



MSNJ PRIORITIES ON NATIONAL HEALTHCARE REFORM

“Repeal and Replace” of the Affordable Care Act

- **Continue to cover the newly insured.** Ensure that future changes do not cause individuals covered under the Affordable Care Act (ACA) and Medicaid expansion to become uninsured. Ensure that federal funding for Medicaid remains intact. Any changes should be consistent with MSNJ’s long standing policy on universal health insurance.
- **Continue health insurance reforms including the following:**
 - a. Coverage of Dependents up to age 28
 - b. Coverage for pre-existing conditions
 - c. No annual or lifetime caps on coverage amounts
 - d. Parity for mental health coverage
- **Ensure access to care.** Provider networks in Medicare Advantage, Managed Medicaid, Exchange and ERISA governed products must be robust and monitored. Tiered networks must be adequate at any level of cost-sharing. Narrow networks must adequately cover primary and specialty care in the full range of healthcare settings. Any money spent by patients on medical care should count toward the deductible whether in or out of network and regardless of whether the medical care is covered. Require health plans to inform physicians of criteria to participate in networks. Support efforts to improve health plan transparency for both patients and physicians. Promote fair health plan contracting practices.
- **Ensure Choice.** Both patients and physicians should have more choice in healthcare decisions.
 - a) Medicare patients should be able to privately contract with physicians without financial penalty. (These patients are entitled to the allowed amount which can be passed to the physician.)
 - b) Patients whose physicians are terminated from a network should have a transition period during which they can arrange for other care or petition for an exception that would allow them to continue to see their physician of choice.
 - c) Physicians should be allowed to withdraw from certain Federal insurance products and not face risk of termination by the carrier. (“All products” protection; also requires state legislation.)
- **Enact more robust medical liability reforms.** Physicians who follow evidence-based medicine should be protected from tort liability. Physicians who practice in a federally sanctioned accountable care organization or advanced payment models and who are following evidence-based medicine should be protected from tort liability.

- **Reduce Administrative & Financial Burdens.** Seek ongoing improvements in the implementation of MACRA. Work to focus EHR certification on improving usability and inter-operability. Reduce the number of services and medications that require prior authorization. Streamline the prior authorization process to remove the administrative burden from the medical practice. To ensure that physicians can afford to pay for federally mandated services, such as language services, both technical and financial assistance is necessary. The federal government and payers should assume the costs of federally mandated language services. To the extent that physicians are responsible for these services tax credits or deductions should be awarded.
- **Require transparency.** Payers must educate consumers on plan coverage for both in and out of network services. Consumers should be provided with all information necessary, in plain language, to understand coverage before making enrollment decisions. Appeals processes should be clearly spelled out for both physicians and patients and provided with explanation of benefits and remittance advice. Payers should provide information on patient attribution methodology for any alternative or new payment model. Payers must provide both in and out of network physicians with the same level of customer service including access to coverage information, balance on deductibility and coinsurance calculations.
- **Fees should be adequate and market based.** To ensure that physicians can afford to provide quality services, fees for services rendered in Federal programs must outpace inflation and practice expenses. Out of network reimbursement must be based on a market-driven index and not on discounted fees or government subsidized programs such as Medicare.
- **Pharmaceutical Pricing.** Continue to promote market-based strategies to achieve affordability of prescription drugs, and support initiatives to incentivize the pharmaceutical industry to exercise reasonable restraint in the pricing of drugs. Require transparency in pricing, including additional costs from utilization management such as pharmaceutical benefit managers. Prohibit direct to consumer marketing which would significantly cut pharmaceutical costs. Encourage the FDA to become more active in fostering competition to avoid drug shortages and price gouging. Investigate price gouging.