

The Source Roundup: November 2020 Edition

This month's roundup arrives in the wake of the confirmation of a new Supreme Court justice, the final days of the 2020 presidential election, and record-breaking numbers of COVID-19 cases. In light of this historic time, we highlight articles and reports about the implications of the Supreme Court's new dynamics for healthcare policy, health insurance coverage and affordability as discussed during the 2020 election, and the COVID-19 pandemic's continuing impact on healthcare costs and coverage. We also look at the continuing effect of increasing consolidation in both the insurer and provider markets and how states can address healthcare through bipartisan approaches.

Supreme Court and the 2020 Election

Amy Coney Barrett was confirmed to the Supreme Court on October 26, 2020, just about a week before the presidential election, creating a conservative majority on the high court. In an issue brief for Kaiser Family Foundation, [A Reconfigured U.S. Supreme Court: Implications for Health Policy](#), MaryBeth Musumeci and Laurie Sobel consider the reconfigured Court's implications for health policy. The issue brief reviews the current healthcare case in front of the Supreme Court, *California v. Texas*, which will determine the survival of the Affordable Care Act (ACA). The authors cover the potential impact if the Court invalidates all or even some of the ACA. Further, they review healthcare cases currently requesting Supreme Court review, including cases that cover abortion, Title X, Medicaid enrollees' free choice of provider, and Medicaid work requirements. Lastly, the brief outlines the cases that are still making their way through the lower courts and could potentially reach the Supreme Court, including payment of ACA cost-sharing reductions to insurers, nondiscrimination in health coverage and care, public charge rule, and the hospital price transparency rule.

The issue of health care has played a prominent role in the upcoming presidential

election as President Trump and former Vice President Joe Biden have widely differing views on the future of health care in the United States. In [Health Care in the 2020 Presidential Election: Health Insurance Coverage and Affordability](#), Sarah R. Collins and Gabriella N. Aboulfia review each candidate's overall stance on health insurance, as well as their positions on Medicaid, the individual market, and employer coverage. The authors then examine the implications of these positions on providing Americans with new health insurance options, on individuals with pre-existing conditions, making premiums and deductibles more affordable, and racial equity in health care.

COVID-19 Impact on Healthcare Cost and Coverage

Every year the [Kaiser Family Foundation Employer Health Benefits Survey](#) serves as a benchmark survey of the cost and coverage of employer-sponsored health benefits in the United States. The survey found that family plan premiums rose 4% to \$21,342 this year for commercial plans. The survey also found that employer-sponsored premiums and deductibles have risen much faster than worker wages over the past decade. However, this year's survey was designed and largely implemented before the effects of the COVID-19 pandemic emerged. The pandemic has caused a significant economic toll and has led to massive job losses and unemployment, which will undeniably impact employer-sponsored plans as employers grapple with the pandemic.

To fully grasp the impact COVID-19 has had on Americans, The Commonwealth Fund published an issue brief that asked, [How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?](#) The brief, by Paul Fronstein and Stephen A. Woodbury, estimates that as many as 7.7 million workers lost jobs with employer-sponsored health insurance as of June 2020 because of the pandemic. The insurance of these workers also covered 6.9 million of their dependents, for a total of 14.6 million people affected. The brief also looks at the percentage of workers who lost jobs with employer-sponsored health insurance by industry, age, and gender. As employer-sponsored health insurance is the most common form of health insurance coverage in the United States, the high rates of unemployment will likely lead to

increased enrollment in COBRA, ACA marketplace plans, Medicaid, and an increase in the number of individuals who are uninsured.

State Health Policy

Turning to look at how we can move forward and address healthcare costs across the country, the Milbank Memorial Fund published a report by David K. Jones and Christina Pagel that examines [Bipartisan Approaches to Tackling Health Care Costs at the State Level](#). Recognizing that healthcare costs are one of the most pressing policy issues but often one of most contentious when it comes to solutions, the authors surveyed and performed case-study interviews with legislators across the country to understand their health policy priorities, how they think about healthcare costs, and how to have a more productive conversation about solutions. The report highlights six findings, including that legislators' healthcare cost priorities are not particularly partisan but that legislators still bring a partisan lens to the conversation about how to solve rising healthcare costs. The authors also found that the most productive discussions about solving healthcare costs were most likely to occur in states with a small group of people with expertise in healthcare cost issues. In these states, the framing of proposals to legislators about healthcare costs emphasized both affordability and transparency.

Healthcare Markets & Competition

Focusing on one of those drivers of healthcare costs, competition (or the lack thereof), the American Medical Association released a study on [Competition in Health Insurance: A Comprehensive Study of U.S. Market](#). The study found that the number of highly concentrated insurer markets increased from 2014 to 2019. The researchers also found that in the same time period, the share of highly concentrated insurance markets increased from 71% to 74%. The report concludes that the lack of competition creates conditions for insurers to anticompetitively exercise their market power, which harms consumers and providers in the form of increased prices. The report calls on antitrust enforcement authorities to vigorously

examine the anticompetitive effects of proposed mergers and acquisitions between health insurers.

Looking at competition more broadly in healthcare markets, Michael Chernew examines [The Role of Market Forces in U.S. Health Care](#) and claims that just because there are tremendous weaknesses associated with a market-based healthcare system, that does not mean that we should abandon a market-based approach to health care. Chernew argues that incremental actions can improve market functioning without having to rely on more substantial government involvement. These actions include continued support for ACA marketplaces, continued efforts to increase the effectiveness of transparency initiatives, procompetitive reforms to reduce the consequences of provider consolidation, and regulations to prevent the most severe market failures, such as limits on surprise billing or more aggressive caps on excessive prices in the commercial market.

That concludes this month's Roundup. If you find articles or reports that you think should be included in the monthly Roundup, please [send](#) them our way. Stay safe and healthy!