

SB 119 –

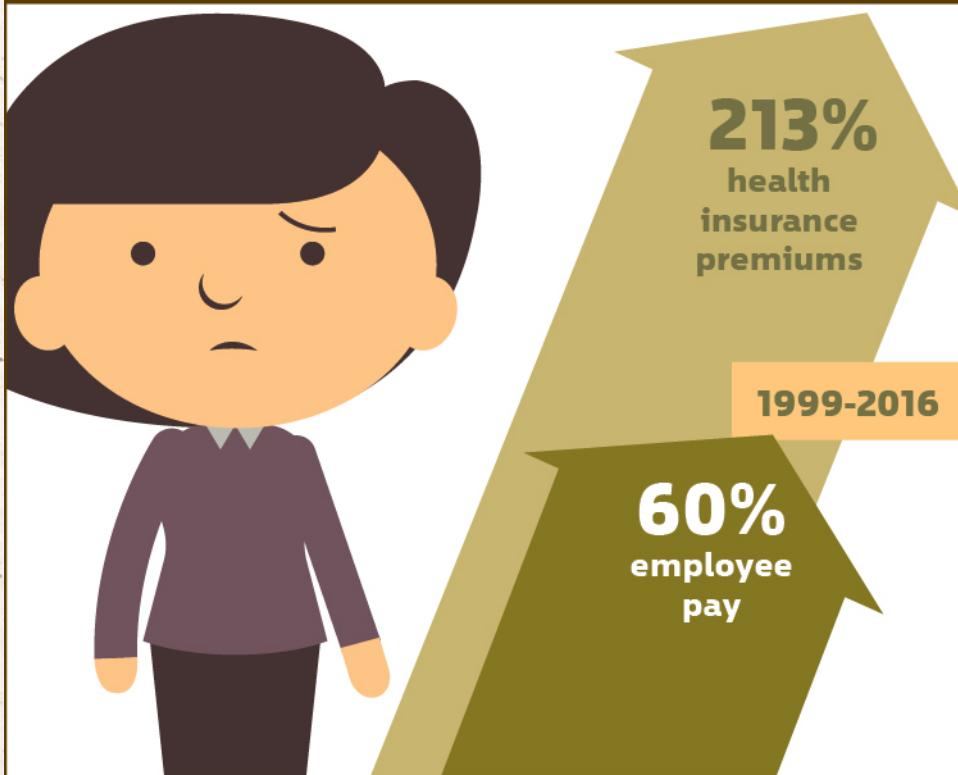
**RIGHT
TO
SHOP:**

Alaska Health Care Consumer Right to Shop Act

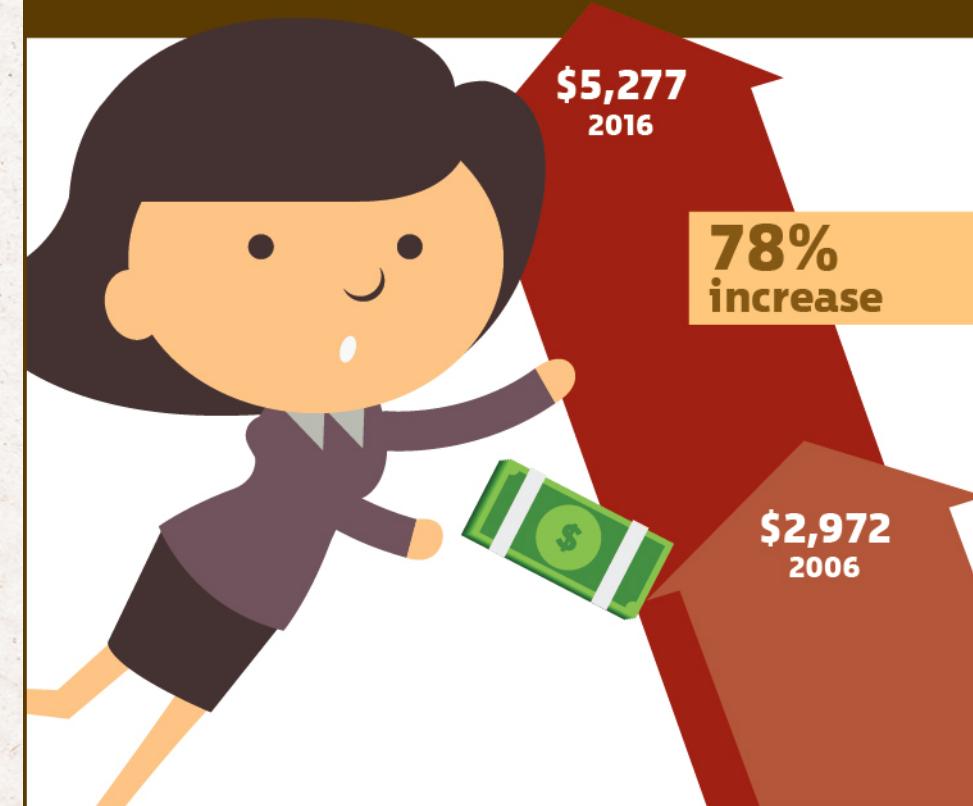
Rewarding Patients
That Pick High Value
Health Care



