



May 29, 2019

Worker's Compensation Advisory Council  
Steve Peters, Chair  
201 E. Washington Avenue  
Madison, WI 53702

Dear Administrator Peters:

The Health Care Liaisons to the Worker's Compensation Advisory Committee (WCAC) support an effective WCAC that helps reinforce our state's first-in-the-nation program. Studies regularly show injured workers' satisfaction with the health care services they receive and how readily available that care can be obtained. Wisconsin health care requires fewer visits per claim and fewer services per visit, helping to make the health care portion of the state's WC system both high quality and high value. Maintaining that record of success is a priority of all four liaison organizations.

Because health care's opinions on previous sessions' agreed-to bills have been instrumental in those proposals' advancement, we wanted to share our initial thoughts on some of the proposed items up for negotiations.

### **Management Proposals**

#### **#1 – Employer directed care.**

- The liaisons believe that patient freedom of choice in getting care for their workplace injury is a fundamental reason why patient satisfaction is so high in Wisconsin's WC program. A return to the days of employer-designated "physician panels" would likely result in negative impacts.

#### **#2 – Electronic billing/payments**

#### **#3 – Electronic medical records**

- The liaisons believe these proposals are focused in only one direction: on health care providing information to payors. At the very least those providing payment should be required to reimburse providers electronically and be able to accept electronically-provided health care records to allow for more timely processing and payment.

#### **#4 – Treatment guidelines**

- Best practices in health care are constantly evolving, which is why it is inappropriate to dictate health care procedures and/or treatments in statute or administrative code. Prior authorization requirements are already a great interference in patients acquiring the health care services they need – establishing prior authorization as a mandated step in the WC health care process by turning guidelines into parameters is unwise.

#5 – Fee dispute resolution process

- The liaisons have a long-established opposition to establishing an arbitrary fee schedule for WC care. The data don't support the need for such a system, and assessing group health negotiated rates against the worker's compensation health care system is a false comparison. The fundamental change to the fee dispute process is essentially establishing management's long-sought-after desire to get the benefit of bargained rates – lower fees – without making any guarantees for the typical benefits associated with group health bargaining: guaranteed volume, prompt payment and greater administrative efficiency throughout the process.

#16 – Disability determinations

- We include this in our list as we are unsure what is being proposed. More information would be helpful.

**Labor Proposals**

# 15 – Opioids

- We understand that in the definitions of “alternative treatments” the word “may” is used before the list of potential services/drugs; we are concerned that listing certain services/drugs that have not yet been shown to be effective alternatives to opioid use could end up requiring payments for unproven therapies. For example, lidocaine and ketamine infusions are very expensive and often provide only limited benefit for some conditions.
- We believe that including “medical” marijuana in the bill would be extremely complex and could harm the bill's chances of advancing. As there is no “medical” marijuana law in Wisconsin, the bill would need to establish a wide variety of statutes related to the growing, cultivation and distribution of marijuana. A paucity of “high quality” or even “moderate quality” medical research on therapeutic marijuana product use means that a proposal in this area is premature, as physicians and other prescribers do not yet have the ability to prescribe safe and effective marijuana drugs (Epidiolex is one exception for certain severe seizure disorders, and that drug has gained FDA approval following research and clinical trials).

Thank you for this opportunity to share health care's thoughts on the current process. Please feel free to contact any of us at any time with your questions.

Sincerely,

Thomas Moore, Wisconsin Chiropractic Association  
Lisa Ellinger, Wisconsin Hospital Association  
Mark Grapentine, JD, Wisconsin Medical Society  
Annie Early, Wisconsin Physical Therapy Association