The Wisconsin Medical Society has long sought to improve the health of the people of Wisconsin. This core principle will guide the Society’s advocacy efforts regarding any repeal and replacement of the Affordable Care (ACA), and any reforms to the Medicaid and Medicare programs.

The Society is committed to improving health insurance coverage and health care access so that patients receive timely high quality care, preventive services, medications and other necessary treatments. The Society recognizes the essential principle of universal coverage, and in health system reform universal coverage can be achieved through any or all of the following: employer participation, individual participation, government participation, the use of tax credits and subsidies, the use of medical and health savings accounts and the use of catastrophic insurance. In addition, our efforts will focus on making sure health care continues to be patient-centered, physician-led, and built on the foundation of the patient-physician relationship.

In a “repeal first” scenario, the Society is concerned that there may be significant instability of the insurance market. Therefore, any repeal must come with a replacement bill or a real outline to mitigate disruption, and ensure insurance market stabilization for the nearly 20 million who have gained access to health insurance coverage since 2010. While it is strongly encouraged that a comprehensive strategy and plan be developed before proceeding with any replacement, our paramount concern is that those who are currently covered should not lose insurance as the result of any potential repeal and/or reforms.

As plans emerge the Society endorses and reaffirms our four essential goals in reforming the health care system:

1. Attain universal health insurance coverage.
2. Provide high quality health care.
3. Control health care costs.
4. Be responsive to physician well-being and sustainability in the workforce.

The Society also supports efforts to improve health plan transparency for patients and physicians including ensuring that provider directories are accurate, complete and up-to-date; requiring health plans to inform physicians of criteria to participate in provider networks; and promoting fair health plan contracting practices. The Society will advocate for the provision of additional protections for patients who are forced to seek care out-of-network. The Society also supports state network adequacy thresholds that ensure provider networks include a full range of primary, specialty and subspecialty providers for children and adults, so that health insurance coverage actually translates to patients having access to the care and providers they need.

In addition, any replacement of the ACA should continue some of the important ACA health insurance reforms including:

1. Guaranteed coverage for individuals with preexisting conditions within the context of requiring individual responsibility.
2. Coverage on parent’s health insurance plans until age 26.
3. Using refundable and advanceable tax credits that are inversely related to income.
4. Ban on lifetime caps.
In order to ensure that patients get the best quality care possible, any replacement of the ACA should ensure that:

1. Health plan coverage is adequate.
2. Adequate health plan coverage is affordable.
3. Regulatory burdens on physicians are reduced.
4. Selling insurance across state lines must not undermine a state’s authority to regulate its own insurance marketplace(s).
5. Wisconsin’s relatively healthy medical liability climate continues.
6. Prescription drug price and cost transparency among pharmaceutical companies, pharmacy benefit managers and health insurance companies is encouraged.
7. Coverage for mental health and addiction care has full parity with general medical care.

Any reforms to Medicaid and Medicare should ensure that:

1. Medicaid is adequately funded and is sustainable for physicians and states.
2. Medicaid funding must treat states equitably.
3. Medicaid and Medicare programs are viable and effective mechanisms to provide health insurance coverage to low-income individuals, seniors and the disabled.
4. Graduate medical education funding continues to be supported by the Medicare program, consistent with the extensive, longstanding policy.
5. Increased flexibility for states resulting from changes to entitlements, or the restructuring of grants and waivers, result in improved efficiencies for Wisconsin’s Medicaid programs.
6. Changes to financing structures and/or coverage requirements should not disadvantage physicians and health systems that often serve as a safety net in their communities for those with little or no health insurance.
7. Continued adequate funding exists for federally qualified health centers.

It will be critical that patients, physicians, and states have a real transition period before new reforms are implemented as quick and rash actions can have unforeseen consequences. The health care delivery and insurance systems have gone through significant changes and fundamental realignment over the past few years and the pace of new changes must be reasonable.

The Society’s course of action going forward will include engaging and talking to representatives at the district level, trying to influence the state response to health care reform, engaging with the media to help frame the discussions surrounding health care reform, and creating a steering committee to evaluate, study, promote, and discuss reforms, as well comment on proposed health care reforms as they are made available.

Approved by the Board of Directors January 28, 2017