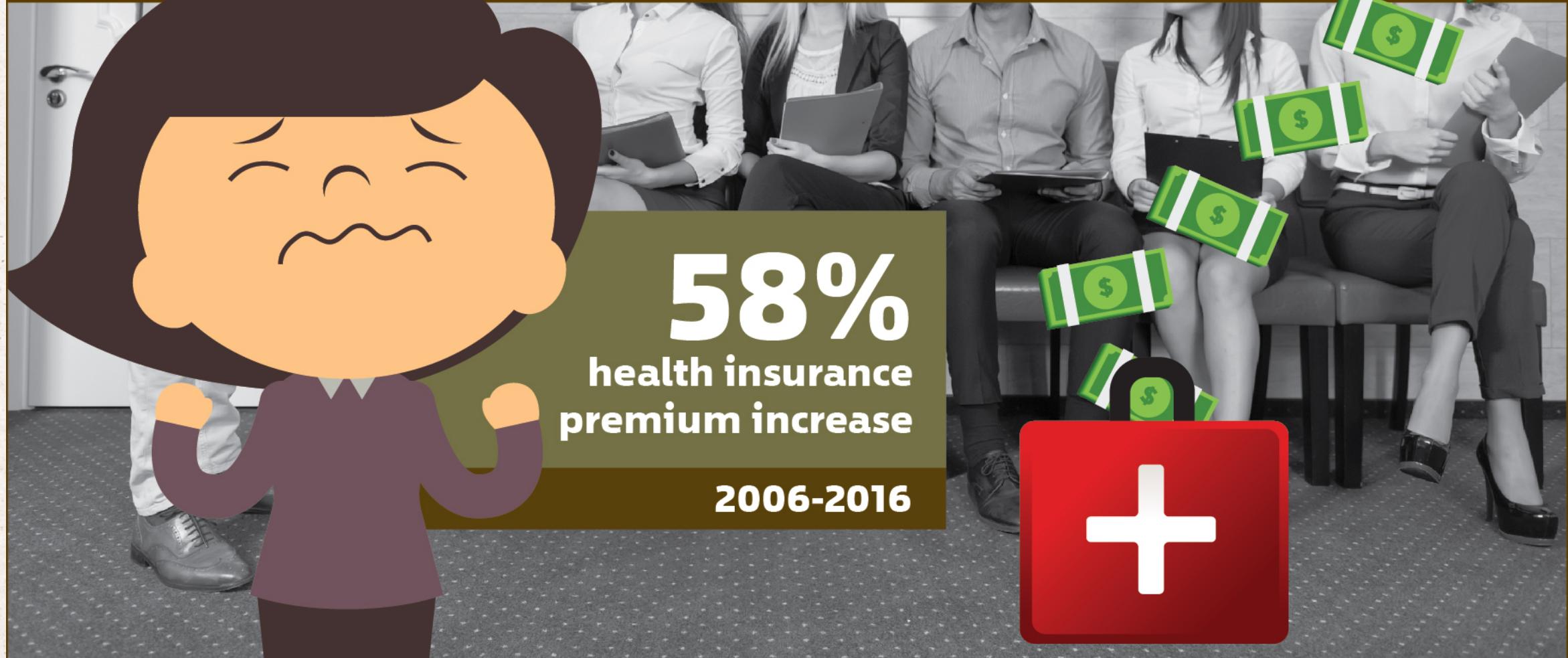
Health care is eating employee paychecks



Employee out-of-pocket costs are on the rise



Employers are paying more toward health care instead of hiring.



