Repeal without replacement is reckless

A t a time of great uncertainty about the future of health insurance, the MMA has released a set of principles to guide legislators and others in policy deliberations.

For physicians, it is important to remember that the ACA, which appears on the road to repeal, was successful in reducing the number of uninsured Americans. However, the act has done little to make health insurance more affordable.

Keeping the ban on exclusion of pre-existing conditions, limiting caps on coverage, and making sure that the benefit package is adequate, as well as covering young adults on their parents’ policies, are features that need to be retained in any new solution. Our recommendation is that Congress should not repeal the ACA without maintaining these protections. After all, patients should not face financial ruin because they are faced with a costly illness.

About 10 years ago, the MMA released a set of principles to guide health reform in Minnesota. Many of these principles were included in legislation adopted in the state in 2008. These same principles remain relevant today. We recently shared them with the Minneapolis Star Tribune editorial board and hope that legislators and other policy makers at both the state and federal levels will consider these principles as new reform proposals are developed.

The principles include:

• Advocating for broad-based, stable and adequate financing

In the 2008 Minnesota reform, there was a strong emphasis on the investment needed to sustain a healing patient-physician relationship, including payment for coordination of care and steps to sustain primary care.

We are working to address disparities that might interfere with equitable access. The MMA’s Minnesota Action to Reduce Costs of Healthcare (MARCH) initiative has focused on costs of prescription drugs as its first effort.

Physicians must take the lead in making care more affordable by eliminating clinical waste (unneeded documentation and prior authorization; unnecessary visits, tests and procedures; duplication of care; missed prevention opportunities; and unnecessary costs related to opioid abuse). We must also advocate for improvement in care processes as well as better care coordination; better mental health care; and broad-based, stable and adequate financing, which is needed to support necessary financial subsidies for Minnesotans of limited financial means. This will make health insurance more affordable regardless of the model adopted—whether it’s expanded Medicaid, benefit changes to create equity in coverage for drugs and surgery, or refundable tax credits (just to name a few).

We will work on creating tools for physicians to use in communication with elected representatives, members of the media, and the communities in which we live and work. Stay tuned for details about these tools.

Now is our opportunity to lead Minnesota in the next phase of reform, to build new solutions on a base of principled design components, and to restore Minnesota’s reputation as the leading state for health and health care in the nation.

Douglas Wood, MD
MMA Board Chair

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