

Advancing health care for American workers: Opportunities for federal policymakers

Since 2021, Morgan Health has leveraged investments, innovation and the full force of JPMorganChase to improve the quality, equity and affordability of employer-sponsored health care. We identify and analyze problems in today's health care system, deploy capital and expertise to scale solutions to those problems and implement rapid-cycle pilots and evaluations to refine products based on employees' needs and experiences.

We also recognize that there are bigger, more systemic problems that must be addressed through policy reforms. We work with organizations across the health ecosystem to advocate for policies focused on improving outcomes for America's workforce, and ultimately, help the communities that JPMorganChase serves across the U.S.

Our efforts are focused on:



**Accelerating
innovation in the
employer market**



**Modernizing
the health data
chassis**



**Bolstering the
U.S. health care
workforce**



Accelerating innovation in the employer market

Reform efforts have sought to increase value-based care payment models – marking a necessary step in shifting our health care system towards one that prioritizes quality over quantity. Unfortunately, employer-sponsored insurance (ESI) lags Medicare in this area – as 21.6 percent of payment models assume two-sided financial risk, compared to 43 percent in traditional Medicare.¹

Federal lawmakers should advance policies to support the sustainability of ESI and employers looking to adopt value-based care and broader innovations.

Often, federal policy discourse focuses on publicly funded programs while largely ignoring the role of the private sector in administering health care coverage. The federal government should help validate what works well and facilitate more guidance and flexibility to employers looking to pilot innovative payment models within their benefit plans.

Across ESI, this shift will only happen through more innovation from commercial insurance payers. Employers need improved plan designs centered on quality, equity and affordability in order to meaningfully improve outcomes across their employee base. Policymakers should prioritize approaches to innovation, including greater transparency and consistency in health pricing, that incorporate the perspectives of employers and focus on tying payments to improved patient outcomes.

As the cost and complexity of health care continues to rise, small- to mid-sized businesses (SMBs) require tailored health care solutions. JPMorganChase banks seven million SMBs in the U.S., and our customers cite

the cost of health insurance as a key growth barrier. These clients are seeking innovative insurance options with greater flexibility and cost controls. Greater flexibility in Health Reimbursement Arrangements and Health Savings Accounts, including Individual Coverage HRAs or ICHRAs, offers these businesses the opportunity to continue supporting their employees' health in ways that can be more cost effective than the status quo.



Modernizing the health data chassis

The lack of clean, consistent and actionable data impacts employers' ability to identify opportunities to improve benefit design. Equally important, while artificial intelligence (AI) offers the potential to bring efficiency and innovations to health care, its deployment is dependent on stronger and more interoperable data infrastructure.

Federal lawmakers should advance policies that modernize data infrastructure to improve health information sharing. This will support the broadest, most responsible deployment of AI.

Discussions around improving health information technology (HIT) at the federal level mainly focus on improving health systems with little emphasis on employers. This ignores the fact that employers own a tremendous amount of data. The federal government should engage employers to understand and consider their experience offering health benefits and incorporate employer-specific examples in guidance. Policymakers should also consider incentivizing employers to participate in innovative federal offerings, such as the Trusted Exchange Framework and Common Agreement (TEFCA), to encourage accelerated adoption of such federal efforts.

Employers face barriers in sharing data across systems and driving towards the next best action.^{2 3} To address this gap, federal policymakers should ensure health care system and technology vendors are incentivized to adopt standardized data formats and definitions, such as Fast Healthcare Interoperability Resources (FHIR) and the Health Equity-Related Data Definitions issues by the Centers for Medicare and Medicaid (CMS) Services in 2024.⁴ These tools would help support employers to better understand the complex social, economic and medical factors affecting their employees' health.⁵

Employers also need clear channels for data sharing among their employees' former employers and health care organizations to facilitate longitudinal health tracking. This would allow them to create metrics for cost, service, utilization, and disease prevalence across markets.^{6 7 8} Policymakers should consider funding improvements to the public health data infrastructure, which would enable stronger communication and interoperability with private sector data. Employers also care about the privacy and security of this data – and therefore need the federal government to develop clear guidelines to balance health IT innovation with appropriate safeguards.



Bolstering the U.S. health care workforce

The shortage of health care workers is a significant crisis across the U.S. Left unaddressed, health care workforce shortages can negatively impact population health and the broader economy.

Policymakers across every level of government should advance policies that bolster the U.S. health care workforce – ensuring the American workforce has access to the care they need.

With fewer providers in the workforce, employers recognize that their employees will experience longer wait times, diminished access and a lower quality of care. This creates several downstream health and economic consequences, including more sick days, less productivity and increased likelihood of chronic conditions. As an immediate fix, federal and state policymakers should strengthen non-physicians' ability to practice to the top of their licenses.

As demand for whole-person health services and behavioral health care continues to grow, policymakers should also prioritize value-based care models that integrate these services with primary care. Employers rely on the health system to make behavioral health available, but need a reliable, robust workforce to do so. Expanding integrated care models to include non-physician providers (NPPs), like behavioral health specialists, pharmacists, and perinatal providers, is one key solution. In models with full integration of primary and behavioral health care, the number of patients who receive behavioral health services increased, alongside a reduction in the total cost of care.⁹

Federal policymakers should prioritize solutions like apprenticeship programs for nursing assistants and progression development for other critical support staff, which would increase the pipeline of health care workers and contribute to a robust, diversified workforce. This is an area where several states are driving innovation.

- 1 <https://hcp-lan.org/apm-measurement-effort/2024-apm/>
- 2 <https://medcitynews.com/2024/07/health-data-employers-fiduciary/>
- 3 <https://www.aon.com/en/insights/articles/how-employers-can-use-data-to-improve-their-health-plans?collection=5b1456a2-3649-4a1d-82de-4ce97e2bec27>
- 4 <https://www.cms.gov/files/document/cms-2024-omh-data-definitions.pdf>
- 5 Ibid.
- 6 Ibid.
- 7 <https://www.mercatus.org/research/policy-briefs/scope-practice-laws>
- 8 <https://www.merative.com/employers>
- 9 <https://www.commonwealthfund.org/publications/case-study/2022/dec/integrating-behavioral-health-services-primary-care>