Patients should know:

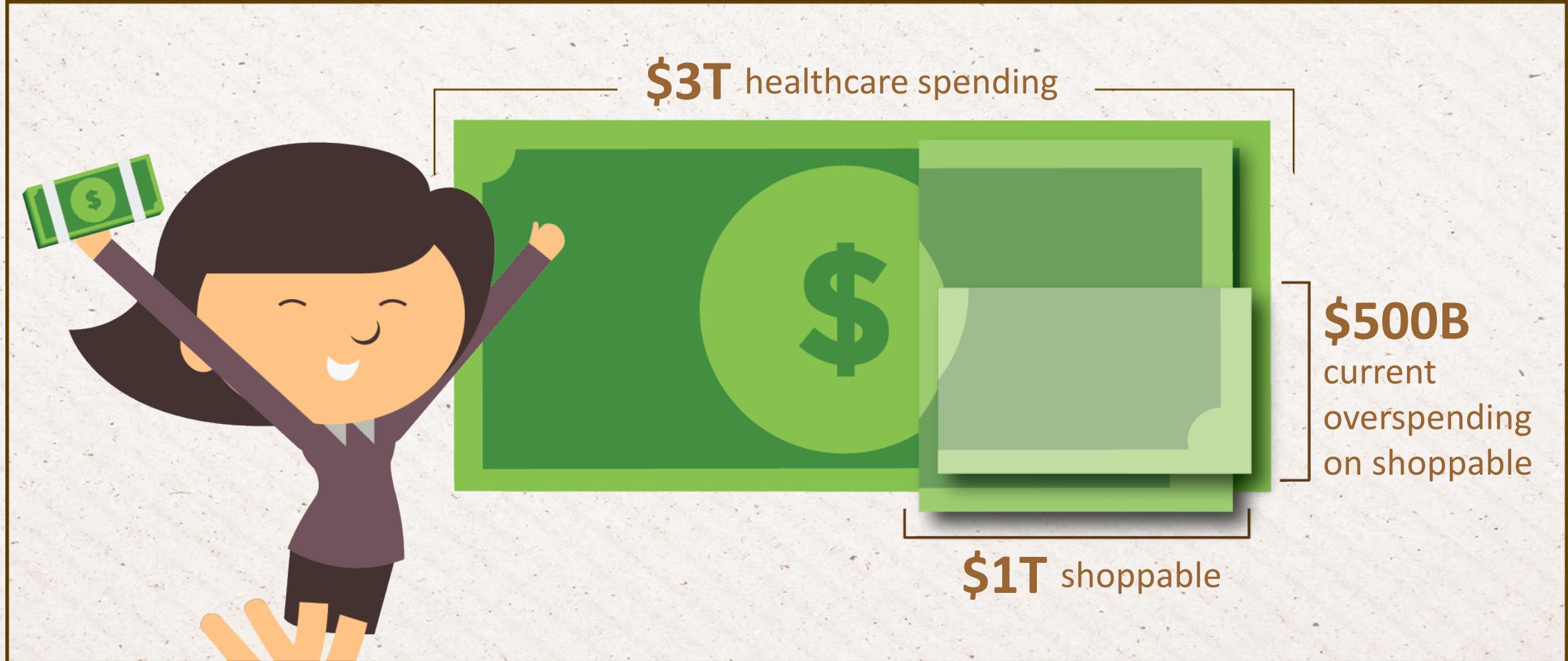
There is a **HUGE** opportunity to save money



Prices differ depending on the door they walk through



Shopping is possible, and could save real money.



