

# IN THEIR OWN WORDS

## PART 3

### **ARIZONANS BLAME ELECTED OFFICIALS AND CORPORATE INTERESTS FOR HIGH HEALTH CARE COSTS**

A STORY OF REPUBLICAN SABOTAGE AND CORPORATE PROFITEERING

# Introduction

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Despite repeated efforts in recent decades to improve access to care and lower costs, the United States health care system's unique issues remain unsolved. The United States spends two times more of its gross domestic product on health care than any other comparable country.<sup>1</sup> Yet, despite this outsized spending, health outcomes in the United States are worse than those in peer nations.<sup>2</sup> A 2021 study found that, among 11 high-income nations, the United States ranked last in life expectancy and first in preventable mortality rate and chronic illness prevalence.<sup>3</sup> Americans, as a result, are more reliant on medical and pharmaceutical interventions to manage their health. But given that drug prices are 2.5 times higher than in other wealthy nations, Americans struggle to afford life-saving prescription medications.<sup>4</sup>

This reality affects how people in the United States feel about the health care system. Over 80 percent say the cost of prescription drugs is unreasonable and more than half of adults report difficulty affording their care.<sup>5</sup> Nationally, more than nine in 10 Americans across the political spectrum believe the health care system should be improved.<sup>6</sup> In Arizona, a recent poll found that consumers are concerned about out-of-pocket costs and want elected officials to take actions to make care more affordable.<sup>7</sup> Despite a consensus on the issues that persist and the demands for change, it remains a challenge to improve the health care system in the United States. This report examines the role that elected officials and corporate interests – including health insurance and drug companies – play in shaping the health care industry and how their actions undermine and prevent solutions.

Honest Arizona asked focus group participants about their views on the health care system, which stakeholders they view as responsible for high costs, and their perceptions of the relationship between politics and health care. This report underscores that elected officials, who too often favor corporate interests, block progress on lowering health care

costs. Arizonans blame these actors for problems in the health care system and believe that they pay the price for corporate profit-seeking and political inaction.

**Focus groups were conducted online on June 23, 2022 with participants in Arizona who are insured under the Affordable Care Act or have someone in their household on ACA insurance: one group of women and one group of men (across racial and educational backgrounds), and one group of Latino participants (of mixed gender). The groups ranged from 6-7 people, spanning the ages of 18 to 60+, across political parties and education levels.**

## Focus Group Participants Blamed Elected Officials for Political Inaction to Improve the Health Care System

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Since the Patient Protection and Affordable Care Act (ACA) was enacted 12 years ago, some elected and appointed officials at the state and federal levels of government have repeatedly failed to make permanent improvements to the health care system, instead attempting to repeal or weaken the ACA.<sup>8</sup>

In Congress, Republicans in the House of Representatives have voted at least 50 times to repeal the ACA and Republicans in the Senate have voted on full or partial repeal at least nine times.<sup>9</sup> President Trump also ran on a platform of dismantling the ACA, promising to repeal it within his first 100 days in office.<sup>10</sup> In 2017, Republicans in Congress, led by President Trump, nearly passed a repeal of the ACA that would have left 15 million Americans uninsured, raised monthly premiums by roughly 20 percent, and allowed states to waive federal minimum requirements for insurance plans.<sup>11</sup> This ACA repeal attempt failed, however, because

of U.S. Senator John McCain’s deciding vote to block his party’s effort.<sup>12</sup>

While these efforts to repeal the ACA did not prevail, the Trump administration succeeded in undermining elements of the law. President Trump made it more difficult for people to enroll by cutting funding for advertising and exchange navigators, as well as halving the number of days in the open enrollment period.<sup>13</sup> His administration, along with congressional Republicans, cut the subsidies the law provides to insurers to help increase enrollees’ choices, create competition, and lower premiums – leading to Marketplace premiums more than doubling in Arizona from 2016 to 2017.<sup>14</sup> In addition, the Trump administration worked to undermine the law’s Medicaid expansion provisions by allowing states to implement work requirements – making it harder for otherwise eligible Medicaid recipients to access care.<sup>15</sup> Arizona began to implement the work requirements, which would have made it difficult for nearly 120,000 adults with low incomes to keep their Medicaid benefits, before withdrawing the requirement in 2020.<sup>16</sup> Under President Trump, the Department of Health and Human Services also established rules allowing the sale of “junk” insurance plans that do not meet the ACA’s requirements to provide essential health benefits.<sup>17</sup> The result: a 15 percent decrease in the number of Arizonans enrolling on Healthcare.gov in 2018 compared to 2017.<sup>18</sup>

