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MONTANA FIRST: HEALTH CARE AGENDA

American scientific advances should make our health care system the envy of the world. We have cured conditions that used to be considered permanent, from childhood leukemia to hepatitis C, and we did that through the investment, ingenuity, and grit of a nation that solves the hardest challenges.

Unfortunately, the reality is that too many Americans cannot access or afford even the basic care they need to keep their families healthy:

- According to Gallup, more Americans named health care as a serious worry than any other issue.
- For the first time since Gallup began tracking, fewer than half of Americans can reliably afford the care and the prescriptions they need.
- Americans pay nearly three times what other wealthy countries pay for prescription drugs
- Here in Montana, 43 percent of us have skipped or put off medical care because of what it costs, one of the highest rates of any state in the country.
- Roughly 20 million adults, close to one in twelve, are carrying unpaid medical bills.

On top of that, Americans are not getting our money's worth. We spend nearly twice per person what other wealthy nations spend, and in return we have shorter lives, more mothers who die in childbirth, and more babies who never reach their first birthday.

Unfortunately, most politicians treat health care reform like a contest of bumper stickers. The broken politics of Washington means that politicians have decided the fight is worth more to them than the fix. But slogans are not plans, and none of our leaders have presented a clear path to lower insurance premiums across the state.

Seth believes Montanans deserve better than slogans, and no one should ever go bankrupt because of a health emergency. He believes we do not have to submit to gridlock and inaction caused by an insurance industry that spends more on lobbyists every year than most Montana towns will ever see. And he is not going to carry water for a party that would rather run an ad than fix the problem.

He will work with anyone, Republican or Democrat, who will sit down and do the actual work. He will say no to both of them when they will not.

Seth believes that we need real, comprehensive reform to our health care system that will deliver on four core principles:

1. **A coverage option for every American, without losing choice or competition:** This is not only about fairness, it is about creating more stable insurance pools that result in more predictable, more stable premiums, and bringing more healthy people into coverage keeps costs down for everybody.
2. **Pay the system for keeping people healthy, not just for treating them once they're sick:** Right now, almost nobody in American health care makes money when people stay well. That's absurd. We have the wrong incentives, and we need to flip them.
3. **Rein in the middlemen and profiteering – implement real oversight of insurance companies that make money by saying no and create real negotiating power and price transparency with big pharma:** Marketplace insurers deny close to one in five in-network claims, which is a business model, not medicine. It's an outrage, and no one should have to fight their own insurance company for the benefits they pay for. And to drive down drug prices, we should enable our government to negotiate for better prescription drug pricing, as well as force price transparency from PBMs.
4. **Cut the waste and ensure our administrative systems actually serve the patients they are designed for:** Our systems, especially for veterans and Indian Country, are well-intended but do not serve Montanans well enough. We need to cut the bloat and increase efficiency so patients get the care they deserve.

And on day one he is going to take steps to increase access to care, lower costs for Montana families, and increase competition in the health care system by:

(1) Lowering What Montanans Pay for Coverage, Care, and Prescriptions

More than 70,000 Montanans buy their own health insurance. They are ranchers and contractors and hair stylists, people running small businesses in towns across the state, people who work for themselves because that is how work goes out here. When Congress let the ACA tax credits expire at the end of 2025, many Montanans' premiums went up almost 30 percent in a single year, and for the first time in five years, fewer Montanans signed up for coverage at all. On top of that, we pay some of the highest drug prices in the world for the very same medicines other countries buy for a fraction of what we are charged. Seth supports:

- **Restoring and extending the tax credits** that keep coverage within reach for Montana's farmers, ranchers, and small business owners. And no Montanan should ever again be turned down for coverage, or charged more for it, because of a pre-existing condition.
- **Making prices honest and getting rid of surprise bills.** Hospitals and insurers are already supposed to post what they charge. Those rules need teeth. The system

Congress set up to protect patients from surprise bills has turned into a windfall for hospitals and insurers instead, and it needs to be fixed.
- **Going after drug prices and the middlemen who inflate them.** Medicare's new authority to negotiate is working, with the first ten drugs coming in 38 to 79 percent cheaper, so that authority should be expanded well past the early rounds and should reach the high-cost drugs administered in a doctor's office. Pharmacy benefit managers ought to have to say plainly what they are charging Montana pharmacies and patients. Insulin and other lifesaving drugs should be capped at $35 a month for every Montanan, not only the ones on Medicare.

