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INTERNATIONAL REFERENCE COVERAGE: A NEW ROUTE TO ACHIEVING AFFORDABLE AND SUSTAINABLE AMERICAN HEALTH CARE

Govind Persad

Efforts to expand access to health insurance in the United States have involved accompanying efforts at controlling the costs to third-party payers and to providers. Among these efforts to control and recoup costs include "narrow network" plans, which limit patients' choice of provider; increased deductibles, copayments, and coinsurance; and higher premiums. Notably, the "metal tiers" of gold, silver, and bronze health plans offered in the Affordable Care Act's marketplaces vary with respect to expected out-of-pocket costs, rather than with respect to the interventions covered. In global health, the push toward universal health coverage has similarly generated discussions about how to control costs.

In this Article, I examine the challenge of cost containment and explore a potential solution. Part I begins by differentiating two different categories of cost containment: affordability to individuals and sustainability for the health system. Part II examines a variety of strategies for containing costs, including changes to out-of-pocket costs, reductions in payments to providers, narrow networks, and exclusions from insurance. I ultimately argue in favor of a strategy that manages costs by setting limits on the interventions that are provided. Part III explains why it is ethically justified to set limits on health care, and considers how a list of basic services and treatments might be developed. Part IV takes on the political challenge of determining which services the plan will cover, and suggests the approach I call "international reference coverage." This approach defines limits on covered interventions by reference to the set of interventions covered by international health systems in similar countries.