Focus group participants noted the consistent partisan conflict around the ACA, identifying Republican elected officials as those who oppose the law and “took shots at it.” In general, participants – Democrats, Republicans, and Independents – held favorable views of the ACA and opposed efforts to repeal the law.

**“Democrats like touting it and Republicans like taking shots at it”**

**“[Republicans] just say, we need to do away with the Affordable Care Act, Obamacare, and they don’t come up with any reasonable explanations or any outline of how they’re going to replace it. You’re just talking out of your mouth. Anybody could say that they’re going to replace it. What are you going to replace it with, something better or something worse?”**

**“There’s a lot of Republicans that will sit in a neutral state and won’t even vote because they don’t agree with it, especially on our state level.”**

Despite opposition to the ACA from Republican lawmakers, in the midst of the COVID-19 pandemic, Congress passed the American Rescue Plan Act of 2021 (ARP).<sup>19</sup> The ARP enhanced the ACA’s premium tax credits (PTCs), mandated that individuals on Medicaid maintain continuous coverage, and provided funding for states to cover postpartum health insurance for an entire year.<sup>20</sup> This law gave vital support during the pandemic, making coverage more affordable and increasing access to care. Despite these clear benefits, the ARP only passed narrowly along party lines, without a single Republican vote.

In addition to attempting to repeal and undermine the ACA through congressional and administrative actions, state elected Republicans

**2017 Marketplace Enrollment Outperformed 2016 Until Mid-January**

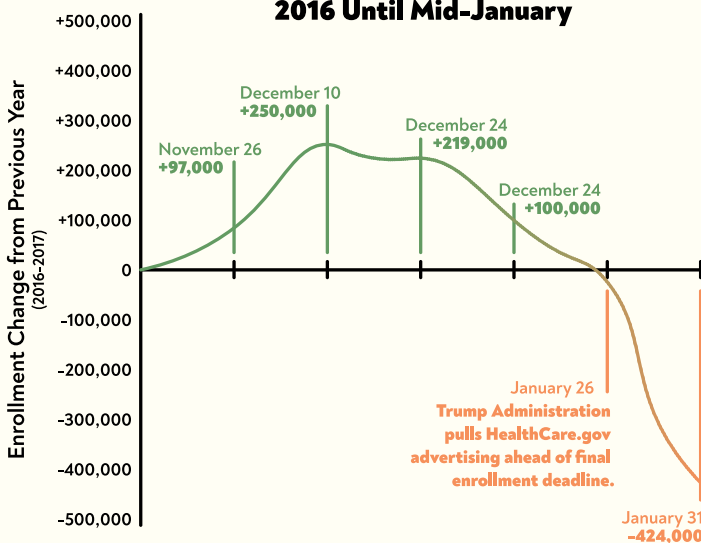
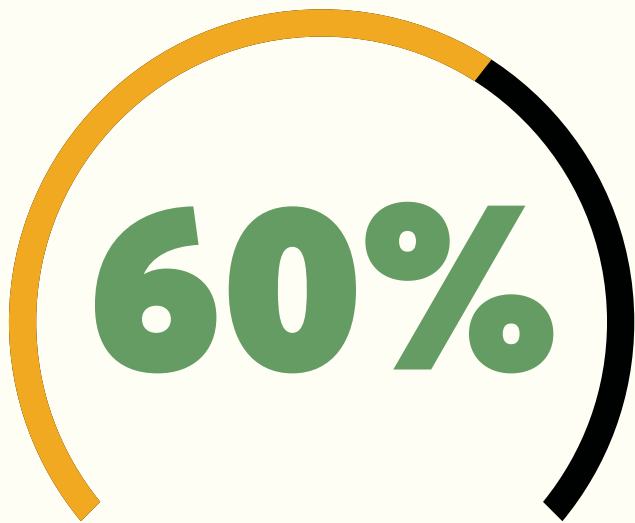


