SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

June 5, 2019

The Honorable Lamar Alexander
Chairman
U.S. Senate Committee on Health,
Education, Labor & Pensions
Washington, D.C. 20515

The Honorable Patty Murray
Ranking Member
U.S. Senate Committee on Health,
Education, Labor & Pensions
Washington, D.C. 20515

Society for Public Health Education's (SOPHE) comments on the Lower Health Care Costs Act of 2019

Dear Chairman Alexander and Ranking Member Murray:

SOPHE welcomes the opportunity to comment on the discussion draft of this legislation aimed at addressing costs in the healthcare system. Taking on issues like surprise medical billing, drug prices, maternal mortality, vaccinations and protecting those with pre-existing conditions are critical to reining in healthcare costs in the United States, however, **the most critical component in decreasing healthcare costs for consumers is prevention using evidence-based interventions.**

SOPHE is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

Comments on Ending Surprise Medical Bills

Nearly 60% of Americans have experienced a "surprise medical bill," a medical bill, often in the thousands or tens of thousands of dollars, that is a result of utilizing out-of-network coverage. In many cases patients are not informed that the facility or provider from which they are receiving care is not in their health insurer's network, nor are they in a position to be in an emergent situation. Even when a patient can do their due diligence and seek care at an emergency room or hospital that is in their health insurer's network does not guarantee that the provider that they see in that facility will be within their network. Experience with a surprise medical bill, rather personally or anecdotally, can result in delays in seeking healthcare, leading to progressed

illness, worse health outcomes, and ultimately increased costs when that patient does decide to ultimately seek care.

Protecting patients receiving care in an emergency department is one step to reduce the incidence of surprise medical bills however it is not enough that once a patient is stabilized, they be informed of the potential costs of continuing to utilize out of network services. In many cases a patient may not be in the right frame of mind to effectively evaluate healthcare cost decisions after an emergency and has already built a relationship with the providers in the emergency department that will provide the follow-up care if the patient were to stay in that facility. Additionally, Sec. 102 does not address transfer of a patient or transfer of their EHR should the patient elect to utilize an in-network facility. SOPHE encourages the committee to consider applying Sec. 103 Option A across all types of group and individual health plans.

Comments on Lowering the Cost of Prescription Drugs

As products and classes of products emerge, including biologics and biosimilar products, it is crucial that consumers be educated on these products to make informed decision regarding their healthcare. As the Secretary establishes, maintain, and operates a website in accordance with educating consumers SOPHE cautions the Secretary to ensure that the website is developed using health literacy principles in mind. SOPHE is particularly concerned that materials containing statutory and regulatory definitions and information aimed at providers will not be written at a level appropriate for patients, caregivers, or those with limited health literacy and may overwhelm those audiences. It may be more beneficial to have a website aimed a healthcare consumer and another written for providers in which continuing education modules be contained.

Comments on Improving Public Health

Vaccines are proven the most effective way to protect an individual and community from experiencing a disease outbreak. Following CDC guidelines for vaccinations is crucial to keeping vaccine-preventable diseases at bay. A national campaign should target audiences across the lifespan to educate them on the facts of vaccinations and debunk myths that might deter them from utilizing vaccinations for themselves or other in their care. SOPHE encourages the Secretary to consult qualified health educators in their conceptualization of the national vaccination campaign to ensure that the messages and materials can be effective and are culturally tailored to the specific target audiences.

Nearly 40% of Americans are obese with the overall prevalence of obesity being higher among non-Hispanic black and Hispanic adults than among non-Hispanic white and non-Hispanic Asian adults. Strategies to address obesity should be culturally tailored to effectively address the disproportional rates of obesity seen in racial and ethnic minority communities as higher rates of obesity can lead to chronic disease. These culturally-tailored, evidenced-based strategies are most the effective interventions to address obesity in communities. One program, Racial and Ethnic Approaches to Community Health (REACH) operated by the Centers for Disease Control & Prevention (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO), has already proven to be an effective, evidence-based model for tackling obesity in both racial and ethnic minority populations as well as tribal communities. There are currently 31 funded entities across the nation working through this program to target preventable diseases like diabetes, heart

