the house.

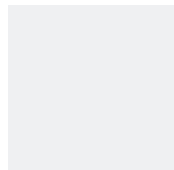
The worst situation was that we had to limit the maintenance to my car, and it broke. I didn't have money to either fix it or buy a new one. I had to ask people to give me a ride to work or to get around town. When no one was available, I had to take the bus.

This situation caused family problems. I used to be so frustrated when my husband needed to buy his insulin because of the lack of money. (We pay \$300+ a month for medicine for both of us.)

Hospitals in our area are extremely expensive. They ruin people's lives. We don't make enough money to pay for hospital care, not even with two incomes. If hospitals charged less, everything would be so different.

I want to ask you to make hospitals charge according to what people earn. Make hospitals affordable. Because when someone falls into hospital debt, they are left with no money to pay other basic things.

Estevan Rodriguez, December 2023



My name is Estevan Rodriguez. I work at Monterey Tides and Building Healthy Communities. I have been a bartender/server and coordinator for 4 years and 2 years. I did have an

expensive bill that I had paid. That was over \$5K.

The original cost was over \$165,000 In which, I had to go with a payment plan. It took me two years to pay off with sacrifice.

The expensive medical bill that I had to pay did cause hardships. I had to get another job to pay back the medical bill plan. I didn't want to go into collections for not being able to pay. Since I am a single parent, this forced me to change my lifestyle by not being able to see my kids. I was not able to see them much while working two jobs. I used to have the children 3-4 days a week and that got reduced to 2- and sometimes 1-day-a week. Also, I had to change my budget by not spending much on groceries. I was always working to make ends meet. I started to go to food banks to get food, so I could pay off the medical bill as soon as I could.

It caused major stress. It was another bill to pay off on top of other bills that I had to make sure it got paid. I had to make sure that I was able to pay the medical bill and other bills such as rent, utilities, car insurance, etc. I would first pay the medical bill before buying groceries to feed my family. Or do anything fun with my kids.

I don't think that the hospitals and medical bills are expensive. I KNOW they are. I have witnessed and experienced the cost of getting any treatment. I can't even imagine how it would have been if I didn't have some sort of health insurance.

No, the hospital or doctors did not give me a heads up on what the cost would be, or else, I unfortunately, would have declined many medications and/or treatments just to keep the cost low. I would have risked my health and well-being overall so I wouldn't have to pay so much in the long run.

To suggest choosing a "cheaper" hospital just sounds awful and feels wrong. Everyone deserves quality healthcare without financial strain, just as access to affordable housing should be a fundamental right for all.

A few things I would like for this commission to consider is to emphasize the crucial need for accessible and affordable healthcare for all community members. Advocate for policies and initiatives that prioritize healthcare as a fundamental right, ensuring fair and equitable access to quality medical services, without financial barriers or strain.

I would also like you to stress the importance of employers prioritizing their workers' health and wellbeing as much as they prioritize profits and shareholder satisfaction. By holding employers accountable for employee wellbeing and healthcare, it can pave the way for more affordable and reasonable healthcare prices. This accountability would ensure that healthcare becomes a priority, leading to more accessible and fair healthcare options for everyone within the community.

There is an unsubtle effort by billionaires in multiple industries to convince Congress and other policymakers to crack down on the commanding sway of the hospital industry.

For examples of this work, click on the image to the right and these links:

- ▶ PatientRightsAdvocate.Org
- ▶ [Better Solutions for Healthcare](#)

STAT+

With Fat Joe concerts and Super Bowl ads, a cadre of billionaires is mounting an unorthodox campaign against hospitals

Better Solutions for Healthcare

Survey of Americans Shows Demand for an End to Unreasonable and Alarming Hospital Price Markups

As the U.S. House takes aim at hospital practices yet again, a 2023 poll shows nearly 80% of voters believe hospital prices are rising to unreasonable levels.

- ▶ **More than three-quarters of voters (78%) believe the prices that hospitals charge for care are rising to unreasonable levels.** Voters rank the prices charged by hospitals as the *most unreasonable among all healthcare-related costs*.
- ▶ **Voters are feeling the impact of unreasonable and alarming hospital markups.** Fully 92% agree that hospitals charging more for prescription drugs and treatments causes their personal healthcare costs to increase—even those with employer provided health insurance.
- ▶ **Most voters (60%) believe hospital provider consolidation is a bad thing.** Voters see the practice of corporate hospital systems taking over smaller practices leading to fewer choices and higher prices.