Figure 1. Source: CBPP Sabotage Watch Tracking

and conservative activists have sought to invalidate and dismantle the law through the court system. Since the ACA was enacted, there have been nearly 2,000 state and federal challenges to the law, with six being heard by the U.S. Supreme Court.<sup>21</sup> Most recently, in 2021, the Supreme Court ruled against Republican state attorneys general, including Arizona's Attorney General Mark Brnovich, who sought to repeal the ACA in *California v. Texas*.<sup>22</sup> AG Brnovich signed onto an amicus brief expressly attacking pre-existing conditions coverage.<sup>23</sup> The Supreme Court ultimately ruled 7-2 against the case.

Focus group participants disapproved of AG Brnovich joining the State of Texas's lawsuit to repeal the ACA. When asked about AG Brnovich's support for the lawsuit, participants expressed that his work to repeal the ACA made them "worried" and "disappointed." They also labeled those who joined the lawsuit as "extreme." These views on the *California v. Texas* case are generally in line with a national Kaiser Family Foundation (KFF) tracking poll conducted in October 2020, one month before the Supreme Court heard the case.<sup>24</sup> The survey found that nearly 60 percent of Americans did not want the court to overturn the ACA as a whole, and an overwhelming 79 percent did not want the court to eliminate the law's protections for Americans with pre-existing conditions.<sup>25</sup>



**of Americans did NOT want the court to overturn the ACA as a whole**

Efforts to weaken the ACA through the courts are once again threatening coverage for millions of Americans. Religious conservatives and self-proclaimed "Free-Market Plaintiffs" have brought a new lawsuit against the ACA, *Kelley v. Becerra*.<sup>26</sup> This lawsuit challenges the essential protections that the ACA mandated insurers to cover, such as emergency services, hospitalization, pregnancy, and prescription drugs.<sup>27</sup> If this new lawsuit succeeds, the ACA's preventive services requirement would become voluntary, meaning insurers could either drop coverage of these services altogether or start charging enrollees more for them.<sup>28</sup>

Republicans' Supreme Court challenges to the ACA have not been successful to date, yet some focus group participants were concerned about the potential for future cases like *Kelley v. Becerra*. Even before the official decision overturning *Roe v. Wade* was released, one participant suggested that the Supreme Court's decision earlier that day blocking New York's gun safety law made them concerned that the court could also overturn *Roe v. Wade* and the ACA.<sup>29</sup> Another said they could see a scenario in which Republicans "happily put a target" on the ACA just like they have done with gay marriage and abortion.

**"Because [of] what the Supreme Court did today, I feel like things can be flipped at any moment... Everything like *Roe v. Wade*, like ACA, it feels like it's just a target to be flipped, so I kind of feel like any moment my coverage could be gone."**

Over the ACA's 12 year lifespan, conservatives in the courts, state government, Congress, and White House have attempted, with some success, to sabotage and repeal the law. The hostile attitudes and actions towards the ACA have limited opportunities to meaningfully build on the cost-saving and accessibility provisions that are imperative to ensuring access to care. With the passage of the Inflation Reduction Act, Congress

has – despite these challenges – succeeded in lowering premiums and prescription drug prices.

## Focus Group Participants Blamed Insurance Companies for Rising Costs

In addition to blaming elected officials, focus group participants expressed frustration with corporate actors whose actions generate higher costs and create challenges in accessing care. Specifically, participants remarked that their insurance companies often added complexity to the claims process and make it more difficult to see specialists, while raising costs.