Three Pillars of Right to Shop

The Right to Know:

Patients can find out the estimated price ahead of time from their insurance plan and compare providers to find one that works for them



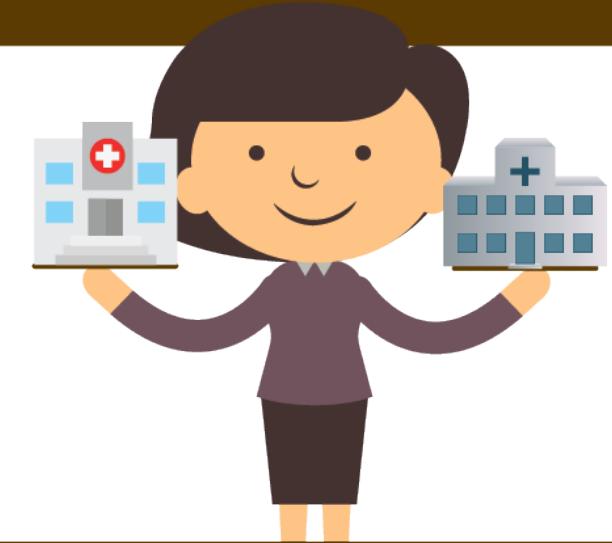
The Right to Save:

Patients share in savings if they shop for a high-value provider (i.e. high-quality, lower-cost)



The Right to Pick:

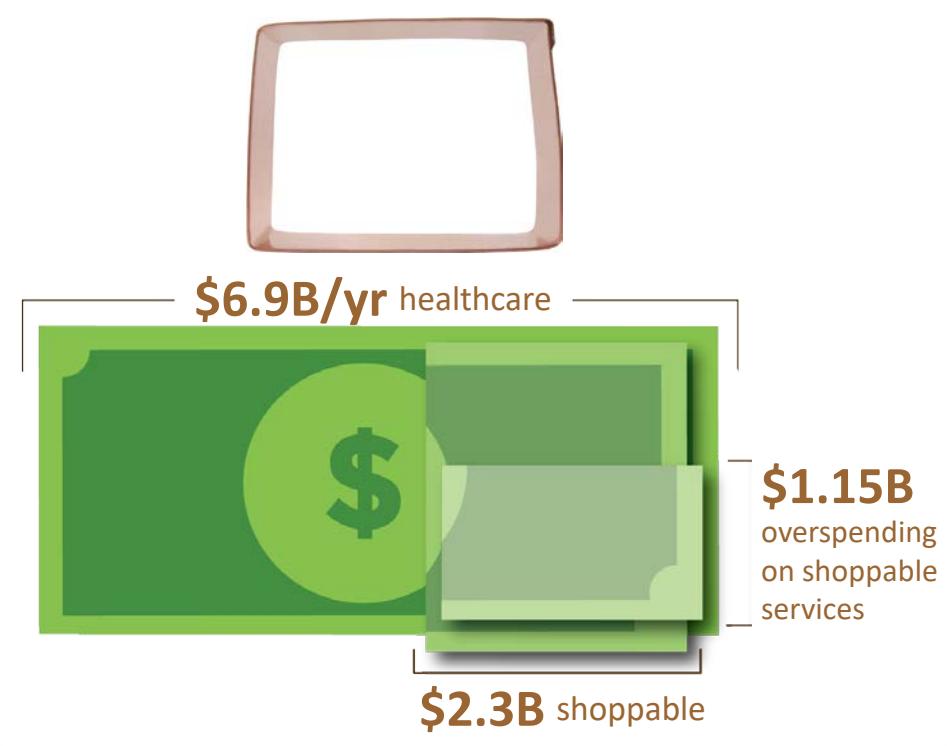
Patients' access to high-value providers is protected—whether the providers are in- or out-of-network



Cool tools work for shopping, but they are not available to all.



Alaska needs Right to Shop



Maine passed Right to Shop
with unanimous bipartisan
support in 2017.



