

	<b>Recommendation Summary</b>	<b>Clear Support</b>	<b>Clear Opposition</b>	<b>Unclear/undecided /need more info</b>
<b>1</b>	<b><i>Healthcare Literacy &amp; Education</i></b>			
1.1	Public-private partnerships	Doolittle; Freess; Krzys; McCabe; Perkins; Powers; Shangold		
1.2	Funding for navigators	Doolittle; Freess; McCabe; Murphy; Powers		
1.3	Transparency re billing, reimbursement & claims	Doolittle; Krzys; McCabe		Freess; Powers
1.4	Provide info to patients re total costs, not just premiums	Doolittle; Freess; McCabe; Murphy; Perkins (?); Powers		
1.5	Notices/reminders re availability of pre-deductible preventive services	Krzys; McCabe		Doolittle; Freess; Powers
<b>2</b>	<b><i>Cost Sharing Reforms</i></b>			
2.1	Phase out HDs and co-insurance, move to co-pays	Doolittle; Freess; Krzys; Powers	Perkins	
2.2	Tie cost sharing to income	Freess	Powers	Doolittle
2.3	Pro-rate deductible when member joins mid-year	Doolittle; Krzys; Murphy; Powers; Shangold		Freess; Perkins
2.4	Credit member who switches plans mid-year with the deductible amount paid while in the first plan	Doolittle; Krzys; Powers; Shangold		Freess

- OOS = Out of Scope

	<b>Recommendation Summary</b>	<b>Clear Support</b>	<b>Clear Opposition</b>	<b>Unclear/undecided /need more info</b>
2.5	Carriers pay all costs to provider upfront, then seek reimbursement directly from member for deductible amounts	Doolittle; Freess; Krzys; Shangold	Perkins	Murphy; Powers
2.6	Documented phone advice by Customer Service Reps should prevail over contrary written plan rules	Doolittle	Perkins; Powers	Freess; Perkins
2.7	Incentives to seek care early in the year, such as allowing provider to waive patient responsibility in the first quarter of the year			Doolittle; Freess; Perkins; Powers
<b>3</b>	<b><i>Health Savings Accounts</i></b>			
3.1	Allow Medicare members to continue contributing to HSAs	Doolittle; Freess; McCabe		Powers
3.2	Allow spouse to make HSA catch-up contributions over current limits	Doolittle; McCabe		Freess; Powers
3.3	Redefine HSA eligibility on basis of metal tiering	McCabe; Powers		Doolittle; Freess
3.4	Explore requiring only HSA-eligible plans on the exchange	Doolittle; Freess; McCabe; Murphy; Shangold		Powers
3.5	Allow eligible taxpayers to direct refunds to an HSA	Doolittle; Freess; McCabe; Powers; Shangold		
3.6	Explore using any new federal or state market stabilization dollars to fund HSAs for subsidized enrollees	Doolittle; Freess; McCabe; Murphy; Powers; Shangold		

- OOS = Out of Scope

	<b>Recommendation Summary</b>	<b>Clear Support</b>	<b>Clear Opposition</b>	<b>Unclear/undecided /need more info</b>
3.7	Explore funding HSAs as alternative or adjunct to reinsurance or any other cost-sharing reduction strategies	Doolittle; McCabe; Powers; Shangold		Freess
<b>4</b>	<b><i>Financial Relief</i></b>			
4.1	Establish affordability metric	Doolittle; Freess; Murphy	McCabe	Powers
4.2	Reform judicial procedures to protect patients from unfair debt collection or litigation	Doolittle; Powers	McCabe	Freess
4.3	Network rate negotiation protection: limit patient’s liability to a localized benchmark for that service; If the negotiated price is above the benchmark, the provider can collect overage directly from the insurer	Doolittle; Shangold	McCabe; Perkins	Freess; Powers
<b>5</b>	<b><i>Cost &amp; Quality Control</i></b>			
5.1	Medical cost trend cap	Doolittle; Krzys; Murphy; Perkins (OOS)	McCabe	Freess; Powers
5.2	Align healthcare prices with actual costs	Murphy	McCabe; Powers	Doolittle; Freess; Perkins
5.3	Implement Value-Based Insurance Designs	Doolittle; Freess; Perkins; Powers; Shangold		
5.3.1	Evaluate low- vs. high-value care	Doolittle; Powers		
5.3.2	Require all fully-insured, non-HSA eligible plans to cover all the new optional IRS list of covered services	Doolittle; Krzys; Powers	Perkins	
5.4	Performance-based goals based on CID’s annual Consumer Report Card	Powers	Perkins (OOS)	Doolittle; Freess

- OOS = Out of Scope

	<b>Recommendation Summary</b>	<b>Clear Support</b>	<b>Clear Opposition</b>	<b>Unclear/undecided /need more info</b>
5.5	Address defensive medicine	Freess(OOS); Shangold	Doolittle; Perkins (OOS); Powers (OOS)	
5.6	Address high cost of training for doctors and clinicians	Freess (OOS); Shangold	Powers (OOS)	Doolittle
5.7	Co-pays and possibly coupons should count toward deductibles and OOP maximums	Doolittle; Powers; Shangold		Freess; Perkins
5.8	Facilitate new entrants into insurance marketplace, including public option	Doolittle; Freess; Krzys	McCabe; Perkins	

- OOS = Out of Scope