

## A MESSAGE FROM AMERICA'S HOSPITALS &amp; HEALTH SYSTEMS

## Fighting for Fair Health Insurance Policies for Patients and Clinicians

Hospitals and health systems put the health and welfare of their patients first. But for some of the nation's largest commercial health insurance companies, that increasingly is not always the case.

Major commercial insurers have implemented a number of policies that compromise patient care, access and safety. These include frequent changes to coverage, limited provider networks, delays in authorizing treatment and failure to pay providers in a timely manner.

One example of these policies in action: a patient with a traumatic brain injury who was medically ready for the next step of recovery had to wait four additional days in a hospital bed because the insurer would not respond to the request to move to a rehabilitation facility.

Another example: a patient diagnosed with diabetes who presented with a fasting blood glucose level five times the acceptable range had to wait for his insurer to authorize standard life-saving insulin.

These policies blindside patients and put their health at risk. They also add billions of dollars in added costs to the health care system and contribute to clinician burnout. For example, one physician group reported that their office spends an average of two business days a week dealing with insurer approvals for care.

One factor that enables insurers to implement such policies: commercial health insurance markets are increasingly concentrated and nearly every market is dominated by a single large commercial insurer. According to the American Medical Association, 46% of the country's metropolitan areas have one insurer



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that controls at least 50% of the market; and in 91% of metropolitan areas, at least one insurer held a commercial market share of 30% or more.

America's hospitals and health systems are working every day to bring public attention and accountability to commercial health insurers' policies that harm patients and clinicians.

Over the last year, we have:

- Publicly called on UnitedHealthcare to end a policy that would have retroactively denied coverage for some emergency department care. After concerns raised by the AHA and others, UnitedHealthcare has delayed implementing this policy.
- Called out Anthem for running multiple months behind in payments owed to hospitals.
- Endorsed bipartisan legislation requiring Medicare Advantage plans to approve coverage for care in a timely manner.
- Shed light on policies that make it harder for patients to access the specialty drugs they need to treat complex and rare conditions.

Our message is clear: **Lawmakers and regulators should increase their oversight of commercial health plans and enact fair, patient-friendly reforms.**

Patients deserve to be able to access the care they need at the right time and in the right setting. Clinicians should be able to focus their time on providing care instead of paperwork. Hospitals and health systems are in their corner, and always will be.

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