Alaskans Are Overspending \$1.1B A Year On Shoppable Services



\$6.9B ANNUAL HEALTHCARE SPENDING

**based on latest census data and national average health care spending*

\$2.3B SHOPPABLE

\$1.1B SAVABLE

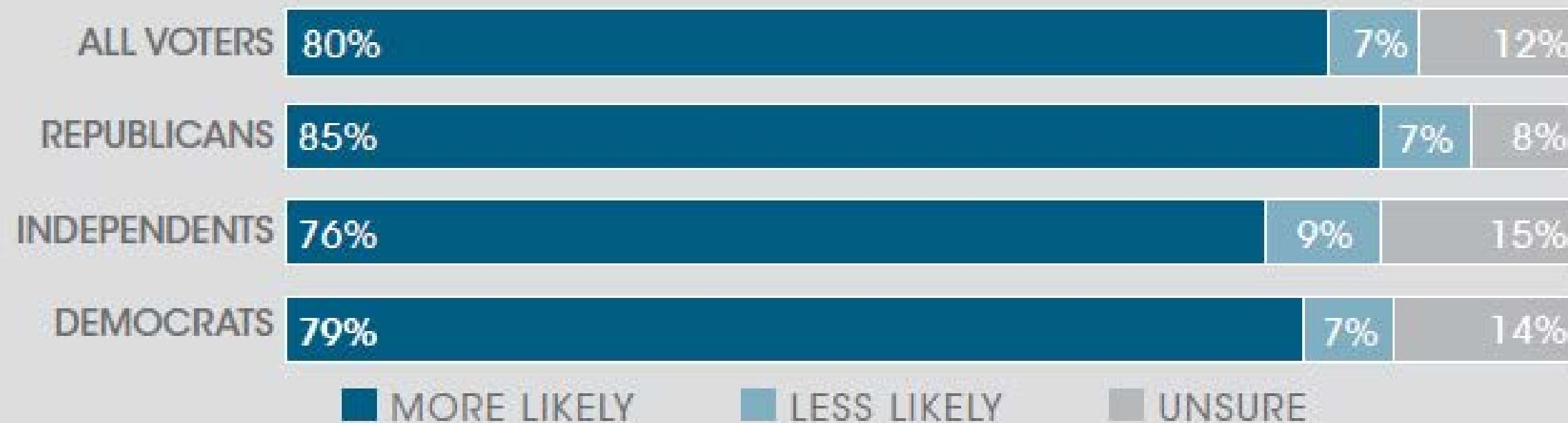
77%

of Americans want the Right
to Shop in Health Care

What Comes Out of Our Wallets Matter

LOWERING OUT OF POCKET COSTS FOR PEOPLE WITH CHRONIC CONDITIONS

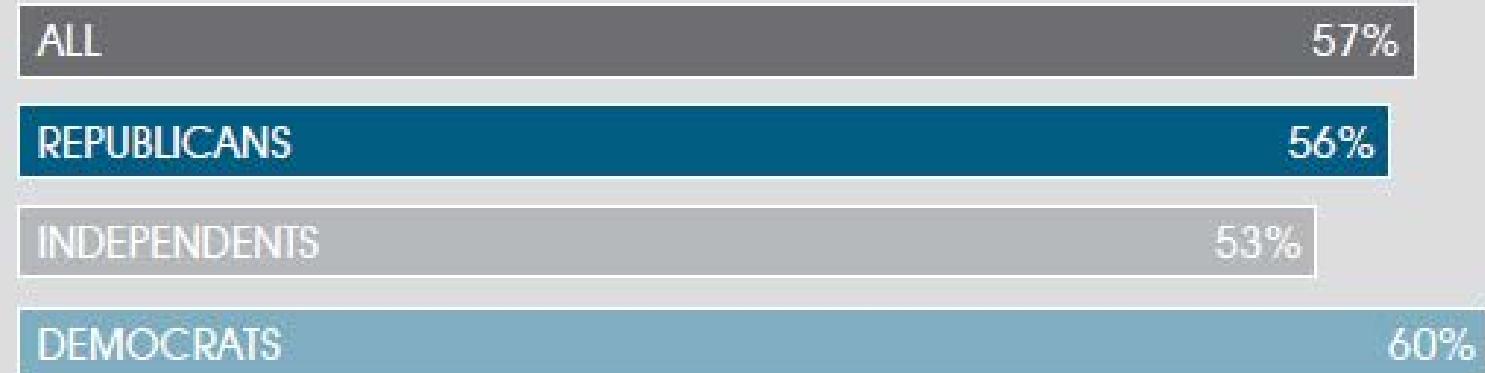
Voters are more likely to support Right to Shop when they learn it could mean lower out-of-pocket costs for individuals with chronic health conditions.



What Goes Into Our Wallets Matter

Every dollar counts.

When asked, a majority of consumers would consider switching providers for a savings of as little as \$50 on a non-emergency procedure under Right to Shop.