Insurance companies, as for-profit enterprises, seek to maximize profits and minimize losses from consumers' claims and coverage costs. This prioritization of financial gain can lead to high premiums and provides no incentive to give patients the necessary access to expensive specialist care.<sup>30</sup>

Insurers have had a complicated relationship with the ACA, initially fighting against the medical loss ratio provision (MLR) that threatened their bottom line. MLR requires health insurance companies to spend 80 percent of premium dollars on actual health care expenditures and requires them to refund any amounts they fail to spend to consumers.<sup>31</sup> Insurers lobbied secretly against this provision, but ultimately, after losing the fight, supported the law and the expanded patient pool it created.<sup>32</sup> Still, despite the ways in which the ACA protects patients from insurance companies, insurers still add cost and complexity to patients' health care experiences.

To that end, the ACA aimed to regulate insurance companies by restricting the ways in which they establish insurance plan prices, protecting people with chronic and recurring illnesses. For example, the ACA requires insurers to cover individuals with cancer and provide access to free preventative screenings. Previously, cancer patients and survivors could have their coverage rescinded,

denied, or made unaffordable by insurers.<sup>33</sup> Insurance companies, however, still refuse to cover certain types of treatment, sometimes denying more expensive experimental treatments against the advice of medical professionals.<sup>34</sup> The burden of these costs results in 42 percent of cancer patients losing their life savings in just the first two years after diagnosis.<sup>35</sup>

Focus group participants recounted frustrating experiences with denials from insurance companies. In the United States, insurers require prior authorization of a health care service or medication for patients to obtain care. This allows insurers to evaluate whether care is 'medically necessary' and, therefore, covered under their health insurance plan. In 2020, marketplace consumers reported experiencing denials for a variety of reasons. Other than being out-of-network, 16 percent of denials were because the claim was for an excluded service; 10 percent were due to lack of pre-authorization or referral; and roughly two percent were based on medical necessity.<sup>36</sup> Multiple participants recalled the absurdity of their doctors and nurses fighting with an insurance company over whether or not the prescribed care was "required." One participant shared that their experience with insurance was "very scary," as they were repeatedly denied approval for a procedure that multiple doctors recommended. Another was frustrated about spending a lot on premiums and then being denied covered care. On average, Arizona HealthCare.gov insurers denied 21 percent of in-network claims in 2020.<sup>37</sup>

**"I've had insurance denying things, but my deductible is so high, they're not paying for them anyway. So if I have four doctors and they all say, 'You need this,' and the insurance says, 'No,' then it's actually scary."**

Similarly, some participants blamed insurers for the convoluted processes they were required to endure to see specialists and receive treatment, calling them unnecessary, and remarking on how

they only make it harder to receive needed care in a timely manner. For instance, one participant shared their frustration with the approvals process that their brother, who passed away from cancer, had to navigate. They said the high cost of care and the frustration of having to deal with an insurance company every time their brother received treatment limited their brother's time to enjoy the remaining months of his life.

**“You got to go through all these hoops and loops to get the coverage. You need to get approval here, approval there, and all that. And then to compound it, of course, the prices are just outrageous.”**

Focus group participants, frustrated by their experiences with insurance companies and unaffordable health care costs, cited insurers' drive to maximize profits as a reason for high premiums and out-of-pocket costs. Indeed, as some Arizonans struggle to afford their premiums, health insurance companies bring in huge profits. In 2021, the six major health insurance companies in the United States collectively made \$40.9 billion in profits and the top seven paid their CEOs a combined \$283 million.<sup>38</sup> Meanwhile, premiums for employer-based health plans increased last year, after 2020 premiums were already straining Americans' budgets by taking up 11.6 percent of a median family's income.<sup>39</sup>

**“It just feels like in America in general, we don't really prioritize care. We prioritize profit margin.”**

The ACA worked to limit health insurers' ability to use premium revenue for profit and overhead by limiting the profit insurers are able to retain to only 15 to 20 percent.<sup>40</sup> Through these provisions, the law, in theory, restricts insurers' ability to increase profits at the expense of consumers. In reality, however, the system still incentivizes insurers to increase premiums, as charging more enlarges the allowed profit share. Insurers' drive for exorbitant

profit has led premiums to increase faster than wages, creating a crisis for millions of Americans. Between 2007 and 2019, premiums rose 20 percent more than wages.<sup>41</sup> Despite the regulations established by the ACA, more work remains in curbing insurers' powers and ability to deny coverage to individuals.