disease, high blood pressure, renal disease, and stroke, all of which are associated with obesity. These diseases cost the Unites States an estimated $23.9 billion annually with these costs predicted to double by 2050. The REACH program continues to show measurable change in health in its evaluations with more than 2.7 million people having access to healthy food and beverages and more than 1.3 million people with increased opportunities to be physically active based on the results of the 2014-2018 funding cycle. Increasing support for and expanding programs that are have already proven to be effective and are already working with and through state and local health departments is a much better strategy to combat the obesity epidemic than developing a guide to be distributed to those state and local health departments. SOPHE recommends including an authorization of appropriations for Section 403 of the *Lower Health Care Costs Act of 2019* at $126.95 million for each of fiscal years 2020-2024 to enable the REACH program to operate at least one grantee focused on obesity in every state in addition to the currently funded projects.

Unlike every other industrialized country, maternal deaths in the United States are on the rise. From 2000 to 2014, the United States' maternal mortality ratio increased by 26.6%, from 18.8 maternal deaths per 100,000 live births in 2000 to 23.8 maternal deaths per 100,000 live births in 2014. Each year, an estimated 700 women in the U.S. die as a result of pregnancy or pregnancy-related complications. Of these maternal deaths, an estimated 60 percent are preventable. Stark racial disparities in maternal health outcomes persist; Black and American Indian/Alaska Native women are roughly three times as likely to die from pregnancy-related causes as white women in the United States. We appreciate your recognition of this need by including five sections within the *Lower Health Care Costs Act of 2019* dedicated to improving maternal health and support those provisions with recommendations for authorization of appropriations consistent with S. 1600, the *Maternal Care Access and Reducing Emergencies (Maternal CARE) Act.*

Research suggests that stereotyping and implicit bias on the part of health care providers can contribute to racial and ethnic disparities in health outcomes. Providing support for training programs to reduce and prevent discrimination in the provision of health care services as proposed by this section can combat implicit biases among health care professionals that may contribute to poor maternal health outcomes, especially among Black and American Indian/Alaska Native women and improve cultural competency in provider-patient communications and the provision of care.

With the passage of the *Preventing Maternal Deaths Act,* Congress made a significant commitment to discovering the drivers of the nation's high maternal death rate and identifying opportunities to prevent future tragedies. However, the investment in state maternal mortality review committees (MMRC) is only beneficial if the data gathered leads to meaningful and timely action. Perinatal quality collaboratives (PQCs) are poised to translate MMRC recommendations into reforms in policy and health care practice that will save women's lives. PQCs are networks of health care providers, health care systems, public health professionals and other stakeholders dedicated to improving maternal and infant outcomes through implementation of evidence-based interventions.

For years, state-based PQCs have improved health outcomes for women and infants and saved the health system money. For example, during the period of September 2008 to March 2015, Ohio's PQC achieved an estimated cost savings of over $27,789,000 associated with a shift of

48,400 births to 39 weeks gestation or greater and a 68% decline in the rate of deliveries at less than 39 weeks gestation without a medical indication. If appropriately resourced, PQCs can provide the network and infrastructure to facilitate system-wide implementation of MMRC recommendations.

The Centers for Disease Control and Prevention (CDC) currently provides funding to thirteen state-based PQCs. We recommend including an authorization of appropriations for Section 409 of the *Lower Health Care Costs Act of 2019* at $15 million for each of fiscal years 2020-2024 to enable CDC to assist additional states-based PQCs improve the quality of care for moms and babies and ensure implementation of the recommendations of MMRCs.

Thank you for consideration of our comments. While decreasing healthcare costs is a worthy goal these proposals cannot be considered in a silo apart from the wide breadth of prevention mechanisms such as health education. Qualified health educators design, develop, administer, and evaluate evidence-based interventions that lower healthcare costs by preventing the onset of chronic disease and engaging populations in policy, systems, and environmental change to be best situated to make healthier choices to lead healthier lives. As a nonprofit organization at the forefront of health education and health promotion we welcome every opportunity to engage and collaborate with legislators to strengthen the American healthcare system. We look forward to continuing to work with you as the final legislation is crafted. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

Elaine Auld, MPH, MCHES
Chief Executive Officer