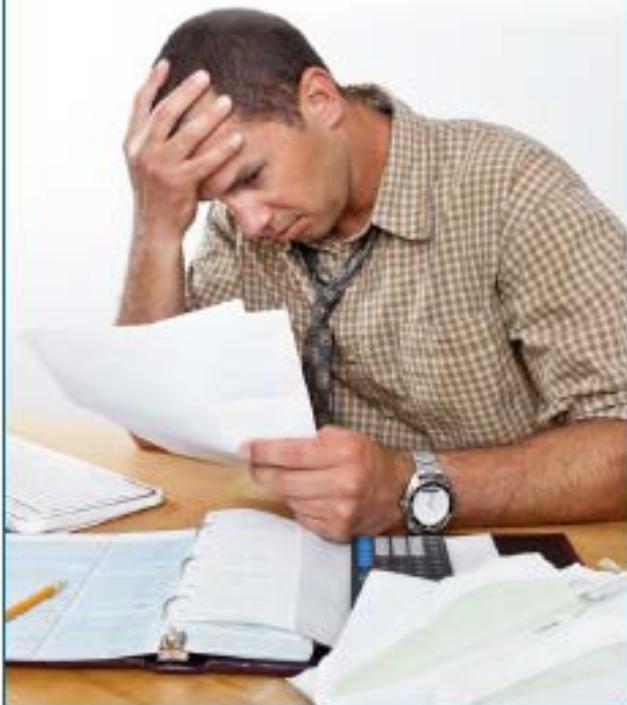


Incentives work.

EXPENSIVE

62%

of voters say it would be tough to pay their entire deductible in one month



CONFUSING

63%

know prices differ wildly for same care



HARMFUL

69%

think insurers are NOT working to keep their costs down





- 98% of insurers have a cost tool but only 2% of members use it.
- Right to Shop works.
- *Incentives matter.*

Potential savings from switching facilities*

Knee arthroscopy
\$15,869

Cataract
surgery
\$7,204

Shoulder
MRI
\$2,038

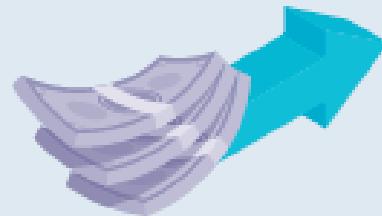
Colonoscopy
\$2,894

ANCHORAGE, AK

*Difference in price between high-cost and lower-cost in-network facilities.

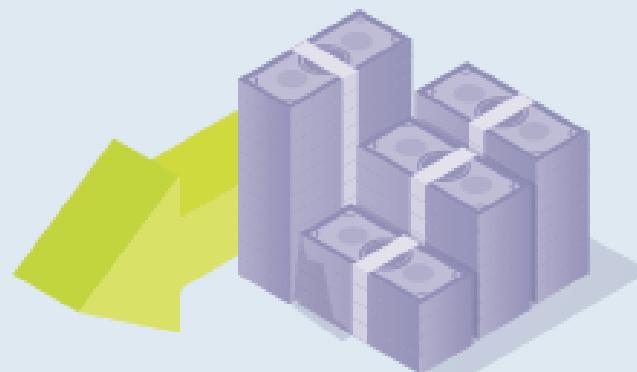
For more information visit: healthcarebluebook.com

Incentives drive savings



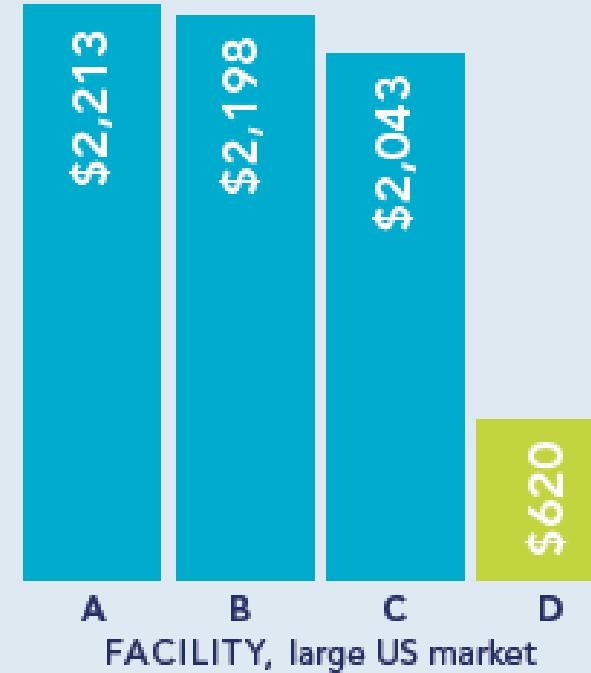
One large public entity paid \$30,000 in cash incentives

and captured over \$800,000 in savings.