**“My own two cents, I owned a medical supply company when I was younger... That's part of what led me to be disgusted [with] the corporate greed... everything is being run by what's best for the business, not what's best for the people. And that's where I get disgusted...something as essential as medical care should be not driven by profit, but driven by, ‘Hey, what's best for the people?’”**

The IRA is the key first step of extending the ARP's premium tax credits, saving thousands of Arizonans, and millions of Americans, money on their premiums. This provides continued affordable access to comprehensive health care for 170,000 people in Arizona.<sup>42</sup> Action to restrict insurers' ability to inflate premiums must follow to keep premiums affordable for Americans.

## **Focus Group Participants Blamed Drug Companies for Rising Costs**

In the focus groups, many participants said drug companies were responsible for high medication costs. This view, reflected across all three focus groups, is in line with public opinion polling: eight in 10 Americans – including 82 percent of Democrats and 80 percent of Republicans – agree that drug company profits are a “major factor” in high drug costs.<sup>43</sup> Similarly, nearly 60 percent of Americans say they have no confidence in the pharmaceutical industry to recommend the right course of action on drug pricing.<sup>44</sup>

**“The prices that the pharmaceutical companies put on these prescription drugs are ridiculous.”**

Drug companies continue to raise the price of medication, despite people struggling to afford essential prescriptions. The average price of new medications – set by drug companies – increased by 20 percent each year between 2008 and 2021, and in January 2022 alone, 9.2 percent (or 3,620) of active drug products saw price increases.<sup>45</sup> The rising price of new drugs in recent years has coincided with increased total spending on prescription medications. In 2019, total spending on prescription drugs reached a whopping \$369.7 billion.<sup>46</sup> Naturally, high prices and massive spending led to huge profits for the drug industry. In 2021, the top eight highest-earning drugmakers all posted net incomes above \$10 billion, with the top three each earning more than \$20 billion.<sup>47</sup> Major drug companies and their CEOs took in a combined \$292.6 million last year, while nearly one-third of Arizonans could not afford to fill a prescription that a doctor had given them in the last two years.<sup>48</sup>

**“It’s pharmaceutical companies... [E]ven with the discounts that you could possibly potentially get, they’re still expensive depending on the manufacturer that’s making them and people just can’t afford it.”**

Participants specifically named patents as a key reason why drug companies are able to charge exorbitant prices for brand-name drugs.<sup>49</sup> The patent system enables drug companies to maintain exclusive rights on new drugs for years or even decades and therefore block competition.<sup>50</sup> When there is competition, drug prices drop as generic versions of medications, on average, cost 85 percent less than their brand-name counterparts.<sup>51</sup> Drug companies also use questionable tactics to further exploit the patent system, such as creating multiple patents associated with one drug or

receiving new patents for minor formula updates, to extend exclusive manufacturing rights that allow them to continue charging excessive prices.<sup>52</sup>

**“I think they charge that much because they can.”**

**“[Prices are high] because the US has patents on medications. One that I personally take, I tried five different variations that weren’t the drug that I was actually taking, but it was like kind of in the same wheelhouse. And they’re all horrible for me. So now I just pay a cash price for a monthly medication that I have to take.”**

Another reason drug prices remain unaffordable is because drug companies have succeeded, with the help of elected officials, in blocking one of the most promising solutions to reduce the cost of prescription drugs: lifting the ban on Medicare negotiating lower drug prices. The drug industry’s lobbying efforts are responsible for the prohibition on Medicare negotiation, and, to this day, drug companies continue to spend millions of dollars opposing this necessary step to bring down costs for consumers.

In 2003, when Congress was considering the Medicare Modernization Act that established Medicare’s Part D drug coverage, the pharmaceutical industry spent \$108.6 million on federal lobbying activities and hired over 800 lobbyists to ensure the new Medicare drug benefits would be administered by private companies and that the law would prohibit Medicare from being able to negotiate what it paid for prescription drugs.<sup>53</sup> The drug companies’ industry association, the Pharmaceutical Research & Manufacturers of America (PhRMA), spent \$16 million on lobbying in 2003, a 12.5 percent increase from 2002.<sup>54</sup> This tactic resulted in the Medicare Modernization Act being signed into law by President George W. Bush after congressional Republicans passed the law,

banning Medicare from negotiating drug prices.<sup>55</sup> Since then, Americans – at the pharmacy and with their taxpayer dollars – have continued to pay the price of Congress’s failure to stand up to the drug industry.