<https://betersolutionsforhealthcare.org/press-release-new-survey-of-americans-shows-demand-for-an-end-to-unreasonable-and-alarming-hospital-price-markups/>

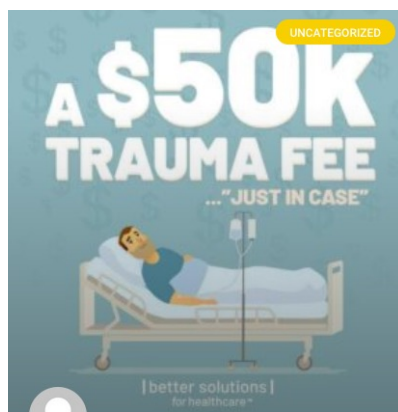
better solutions | for healthcare™

“This survey shows that Americans are feeling the pain of alarming price increases and a corporate focus on bottom line over patient outcomes. The good news is that these egregious hospital practices are now squarely in Congress’ focus....”

ALEX SCHRIVER

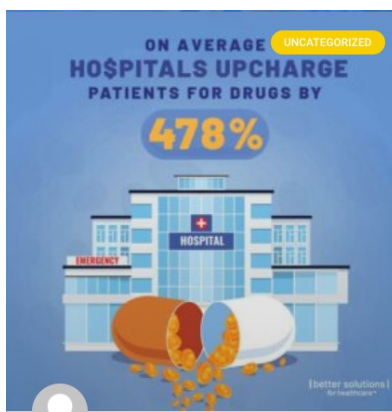
Executive Director, Better Solutions

View these Stories from Better Solutions for Healthcare



A 50k Trauma Fee....Just in Case

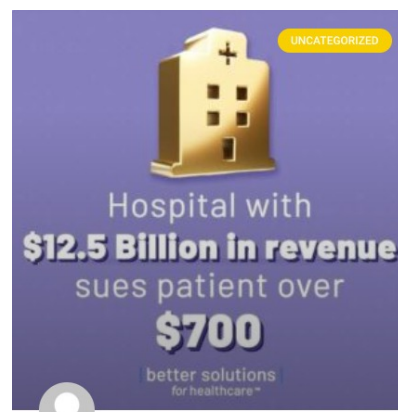
[READ MORE »](#)



On average, hospitals upcharge patients by 487%

This report is an update to a previous report examining hospital markups for separately paid drugs. Our prior analysis examined hospital charges and reimbursement for

[READ MORE »](#)



Hospital System Sued 2,500 Patients After Pandemic Hit

When the coronavirus began spreading through New York, Gov. Andrew M. Cuomo ordered state-run hospitals to stop suing patients over unpaid medical bills, and almost

[READ MORE »](#)

HOSPITAL FAIR PRICE IN ACTION: PEOPLE MATTER

How National Alliance Coalitions and Strategic Partners Are Driving Progress for America's Working Families

In the News

- ▶ [Opinion: High Healthcare Costs Cause Pain for Small Business Owners and Employees](#)
- ▶ [More Risks, More Opportunities: What's Next for Employers in Healthcare?](#)
- ▶ [Employer Health Care Advocacy Group Urges Action on 'Indefensible' Hospital Prices](#)
- ▶ [National Alliance President and CEO Shawn Gremminger Discusses 2024 Initiatives, PBMs, and Health Equity](#)
- ▶ [Obesity, Women's Health, Health Equity Among Top Benefit Focuses for Employers in 2024](#)
- ▶ [Report: Less than Half of Employers are Confident in Integrity of Hospitals, PBMs](#)
- ▶ [Employer Survey Finds High-Cost Claims and Hospital Prices are Major Concern](#)
- ▶ [FTC Chief Gears up for Showdown with Private Equity](#)
- ▶ [Lina Khan speaks out about FTC's private equity lawsuit: 'We're putting the market on notice'](#)
- ▶ [Employer group pushes for site-neutral](#)
- ▶ [3 Ways That Large Employers Influence Health Insurance Costs, Coverage](#)
- ▶ [Employer Group to Hospitals: Your High Prices Aren't Justified and Here's Why](#)



- ▶ [Congress can lower health care costs by holding hospital systems accountable](#)
- ▶ [Survey of Employers Finds High-cost Claims Fastest Driver of Healthcare Expense for Employers](#)
- ▶ [National Alliance Leadership Summits to Spotlight Thought Leaders in Health Care and Benefits](#)
- ▶ [Mayo Clinic patients see facility fees appear where they weren't before](#)
- ▶ [No Surprises Act Driving Medical Cost Hikes, Employer Groups Say](#)

National Alliance of Healthcare Purchaser Coalitions

1015 18th Street, NW, Suite 705

Washington, DC 20036

(202) 775-9300 (phone)

(202) 775-1569 (fax)

nationalalliancehealth.org

twitter.com/ntlalliancehlth

<https://www.linkedin.com/company/national-alliance/>



For over 30 years, the National Alliance has united business healthcare coalitions and their employer/purchaser members to achieve high-quality care that improves patient experience, health equity, and outcomes at lower costs. Its members represent private and public sector, nonprofit, and labor union organizations that provide health benefits for more than 45 million Americans and spend over \$400 billion annually. To learn more, visit nationalalliancehealth.org and connect on [X](#) and [LinkedIn](#).