Out-of-network care can save money*

KNEE MRI PRICING

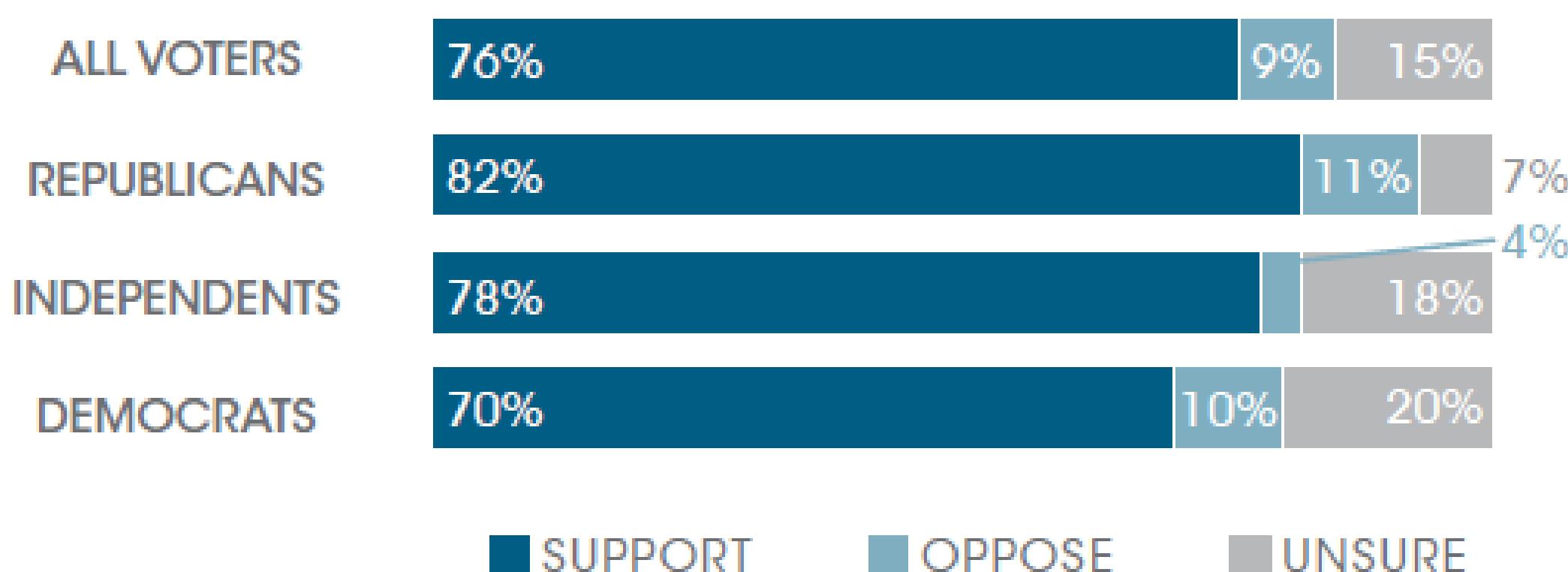


■ In-network ■ Out-of-network

*Cash pay rates for out-of-network facilities can be less expensive than network rates for facilities that are in-network.

BENEFITS SMALL BUSINESSES AND WORKERS

Right to Shop would help small businesses deal with rising health care costs, freeing up money to hire more workers.



Who Has RTS?

Right to Know (Full Transparency):

- ✓ Private Market: MA, ME

Right to Save (Incentives):

- ✓ Private Market: ME
- ✓ Public Employees: FL, KS*, KY*, MA*, NH*, VA (more to join shortly)

Right to Pick (Out-of-network protection):

- ✓ Private Market: AZ, ME

States Considering RTS Bills in 17/18:

AK, AZ, CO, IA, KS, KY, MA, MO, MT, NE, OH, OK, SC, TN, UT, VA, WV

* Agency driven reform.