In 2009, drug companies successfully lobbied to remove a Medicare negotiation provision from the ACA. Despite the obvious benefits for everyday Americans, lawmakers dropped the measure – and other policies aimed at making more affordable drugs available – after drug companies spent over half a billion dollars lobbying against these efforts.<sup>56</sup>

Since 2019, Congress has considered multiple pieces of legislation to permit Medicare to negotiate drug prices. However, due to relentless lobbying by the pharmaceutical industry and opposition from Republican lawmakers, none have passed until now.<sup>57</sup> A recent report found that, since the start of the COVID-19 pandemic in 2020, the top five drug companies and PhRMA have spent a combined \$147,285,000 lobbying against price-lowering reforms.<sup>58</sup> In addition, these five companies and PhRMA donated nearly \$1.7 million to the Republican members of the House Energy & Commerce committee, all of whom voted against a Medicare negotiation measure last fall when it came before the committee.<sup>59</sup> Despite this failed committee vote, a moderated Medicare negotiation provision was included in the Build Back Better Act, which narrowly passed the House last November with only Democratic support. This legislation ultimately stalled in the evenly divided Senate, where nearly every Democrat supported the bill but all Republicans were opposed.

**Big Pharma Spent At Least \$147 Million Lobbying Congress in 2020**

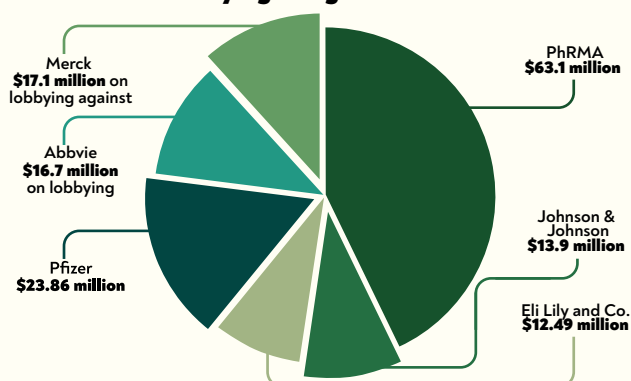


Figure 2. Source: Accountable US

Drug companies keep prices high through patents and lobbying against legislation that would lessen their profits. Congress recently decided to permit partial Medicare negotiation in the IRA. This legislation includes a provision to allow Medicare to negotiate the prices of 10 drugs in 2026, 15 drugs in 2027, and up to 20 drugs in 2029.<sup>60</sup> This bill will grant relief to many Americans struggling to afford their life-saving medications. Still, continued action from Congress to lower the price of other prescription drugs will be needed to help Americans.

## Conclusion

The lack of action to lower health care costs – namely, the failure to adequately build on the ACA and allow Medicare to negotiate lower drug prices – has come at a steep cost for millions of Americans. Arizonans are forced to pay exorbitant prices for essential prescription drugs and must navigate significant barriers created by insurance companies in order to receive necessary care, all while paying inflated premiums. The pharmaceutical and insurance industries put their profits ahead of Americans’ health care and, for decades, have successfully lobbied against legislation to lower costs for everyday Americans.

Congress just passed the Inflation Reduction Act, lifting the ban on Medicare negotiation for specified prescription drugs, capped the cost of insulin for Medicare recipients, and extended the ARP’s tax credits. These reforms are critical for ensuring that Arizonans can afford the health care they need. However, until we address the relationship between elected officials and corporate interests – and detangle them – health care costs for Americans will continue to rise, making care unaffordable.



# Endnotes

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- <sup>7</sup>Arizona Statewide Poll on Consumer Expectations and Experiences with Health Care Costs and Coverage in 2022. (n.d.). Retrieved 3 August 2022 from Consumers for Quality Care: <https://consumers4qualitycare.org/arizona/>.
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