(2) Keeping the Promise of Medicare and Medicaid, and End Washington's Paperwork Traps

Almost one in five Montanans is on Medicare, while another 76,000, most of them working, are covered through Medicaid expansion, which Montana's own Legislature renewed permanently with votes from both parties and Governor Gianforte signed into law. Washington keeps treating both programs like chips to be traded and that needs to end. Seth supports:

- **Blocking cuts and cost shifts to Medicare,** including any push to raise the eligibility age. Seniors also deserve better than misleading Medicare Advantage ads and prior authorization delays that hold up care they have already paid for.
- **Fighting the new Medicaid reporting rules.** Montana's own numbers show 72 percent of enrollees are already working and another 4 percent are in school. The extra paperwork is just knocking eligible people off their coverage, which is exactly what research from other states has shown. Seth will push to repeal or fix those rules, and he will fight to keep the new twice-a-year eligibility checks from turning into one more filing deadline that costs Montanans their coverage.
- **Protecting the coverage that holds up long-term care.** Medicaid pays for a great deal of nursing home and in-home care in this state, and for a lot of Montana families caring for an aging parent or a disabled adult child, there is no backup plan if it goes away.

(3) Keeping Care Close to Home in Rural Montana

Montana has roughly 50 rural hospitals, and in a lot of towns that hospital is the emergency room, the only safe place to have a baby, and the biggest employer for an hour in any direction. Nearly two-thirds of them have already cut services. About a third are at risk of closing. A quarter of Montanans say the drive itself has delayed or stopped them from getting care, and close to half say they have waited too long for an appointment. Seth supports:

- **Ending the chronic underpayment of rural providers.** Medicare and Medicaid do not cover what it actually costs to deliver care out here, especially emergency care and childbirth, and that gap is what is closing service lines. Ambulance and air ambulance access has to be protected too, because when the nearest ER is an hour off, that ride is can be difference in life saving care.

- **Recruiting the next generation of rural providers** with loan repayment, rural residency programs, and real incentives to practice in a small town. Doctors, nurses, counselors, and psychiatrists all count here.
- **Making telehealth permanent,** with phone-only visits included, because plenty of Montana communities still do not have internet you can hold a video call on. Behavioral health visits should be paid at the same rate as in-person care.

(4) Keeping Faith with Veterans, Tribal Nations, and Montanans in Crisis

Montana has one of the highest concentrations of veterans in the country, roughly 86,000, and it is home to eight Tribal nations. Washington, DC runs those health systems directly, so when they fail, that failure belongs to Washington and nobody else. We also lose more Montanans to suicide than almost any state in the nation, and about six in ten of us live somewhere with no real access to mental health care. Seth supports:

- **Rebuilding VA care in Montana.** Reverse the staffing cuts, mental health staff very much included, and get the VA the hiring authority and Montana-specific recruiting it needs. Grow the Community Care Network, mobile clinics, and telehealth so a veteran in a rural county is not spending a day in the truck for one appointment. Finish implementing the PACT Act. Meet the needs of women veterans, including care for military sexual trauma and maternity care. Keep building partnerships with Montana hospitals so we are training the doctors who will stay and serve here.
- **Fully funding the Indian Health Service and Tribal health systems,** and making that funding something Tribal nations can count on instead of something they have to go fight for every year. Tribal nations also deserve a real say, not a courtesy notice, in how federal health dollars get spent in Indian Country.
- **Treating mental health and addiction as the crisis it has been for years in this state.** That means building behavioral health into primary care and into schools so people can get help before things fall apart, and it means putting money into addiction treatment that actually reaches people where they live, whether that is a Tribal community or a county with one stoplight.